STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155755	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GOLDEN YEARS HOMESTEAD	3136 GOEGLEIN RD FORT WAYNE, IN 46815

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00417181. This visit was in conjunction with a Recertification State Licensure Survey and the Investigation of Complaint IN00415824. Complaint IN00415824 - Federal deficiencies related to the allegations are cited at F684. Complaint IN00417181 - Federal deficiencies related to the allegations are cited at F684. Survey dates: September 6,7, 8, 11, and 12 2023. Facility number: 000282 Provider number: 155755 AIM number: 100287520 Census Bed Type: SNF/NF: 91 SNF: 5 Total: 96 Census Payor Type: Medicare: 6 Medicaid: 61 Other: 29 Total: 96 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed Spetember 13, 2023.	F 0000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Golden Years Homestead** does not admit that the deficiencies listed on this report exist, nor does the Facility admit to any statements, findings, or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiencies, statements, and conclusions that form the basis for the deficiencies.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Steven Schaaf	HFA, V.P. Operations	10/03/2023

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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	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 2 of 2 residents reviewed. (Resident 9 and Resident 198) Findings include: 1 In an interview on 9/6/23 at 1:04 PM, Resident 9 and her daughter indicated she was confused. Resident 9 indicated the bandage on her leg was from a fall she had at a named facility. Resident 9 was unable to idientify her current facility. Resident 9 was unable to recall why she fell or when. Resident 9 complained of being tired but denied any other complaints. Resident 9's daughter indicated there were times her mother's pain medication was not available when it was to be given. The daughter had no other complaints. In an interview, on 9/11/23 at 1:31PM, RN 4 indicated she removed (2) 25mcg Fentanyl patches and a 100mcg Fentanyl patch from Resident 9 and replaced them with a 100mcg Fentanyl patch. RN 4 indicated there was a onetime order for the (2) 25mcg patches until the 100mcg patches were received from the facility pharmacy. Residents 9's record review began on 9/11/23 at 2:22PM, her diagnoses included chronic pain,	F 0684	The fentanyl and norco medication will be administered to Resident #9 according to the physician's orders. Resident #198 expired. The physicians' orders and medication administration records of all residents receiving narcotic medications will be reviewed by nursing administration to ensure compliance with the orders. The Facility will change institutional pharmacy providers to achieve optimal service regarding timely medication delivery and availability of emergency drugs. An audit will be conducted by the Director of Nursing/designee three times a week for four weeks to verify the availability of narcotic medication onsite and timely administration of narcotic medications. Then, an audit will be conducted weekly for three months to verify the availability of narcotic medication onsite and timely administration of narcotic medications. Results of the audits, along with any other documentation, reports and/or observations that my indicate	10/18/2023

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	osteoarthritis, and polyneuropathy. Resident 9's Current Quarterly MDS (Minimum Data Set) assessment on 8/24/23, Section C for Cognitive Patterns indicated her BIMS (Brief Interview of Mental Status) was a 12 showing mild cognitive decline. Section N of Resident 9's MDS indicated she received Opioid medication for 7 of the 7 days reviewed. Resident 9's history and physical dated September 6, 2023, listing current medications did not include Fentanyl patch. Subsequent history and physicals did include Fentanyl patch. The current order for the Fentanyl patch was dated January of 2023. Resident 9's MAR (Medication Administration Record), narcotic count sheets, and physician orders indicated medications were not given as ordered. The last 3 months of physician orders were reviewed. Orders for narcotic medications were as follows: Norco 5-325mg tablet four times a day start date 8/8/23 stopped 9/10/23. Fentanyl Patch check placement every shift start date 1/28/23. Fentanyl 100mcg/hr. transdermal path apply 1 patch topically every 72 hours start date 1/28/23. From September 1 through September 10th the MARs documented Fentanyl patch was administered and placement was checked as indicated by staff initials as follows: 9/1/23 11am Fentanyl 100mcg patch med not available supervisor called pharmacy to resolve the issue. The note indicated the facility had not heard from the pharmacy that day 9/4/23 11am Fentanyl 100mcg patch med not		compliance status will be reviewed during the quarterly Quality Assurance meetings for one year to ensure substantial compliance is maintained.	

