

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

PRINTED: 05/30/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155266		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/03/2023	
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 1649 SPY RUN AVENUE 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 a Recertification and State Licensure Survey.</p> <p>Survey dates: April 26, 27, 28, May 1 and 3, 2023.</p> <p>Facility number: 000167 Provider number: 155266 AIM number: 100273740</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 2 Medicaid: 66 Other: 5 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 4, 2023</p>			F 0000	<p><b>This plan of correction is submitted as required under federal and state regulation and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate. That the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied immediately. Life Care Center of Fort Wayne respectfully request a desk review.</b></p>		
F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to</p>						

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

TITLE

(X6) DATE

Holly Gentry

Executive Director

05/19/2023

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>applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview and record review, the facility failed to ensure unit pantry refrigerator cleanliness and temperatures were maintained. 71 of 73 residents residing in the facility ate food stored in the pantry refrigerators.</p> <p>During a tour of the Beecher unit on 4/26/23 at 10:10 AM, the pantry refrigerator was observed. An undated, open carafe of orange juice and an undated container of applesauce were observed. No temperature log was available for review.</p> <p>During an interview on 4/26/23 at 10:10 AM Licensed Practical Nurse (LPN) 2 indicated all food and drink items in the refrigerator should be covered and dated. LPN 2 also indicated refrigerator temperatures should be logged daily. She indicated there was usually a temperature log form on the front of the refrigerator, but she did not know why there was not a log present at the time of observation. 18 of 18 residents residing on the Beecher unit ate food from the pantry.</p> <p>During a tour of the Preston unit on 4/26/23 at 10:19 AM an uncovered, undated bowl of cereal was observed on the top shelf in the refrigerator.</p>		F 0812	<p><b>F812 Food Procurement/preparation/storage/serve-sanitary</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p><b>It is the policy of the facility to ensure unit pantry refrigerator cleanliness and temperatures are maintained. All unit pantries were cleaned, freezers were defrosted if indicated, and thermometers with revised temperature logs were placed.</b></p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</b></p>		05/19/2023	

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	<p>A covered Styrofoam cup containing a brown liquid was observed on the middle shelf of the refrigerator. The attached freezer had around 10 dime- to quarter sized splatters of a red substance on the floor and inside of the door. Brown specks of debris were found on the floor and door of the freezer. A container of ice cream was observed with no date in the freezer.</p> <p>No thermometer was observed inside the freezer. A temperature log observed on the front of the refrigerator did not include temperature recordings for the freezer.</p> <p>During an interview on 4/26/23 at 10:19 AM, LPN 2 indicated all refrigerators and freezers should be clean and free of liquid splatters or debris. She also indicated all food and drink items should be covered and dated, and temperature logs should include freezer temperatures. 38 of 40 residents residing on the Preston Unit ate food from the pantry.</p> <p>During a tour of the Denton unit on 4/26/23 at 12:24 PM, a temperature log on the front of the refrigerator was observed to be blank. A cloth lunch bag was observed on the shelf of the refrigerator. A sandwich in a transparent plastic bag was observed in the refrigerator with no date. Two packaged ice cream bars were in a box along with an unpackaged ice cream bar. No dates were observed on the box. A half-inch layer of frost was observed covering the floor and all inside walls of the freezer. A thermometer was observed within the layer of frost.</p> <p>During an interview conducted on 4/26/23 at 12:24 PM, QMA ( Qualified Medication Aide) 3 indicated the temperature log should have been filled out. QMA 3 unsuccessfully attempted to</p>				<p><b>All residents residing in the facility have the potential to be affected by the deficient practice, therefore, an audit of cleaning schedules for pantries, to include: labeling/dating food/drink items, thermometer in place for refrigerator and freezer, temperatures logs current, defrosting noted, no out of date/expired food/drink, refrigerator/freezer environment clean. "Use by Date" has been added to all pantry rooms for guidance on labeling opened or unopened food and the must use within a certain time frame.</b></p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p><b>All Staff have been educated on Resident pantries sanitary, labeling/dating food and drinks, thermometers and temperature logs for pantry refrigerator/freezer, notify maintenance if in need of defrosted/temperatures out of range. "Use by date" guide. (See attachment A1- A22.)</b></p>		

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	<p>remove the thermometer in the freezer, and the reading was not visible. QMA 3 indicated the cloth bag belonged to an employee. She also indicated employee's food items should not be stored in the unit refrigerator designated for residents' items. QMA 3 indicated the freezer should be free of frost, but she did not know when or how often defrosting occurred. 16 of 16 residents residing on the Denton unit ate food from the the pantry.</p> <p>During an interview on 4/26/23 at 2:09 PM, the Administrator indicated housekeeping staff was responsible to maintain pantry refrigerators and freezers. She indicated all food and drink items should be labeled and dated and all surfaces should be clean.</p> <p>A current policy titled Food from Outside Sources, last revised 7/27/22, indicated associate and resident food items should not be stored together in the same refrigerator. The policy addressed thermometer use, but did not specify placement in refrigerators or freezers, or maintaining temperature logs.</p> <p>A document titled "Use by Date" Guide, last revised 3/18/2020, indicated all open containers of food should be labeled and dated.</p> <p>A document titled Position Competencies and Performance Review- Housekeeping Aide, last revised 3/3/2017, indicated housekeeping aides should clean the insides and outsides of all refrigerators, exclusive of medication areas.</p> <p>A policy addressing defrosting of freezers was not available for review by the time of exit.</p> <p>3.1-21(i)(3)</p>				<p><b>In addition to above education, housekeeping associates have been re-educated on cleaning schedules. Any alterations regarding cleaning tasks must be approved by ED prior to modifications.</b></p> <p><b>How the corrective actions will be monitored to ensure the deficient practice will not recur;</b></p> <p><b>ED/Designee to complete audit 5 X week for 4 weeks, 3X week for 8 weeks, 2X week for 8 weeks, 1 X week for 4 weeks. Audit will consist of Pantry refrigerator/freezer temperature log in place, pantry refrigerator/freezer defrosted, pantry refrigerator/freezer thermometer in place, pantry refrigerator/freezer environment clean, food/drinks properly labeled/dated, no out of date/expired food/drink. (See attachment B1-B5)</b></p> <p><b>All audits will be provided to the ED, reviewed by QAPI monthly. If continued non-compliance noted, QAPI committee will re-evaluate PI,</b></p>		

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				immediate education to staff will be completed, and auditing will continue until substantial compliance achieved for 3 consecutive months.	