STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155255	A. BUILDING 00 B. WING	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CELEBRATE SENIOR LIVING OF FORT WAYNE	3420 EAST STATE BLVD FORT WAYNE, IN 46805

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00424579, Complaint IN00425711, and Complant IN00425938. Complaint IN00424579-Deficiencies related to the allegations are cited at F684. Complaint IN00425711-Deficiencies realted to the allegations are cited at F689. Complaint IN00425938 - No deficiencies related to the allegations are cited. Survey dates: January 24, and 25, 2024. Facility number:000158 Provider number:155255 AIM number:100291490 Census Bed Type: SNF/NF:68 SNF:6 Total:74 Census Payor Type: Medicare:6 Medicaid:65 Other:3 Total:74 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed January 26, 2024	F 0000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or – Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tammy Hunter	Administrator	02/08/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review the facility failed to ensure physician orders were followed for 1 of 4 residents reviewed. (Resident Y) Findings include: A list of facility appointments was received 1/24/24 at 9:32AM from SSD (Social Services Director). Resident Y was listed as having a dental appointment on 12/21/23 at 1pm. The special instructions were typed in all capitals; needs staff member to accompany. An interview on 1/24/24 at 12:15 PM, Driver 7 indicated she only drives on Wednesdays and Fridays. The remainder of her hours were used as a CNA (Certified Nursing Assistant). She indicated the scheduler let the driver know the scheduled appointments and any special instructions at the start of their shift. Driver 7 indicated residents from the dementia care unit and Resident Y always require an escort. She indicated when an escort was needed a second staff person was present and was expected to attend the entire appointment with the resident. Driver 7 indicated Resident Y required an escort because he had brain damage and a seizure	F 0684	F684- Quality of Care 1. The identified resident had no significant effects. The resident was picked up 30 minutes after being done with his appointment by his family member. Facility driver then showed up to pick him up shortly after the family. The resident was returned safely to the facility. Identified resident will have staff or family present with each appointment moving forward. Staff education completed. 2. A facility audit was completed on 1-26-24 highlighting all residents needing accompanied and lists will be updated accordingly. An audit of transportation orders completed to ensure if any assistance is needed that staff are following the order. 3. An in-service for staff and drivers was completed on 1/26/24. Staff re-educated on imputing and following physician orders. Audit tool will be completed by DON	02/11/2024

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	disorder. An interview on 1/24/24 at 2:57 PM, People Operations Specialist (POS) from the Dentist office, indicated Resident Y had an appointment on 12/21/23 and was dropped off at 1pm for his appointment. There was no staff to accompany the resident. The driver left and said he would pick Resident Y up by 2PM. She indicated no one showed up. She indicated they made multiple attempts to contact the facility without an answer. The POS indicated they then called Resident Y's sister who came and picked him up. The POS stated the driver returned around 3:30 PM to pick up Resident Y. Resident Y's record review was begun on 1/25/24 at 11:06AM. Diagnoses included epilepsy, schizophrenia, and traumatic brain injury. His current MDS (Minimum Data Set) showed a BIMS (Brief Interview for Mental Status) score of 6. A score of 6 indicated moderate cognitive deficiency. Resident Y had a verbal physician order dated 12/4/23; Appt with Harrison Dental @ 1pm NEEDS STAFF MEMBER to ACCCOMPANY one time only for 1 day. The order start and end date were 12/21/23. In an interview on 1/25/24 at 9:17AM, Driver 8 indicated he took Resident Y to the dentist appointment on 12/21/23. He indicated he would get an assignment sheet with the appointments and any special instructions. He indicated he was unsure if Resident Y was supposed to have an escort. He indicated he had multiple appointments 1/21/23 around the same time. He dropped off Resident Y and then took a peer to an ortho appointment with the intent to return at the conclusion of peer's appointment. He received a call from the facility, Resident Y was finished at		and/or designee 4x a week for 4 weeks, then 3x a week for 4 weeks, the 2x a week for 8 weeks, then weekly for 8 weeks for resident appointments 4. This will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained. 5. The above corrections will be in place by 2-11-24.	

