

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

PRINTED: 09/19/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/29/2023	
NAME OF PROVIDER OR SUPPLIER  CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3420 EAST STATE BLVD 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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00415489.</p> <p>Complaint IN00415489 - Federal/state deficiencies related to the allegations are cited at F557 and F677.</p> <p>Survey date: August 29, 2023</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 75 SNF: 3 Total: 78</p> <p>Census Payor Type: Medicare: 3 Medicaid: 66 Other: 9 Total: 78</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 30, 2023</p>			F 0000	<p>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.</p>		
F 0557 SS=D Bldg. 00	<p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings,</p>						

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

TITLE

(X6) DATE

Tammy

Hunter

09/18/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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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	<p>and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on observation and interview, the facility failed to ensure respect and dignity of personal belongings was maintained for 1 of 6 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>During an observation 8/29/23 at 9:53 AM, there were 2 full black trash bags laying on Resident B's floor.</p> <p>In an interview on 8/29/23 at 9:53 AM, Resident B indicated the majority of her clothes were in 2 black trash bag laying on the floor due to not having access to the full wardrobe. Resident B indicated this made her feel "like my personal belongings were trash."</p> <p>In an interview on 8/29/23 at 2:08 PM, the Social Worker indicated when Resident B moved into the current room the facility staff was supposed to put in a dresser for Resident B since the wardrobe was inaccessible. The Social Worker indicated she was unsure why the dresser had yet to be placed in Resident B's room 1-11/2 months later. The Social Worker indicated Resident B's personal belongings should not have been placed on the floor in trash bags.</p> <p>A record review was completed on 8/29/23 at 1:22 PM. Resident B's diagnoses included: paraplegia and major depressive disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/12/23, indicated Resident B had a Brief Interview Mental Status score of 15/15 (cognitively intact).</p>			F 0557	<p>Tag number and deficiency: F557</p> <p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice? An Audit was conducted on 9/12/23 to determine which residents prefer to wear hospital gowns instead of their own personal items of clothing. Each of those residents were then care planned for this preference. Each room was inventoried to ensure all resident belongings were correctly placed in appropriate storage, i.e. dressers, closets, or wardrobes. How will the facility identify other residents having the potential to be affected by the same deficient practice? The audit from 9/12/23 identified any additional residents who may have the potential to be affected, and preventative measures have been implemented through the corrective actions taken with the audits of resident's inventory and identifying those residents who prefer gowns. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur? A mandatory inservice was completed on 9/7/23 for CNAs about proper placement of resident inventory and belongings and resident rights and dignity with respect to those belongings. It</p>		09/17/2023

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F 0677 SS=D Bldg. 00	<p>An admission MDS assessment, dated 12/12/22 indicated Resident B preferences: taking care of personal belongings was very important.</p> <p>A current policy, dated October 2022, titled "Resident Rights," was provided by the Administrator on 8/29/23 at 3:14 PM. The policy indicated "residents have the right to dignity, self-determination and person-centered care."</p> <p>This Federal citation is related to Complaint IN00415489.</p> <p>3.1-9(a)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review the facility failed to ensure activities of daily living (ADL) were provided per resident's preference for 1 of 6 residents reviewed (Resident B).</p> <p>Finding include:</p> <p>1. In an interview on 8/29/23 at 9:53 AM, Resident B was observed in her bed. Resident B indicated she preferred 3 showers weekly: Monday, Wednesday, and Friday. Resident B indicated she had not received her showers at least 3 times a week.</p> <p>A record review was completed on 8/29/23 at 1:22</p>			F 0677	<p>also included resident rights to refuse care and the correct way to document that refusal. How will the facility monitor its corrective actions to ensure the deficient practice will not recur? 2 Daily audits will be conducted on business days for proper placement of inventory daily X 4 weeks, 3X week X4 weeks, 2X week X8 weeks and 1X week X8 weeks. This will also be done with all new admits and with room changes. When will the above be completed? 9/17/23</p> <p><b>F677-ADL Care Provided for Dependent Residents How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>On 8.29.23 Resident B was offered a shower and was offered to get out of bed for daily activities. Resident B was showered and given the opportunity to attend activities of choice. Resident B orders and showers schedules were audited to match resident's preference.</p>		09/17/2023

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	<p>PM. Resident B's diagnoses included: paraplegia and major depressive disorder.</p> <p>An order, dated 7/2/2023, indicated Resident B received showers Monday, Thursday and Sunday evening shift for personal hygiene.</p> <p>The Treatment Administration Record (TAR) and point of care report for Resident B, dated 8/1/23-8/28/23, were provided by the Social Worker on 8/29/23 at 2:14 PM. The point of care report indicated Resident B received showers on Monday, Wednesday and Friday evenings. The reports indicated Resident B did not receive a shower at least 3 times during the following weeks: 8/6/23 - 8/12/23</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/12/23, indicated Resident B had a Brief Interview Mental Status score of 15/15 (cognitively intact). The MDS indicated Resident B required total assistance with bathing and 2 people assisted.</p> <p>In an interview on 8/29/23 at 9:53 AM, Resident B also indicated she had not gotten up or offered by staff to get out of bed since she moved into her current room about 1-1 1/2 months ago. Resident B indicated she wanted to get up out of bed.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/12/23, indicated Resident B required total assistance with transferring and 2 people assist.</p> <p>A point of care report, dated 8/1/23-8/28/23, was provided by the Social Worker on 8/29/23 at 2:14 PM. The report indicated Resident B was provided total dependent assistance by staff daily for transferring.</p>				<p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>All residents have potential to be affected by deficiency. Facility audit was completed on 8/30/23 to match shower schedules versus task/orders outlined in clinical record.</p> <p><b>What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur?</b></p> <p>On 8/30/23 facility re-educated all caregivers on proper documentation and procedure to take in regards to refusals,</p> <p>On 8/30/23 facility re-educated staff on ADL care</p> <p><b>How will the facility monitor its corrective actions to ensure the deficient practice will not recur?</b></p> <p>Daily audits will be conducted on business days to monitor showers daily X 4 weeks, 3X week X4 weeks, 2X week X8 weeks and 1X week X8 weeks. Showers will be reviewed upon admission and with room changes/</p> <p><b>When will the above be completed?</b></p> <p>The above will be completed by 9/17/23.</p>		

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	<p>2. In an interview on 8/29/23 at 2:08 PM, the Social Worker indicated Resident B refused to get out of bed. The Social Worker indicated she had not seen Resident B get out of her bed since admission.</p> <p>In an interview on 8/29/23 at 10:50 AM, Certified Nurse Aide (CNA) 2 indicated showers/bathing were offered 2 times a week or by preference and dependent on staff schedule. Resident B was dependent on all ADLs, including bathing and transferring. CNA 2 also indicated Resident B did not get up out of bed. CNA 2 indicated she never offered Resident B to get up out of bed. CNA 2 also indicated Resident B did not refuse care.</p> <p>In an interview on 8/29/23 at 2:47 PM, the Director of Nursing (DON) and Social Worker indicated staff should not be documenting care the resident did not receive. The DON and Social Worker also indicated staff should document "refused" instead of "Not Applicable" when the resident refused. The Social Worker indicated she did not have any documentation of Resident B's refused care or refusal to get up.</p> <p>A policy, dated October 2022, titled "Resident Rights," was provided by the Administrator on 8/29/23 at 3:14 PM. The policy indicated "residents have the right to dignity, self-determination and person-centered care."</p> <p>This Federal citation is related to Complaint IN00415489.</p> <p>3.1-38(a)(3)</p>						