

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

PRINTED: 04/03/2025

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 03/18/2025	
NAME OF PROVIDER OR SUPPLIER CEDARHURST OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 9210 MAYSVILLE ROAD FORT WAYNE, IN 46815			
(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 a State Residential Licensure Survey. This visit included complaint IN00455049.</p> <p>Complaint IN00455049 No deficiencies related to the allegations are cited.</p> <p>Survey date: March 18, 2025.</p> <p>Facility number: 014576</p> <p>Residential Census: 67</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 19, 2025</p>			R 0000			
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>Based on interview and record review the facility failed to ensure a current, signed service plan was completed for 5 of 5 residents reviewed. (Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7).</p> <p>Findings include:</p> <p>1) Resident 1's record was reviewed on 3/18/25 at 10:16AM. Diagnoses included stroke, diabetes, and chronic kidney disease.</p> <p>Resident 1's current Individualized Service Plan (ISP), dated 2/5/25, was not signed by Resident 1 or her representative. Documentation of any review of the ISP with Resident 1 or her representative was not available for review.</p>			R 0217	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Service plans for Residents 1 was signed 3/26/25 Service plan for resident 2 was signed 4/1/25 Service plan for resident 3 was signed 1/30/25 Service plan for resident 6 was signed 3/6/25 Service plan for resident 7 was signed on 1/21/25 How the facility will identify other residents having the</p>		04/01/2025

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

TITLE

(X6) DATE

Kari Cerutti

Ed In Training

04/02/2025

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>2) Resident 2's record was reviewed on 3/18/25 at 10:36AM. Diagnoses included iron defieceney anemia unspecified.</p> <p>Resident 2's current Individualized Service Plan (ISP) document, dated 2/10/25, was not signed by Resident 2 or her representative. Documentation of any review of the ISP with Resident 2 or her representative was not available for review.</p> <p>3) Resident 3's record was reviewed on 3/18/25 at 11:06AM. Diagnoses included anemia unspecified.</p> <p>Resident 3's current Individualized Service Plan (ISP) document, dated 01/20/25, was not signed by Resident 3 or her representative. Documentation of any review of the ISP with Resident 3 or her representative was not available for review.</p> <p>4) Resident 6's record was reviewed on 3/18/25 at 11:48AM. Diagnoses included heart disease and gastrointestinal reflux disease.</p> <p>Resident 6's current Individualized Service Plan (ISP) document, dated 1/21/25, was not signed by Resident 6 or her representative. Documentation of any review of the ISP with Resident 6 or her representative was not available for review.</p> <p>5) Resident 7's record was reviewed on 3/18/25 at 1:24PM. Diagnoses included dementia and hypertension.</p> <p>Resident 7's current Individualized Service Plan (ISP) document, dated 3/06/25, was not signed by Resident 7 or his representative. Documentation of any review of the ISP with Resident 7 or his</p>				<p>potential to be affected by the same deficient practice and what corrective action will be taken. Don and Mc Director will audit all residents isps to ensure they are signed.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Don and MC Director was in serviced by Ed in training on 3/18/25 regarding all service plans being signed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and By what date the systemic changes will be completed. The Don and Mc Director will provide to the Ed in training a report showing all service plan signature compliance. This will occur Monthly for 6 months. All systematic changes will be completed by 4/18/25.</p>		

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	<p>representative was not available for review.</p> <p>In an interview, on 3/18/25 at 2:18PM, the Director of Nursing (DON) indicated the ISP's were to be signed by staff electronically. The DON indicated she was not aware every ISP had to be signed by the resident or resident representative. The DON indicated she was now aware the facility was not in compliance with the facility policy.</p> <p>A current policy titled, "Assessment (IN) Policy and Procedure". The policy indicated..It is the policy of the Community to access its residents according to State regulations or according to the procedures of this policy, whichever is considered more stringent ...</p> <p>No other policy for an ISP was provided by the facility by the time of survey exit.</p>						