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	the dentist and the family was upset he was left waiting. Driver 8 left peer at the ortho appointment to go pick up Resident Y who was no longer at the dentist upon his arrival. Current facility policies titled: Telephone Orders, Medication and Treatment Orders, and Medication Orders were received from the SSD on 1/25/24 at 11:35AM. None of the policies directly indicated following orders. No policy or further information was available at time of exit. This citation is realted to coimplaint IN00424579. 3.1-37			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review the facility failed to ensure fall prevention measures were in place for 3 of 4 residents reviewed. (Resident B, Resident C, and Resident D) Findings included:	F 0689	F689- Free of Accidents Hazards/Supervision/Devices 1. Staff immediately changed the identified resident's socks to slipper socks when brought to the attention of the ED and DON. 2. A facility audit was completed	02/11/2024

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	In an observation of Resident B and Resident C, on 1/24/24 at 9:52 AM, they were sitting on a couch. The couch had its back to the dining room tables. The couch area and dining room had the same flooring. Resident B and Resident C had on the same pair of fuzzy socks. The socks had no anti slip or grip to them. During an observation of Resident D on 1/24/24 at 9:52AM, Resident D was noted sitting in his wheelchair at a dining room table with staff. Resident D also had on fuzzy socks. The socks had no anti slip or grip to them. In an interview on 1/24/24 at 10:06 AM, CNA 6 (Certified Nursing Assistant) indicated all the residents should be wearing nonslip footwear unless laying in bed to prevent falls. During an observation on 1/24/24 from 9:52AM to 10:12AM there was no attempt by staff to ensure nonskid footwear was on the residents. 1) Resident B's record was reviewed 1/24/24 at 1:06PM her diagnoses included Alhzeimer's disease, diabetes, and edema. Resident B's current care plan indicated a focus on falls; Resident B was at high risk for falls related to age, impaired mobility, impaired cognition, incontinent episodes, use of high fall risk medications, dementia, pain, and gout. This was last updated 4/8/23. The most recent goal dated 10/7/23, indicated Resident B would not sustain serious injury through next review date. Interventions indicated to encourage use of appropriate nonskid footwear at all times and ensure she had on proper footwear- nonskid socks when in dining room.		on 1-26-24 highlighting any residents not wearing appropriate footwear. Education completed with staff on providing proper footwear to residents while out of bed. 3. Audit tool will be completed by DON and/or designee 4x a week for 4 weeks, then 3x a week for 4 weeks, the 2x a week for 8 weeks, then weekly for 8 weeks to ensure proper footwear for any resident out of bed. 4. This will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained. 5. The above corrections will be in place by 2-11-24.	

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	Resident B's current comprehensive MDS (Minimal Data Set) BIMS (Brief Interview of Mental Status) score was 5. The score of 5 indicated moderate cognitive decline. 2) Resident C's record was reviewed, 1/24/24 at 12:08PM, her diagnoses included lung disease, repeated falls, dementia, and schizoaffective disorder. Resident C's care plan indicated a focus of at risk for falls related to history of falling, decreased mobility, decreased safety awareness, medication usage, incontinence, disease process, and weakness. The goal indicated Resident C would not sustain serious injury through the review date. The interventions were to ensure the resident was wearing appropriate non skid footwear when ambulating or mobilizing in the wheelchair. Resident C's current comprehensive MDS (Minimal Data Set) BIMS (Brief Interview of Mental Status) score was 2. The score of 2 indicated severe cognitive decline. 3) Resident D's record was reviewed, 1/24/24 at 2:15PM, his diagnoses included dementia, restlessness, agitation, and history of falls. Resident Ds care plan indicated a focus of at risk for falls related to a history of falling, decreased mobility, decreased safety awareness, medication usage, agitation, aggression, incontinence, disease process, and weakness. The goal was Resident D would not sustain serious injury through the review date. The interventions for this goal were to ensure the resident was wearing appropriate non skid footwear when ambulating or mobilizing in the wheelchair.			

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	Resident D's current comprehensive MDS (Minimal Data Set) BIMS (Brief Interview of Mental Status) score was 5. The score of 5 indicated moderate cognitive decline.. A policy titled, Fall Occurrence Policy" last revised 6/7/22 was provided by the Director of Nursing on 1/24/24 at 2:59PM. The policy stated.."2. Those identified as high risk for falls will be provided fall interventions ...6. The nurse may immediately start interventions to address falls on the unit ...10. The interventions will be reevaluated and revised as necessary. This citation is realted to Complaint IN00425711. 3.1-45			