

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/28/2022	
NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3320 EAST STATE BOULEVARD FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: October 27 and October 28, 2022.</p> <p>Facility number: 012107</p> <p>Residential Census: 28</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed November 1, 2022</p>			R 0000			
R 0117  Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kristine Lundquist

Executive Director

11/22/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0298  Bldg. 00	<p>every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure a first aid trained staff member was present on site for 7 of 21 shifts reviewed 28 residents resided in the facility.</p> <p>Findings include:</p> <p>During a record review conducted at 10:23 AM on 10/28/22, no first aid trained staff member was on site during 2nd shift for the following dates: 10/21/22, 10/23/22, 10/25/22, and 10/26/22. No first aid trained staff members were on site during 3rd shift for the following dates: 10/22/22, 10/23/22 and 10/27/22.</p> <p>In an interview, the Administrator at 10:25 AM on 10/28/22, indicated she was aware each shift should have a first aid trained staff member on site. She indicated she had difficulty finding an instructor to provide the course for her staff.</p> <p>The Administrator indicated the facility follows state guidelines for first aide training and has no specific company policy for this topic.</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well</p>			R 0117	<ul style="list-style-type: none"> <li>Complete audit of all staff to determine who is currently trained in the community</li> <li>Remainder of staff-untrained- will be enrolled in the class scheduled on or before December 16, 2022.</li> <li>Failing to have properly trained staff on every shift has the potential to affect all residents in the community.</li> <li>All staff trained will be designated in the scheduling system and scheduler/RCM will ensure qualified, trained personnel are present on every shift. Schedule will be reviewed weekly by the DON / ED to ensure compliance with the regulation</li> <li>Reviewed schedule will be initialed by the DON/ ED and placed in the Nursing Binder</li> </ul>		12/16/2022

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	<p>as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on interview and record review, the facility failed to review the resident's medications every 60 days for 3 of 3 residents reviewed for medications. (Resident 2, Resident 5, and Resident 4).</p> <p>Findings include:</p> <p>1. In an interview, Resident 2 on 10/27/22 at 9:20 a.m. indicated the staff administers her medication.</p> <p>A record review on 10/27/22 at 2:00 p.m. indicated the resident's diagnoses included dementia, hypertension, and hypothyroidism.</p> <p>Medication Regime Reviews indicated the resident's medications were reviewed by a pharmacist on 12/11/21, 1/31/22, and 8/17/22. There were no other pharmacy reviews available for review.</p> <p>2. During Resident 5's record review on 10/28/22 11:05 a.m., the record indicated the resident had medication regime reviews on 12/11/21, 1/31/22, and 8/17/22.</p> <p>3. During a record review on 10/28/22 at 12:10 PM, Resident 4 had diagnoses including dementia, congestive heart failure, and pain.</p> <p>A pharmacy recommendation dated 8/17/22 indicated Resident 4 had two orders for acetaminophen with different directions. The</p>			R 0298	<ul style="list-style-type: none"> <li>Cedarhurst works with Medicine Express pharmacy. Pharmacy is contracted to provide Pharmacist reviews in our communities every 60 days as required by the state of Indiana.</li> <li>All residents have the potential to be effected by the lack of pharmacy oversight/pharmacy review</li> <li>Pharmacy will review all residents medication regimen every 60 days. Copies of these reports will be sent the Director of Nursing, Executive Director and the Regional Director of Nursing. All three positions will review the report for recommendations and changes. Report will be printed and placed in the pharmacy consultant binder- DON and ED will initial and date when they have reviewed the report.</li> <li>Recommendations will be followed up on by the DON and documented in the residents chart/progress notes.</li> <li>Regional Director of Nursing will review binder for compliance during sight visits and initial the reports noting the review for compliance with the POC Managing/Clarifying Orders:</li> </ul>		11/30/2022

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	<p>pharmacy recommendation form indicated clarification was needed to ensure intended dosing.</p> <p>An order dated 8/25/22 read: acetaminophen 325 mg take two tablets by mouth in the morning and take two tablets by mouth every 8 hours as needed for pain.</p> <p>An order dated 5/4/22 read: acetaminophen 500 mg take 2 tablets by mouth every 6 hours as needed for pain.</p> <p>The current physician order list indicated no changes or clarifications had been made to Resident 4's acetaminophen.</p> <p>No records indicating the pharmacy recommendation had been reviewed and addressed by the physician were available for review.</p> <p>During an interview, the Administrator on 10/28/22 at 12:10 PM indicated she was able to access pharmacy reviews for December 2021, January 2022, and July/August 2022. She indicated no further pharmacy reviews were available. She indicated pharmacy reviews should be done at least every 60 days. She indicated pharmacy recommendations should have been presented to the physician/practitioner when received and any new orders should be carried out by nursing staff.</p> <p>A current policy last updated 9/1/22 titled Medication eMAR to Cart Audit Policy and Procedures indicated each medication in the cart should have orders that are up to date and current.</p>				<ul style="list-style-type: none"> <li>Cedarhurst policy is for eMAR to Cart audits to be completed monthly. Audit to be completed and sent to the pharmacy by the Director of Nursing or the Certified Medication Aid. Audit will also be reviewed by the Executive Director and Regional team. Audits will be kept in the above listed Pharmacy binder and initialed by the ED and DON upon review.</li> <li>Failure to complete monthly audits could potentially effect all residents in the community</li> <li>EMar to Cart audit will focus on correctness of orders, check for duplicate orders, ensure accuracy in transcription as well and looking for discontinued items and expired medications. This will be performed by the pharmacy every 60 days as well, but community will complete monthly.</li> <li>Director of Nursing will follow-up on all discrepancies found in the audit and document follow up in the residents chart.</li> <li>Regional team will review audits and resident charts for proper documentation, follow up and accuracy.</li> </ul> <p>Pharmacy Binder to be initiated immediately. Cart audits and pharmacy reviews to be done in December. Previous pharmacy reviews to be placed in binder</p>		

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					immediately and ED and DON to review for past issues and ensure items have been addresses/corrected.		