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	available. The patches had been delivered. The staff member removed the old patch, and the ADON (Assistant Director of Nursing) was notified. 9/10/23 11am Fentanyl 100mcg patch med not available supervisor notified. 9/10/23 11am Norco 5-325mg med not available 9/10/23 4pm Norco 5-325mg med not available 9/10/23 9pm Norco 5-325mg med not available Resident 9's controlled substance count sheet indicated no Norco was removed for the 9/6/23 bedtime dose. The missed dose was not documented in Resident 9's chart. Resident 9's controlled substance count sheets for Fentanyl patches indicated there were gaps from 8/23/23 to 8/29/23 and from 8/29/23 to 9/5/23. There was documentation on the September 2023 MAR and count sheet to support the Fentanyl patch administration was on 9/5/23 and 9/7/23; 48 hours not 72 hours as prescribed. On 9/12/23 at 9:18AM the DON provided a onetime order for (2) 25mcg Fentanyl patches for Resident 9 due to the medication available in emergency medication supply. The DON further provided a hand written note from a facility staff to indicate she placed them on Resident 9 on 9/10/23 at 12:05AM there was no physician's order, no MAR, no progress note, and no narcotic sign off sheet to indicate Resident 9 received the medication. In an interview on 9/12/23 at 9:18AM the DON indicated the problem was the QMAs (Qualified Medication Assistant) were prohibited from documenting. The DON indicated they had a backup local pharmacy. The DON indicated the facility stopped their contract with the current			

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	facility pharmacy with a required 90 days' notice. The DON indicated in this case the problem was not the just the pharmacy lack of timeliness but also the doctor was on vacation. 2) Resident 198's Record review began on 9/11/23 at 2:33 PM. His diagnoses included dementia and end of life care. Resident 198's orders for the last 60 days were reviewed. The orders included Oxycodone 20mg/ml give 0.5ml by mouth every 2 hours as needed for break through pain start date 8/23/23; Fentanyl 25mcg 1 patch every 3 days start date 8/20/23; Oxycodone 20mg/ml give 0.5ml by mouth every 12 hours start date 8/13/23; Apply Fentanyl patch to area of hairless, clean skin out of reach of resident and cover with transparent dressing start date 8/19/23. The orders did not match the documented count sheet orders nor the MAR. Resident 198's MARs dated August 2023 indicated to apply Fentanyl patch to area of hairless clean skin out of resident reach was documented on 8/3/23, 8/6/23; 8/9/23; 8/12/23; 8/15/23; 8/18/23; and 8/21/23. The application did not match the administration record or the controlled count record sheet. Resident 198's controlled substance record dated August 2023 documented the Fentanyl patch was signed out on 8/5/23; 8/6/23; 8/8/23; 8/11/23; 8/11/23; 8/15/23; 8/18/23; 8/20/23; and 8/23/23. The controlled substance sign out sheet did not indicate the patch was administered or removed from stock every 3 days as ordered. Resident 198's MARs dated August 2023 indicated Fentanyl 25mcg/hr. transdermal patch was administered on 8/5/23; 8/8/23; and 8/20/23.			

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	The period of 8/8/23 to 8/20/23 was not 72 hours as ordered. At the end of the August 2023 MAR documentation there was one documentation of Fentanyl patch on 8/6/23 placed on the right back shoulder. One Fentanyl patch on 8/21/23 1:04 PM was a new patch administered 8/20/23, due to the one admiinistered on 8/18/23 was missing. In an interview on 9/12/23 at 11:18AM, the DON indicated Resident 9's last 60 days of medication requisitions was retrieved from trash cans. Resident 198's medication requisitions were unavailable. The DON indicated she was unaware others were discarding the requisitions after receiving the supply from pharmacy. No policy or further information was available by time of exit. This Federal Citation is related to Complaint IN00415824 and IN00417181. 3.1-37			