

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

PRINTED: 06/18/2025

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 05/15/2025	
NAME OF PROVIDER OR SUPPLIER STORYPOINT FORT WAYNE WEST				STREET ADDRESS, CITY, STATE, ZIP COD 611 W COUNTY LINE RD SOUTH FORT WAYNE, IN 46814			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the Investigation of Complaints IN00457858 and IN00458856.</p> <p>Complaint IN00457858 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458856 - Deficiencies related to the allegations are cited at R0052.</p> <p>Survey date: May 15, 2025</p> <p>Facility number: 011804</p> <p>Residential Census: 113</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 16, 2025</p>		R 0000				
R 0052 Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense</p> <p>Based on interview and record review, the facility failed to ensure residents were free from physical abuse for 1 of 3 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A video, time stamped 5/1/25 at 4:37 PM, was provided by the Administrator on 5/15/25 at 10 AM. The video showed Resident B wandering in the dining room, Qualified Medication Aide (QMA) 2 walked up to Resident B, adjusted Resident B's sweater, grabbed her arm and dragged Resident B to a chair. QMA 2 was observed pushing Resident B to sit down in the</p>		R 0052	<p>Deficiency ID: R 052 410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense</p> <p>Completion Date: June 15,2025</p> <p>Plan of correction text: By submitting the enclosed materials, we are not admitting the truth of accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of proceedings and submit these responses pursuant to regulatory obligations. The facility requests that the plan</p>		06/15/2025	

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

TITLE

(X6) DATE

Laura Lovell

Executive Director

06/11/2025

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 disclosed days 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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	<p>chair, Resident B tried to stand up and QMA 2 continued to push Resident B back into the chair.</p> <p>A reported incident, dated 5/1/25, was provided by the Administrator on 5/15/25 at 10:30 AM. The report indicated QMA 2 was physically aggressive towards Resident B.</p> <p>During an interview, on 5/15/25 at 9:30 AM, the Administrator indicated a 3rd party company staff member reported an observation of QMA 2 dragging and shoving Resident B on 5/1/25. The Administrator indicated the 3rd party company staff member indicated QMA 2 was overheard stating "you know I don't like to work, why are you making me work" towards Resident B. The Administrator indicated she reviewed the video footage of QMA 2 dragging Resident B to a chair and shoving her to sit down. The Administrator indicated QMA 2 continued to push the resident down into the chair when the resident tried to get up multiple times. The Administrator indicated she and the Director of Nursing (DON) interviewed QMA 2, who did not deny the allegation but indicated Resident B was agitated on 5/1/25 and QMA 2 was trying to get her to sit down.</p> <p>During an interview, on 5/15/25 at 10:38 AM, QMA 3 indicated physical abuse included pushing, shoving, and kicking. QMA 3 indicated no one should be physically abused.</p> <p>During an interview on 5/15/25 at 10:48 AM, Licensed Practical Nurse (LPN) 4 indicated physical abuse included pushing and shoving. LPN 4 indicated when pushing and shoving was observed she separated residents, completed assessments and reported to the DON and Administrator. LPN 4 indicated no staff or residents should receive any form of abuse.</p>				<p>of correction be considered our allegation of compliance effective May 28,2025. We respectfully request paper compliance for this survey resolution.</p> <p>Deficiency ID: R 052 410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense</p> <p>Completion Date: June 15,2025</p> <p>Plan of Correction Text:</p> <p>What corrective action (s)</p> <p>- The Wellness Director will set up additional training via Relias and reeducate all community staff members on resident rights, abuse and neglect.</p> <p>-How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>The Wellness Director will conduct regular resident assessments to identify if any signs of abuse are seen, documented or reported. If anything is found, an immediate investigation will occur and any disciplinary actions will follow.</p> <p>*Please indicate how the facility staff will be monitored to prevent recurrence of abuse. Daily interactions and ongoing group chats about caregiver conduct and abuse education.</p> <p>*Please indicate who is responsible to monitor the facility staff-Wellness Director</p> <p>*Please indicate how often (frequency) the facility staff will be</p>		

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	<p>During an interview, on 5/15/25 at 11:44 AM, Certified Nurse Aide (CNA) 5 indicated physical abuse included pushing, kicking, grabbing and shoving. CNA 5 indicated no residents should be abused, but when observed or was reported she ensured resident safety and then reported to the DON and Administrator.</p> <p>A statement, dated 5/2/25 at 3:47 PM, indicated the Administrator and DON interviewed QMA 2 regarding Resident B on 5/1/25. The statement indicated QMA 2 indicated Resident B was agitated and QMA 2 was trying to get Resident B to sit down.</p> <p>A policy, dated 2011, titled "In the Know: Understanding Abuse and Neglect," was provided by the Administrator on 5/15/25 at 10 AM. The policy indicated physical abuse included striking, hitting, pushing, shoving, and handling someone roughly during care.</p> <p>This citation is related to complaint IN00458856</p>				<p>monitored to prevent abuse-Daily *Please indicate the length of time (duration) the facility plans to monitor the facility staff in this fashion- training and education will occur until June 30th</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that deficient practice does not recur: - The Wellness Director will continuously talk about and educate on resident rights ,abuse and neglect. training is ongoing -How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place. The Wellness Director and Executive Director will continuously monitor staff conduct and monitor any incidents or reports resident rights not being abided by during weekly meetings. By what date will the systemic changes be completed: June 15,2025</p>		