

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2022
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NAME OF PROVIDER OR SUPPLIER CHATEAU REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00383573.</p> <p>Complaint IN00383573 - Substantiated. Federal/state deficiencies related to the allegations are cited at F740.</p> <p>Survey dates: June 24, 2022</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census Bed Type: SNF/NF: 93 Total: 93</p> <p>Census Payor Type: Medicare: 5 Medicaid: 77 Other: 11 Total: 93</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 27, 2022</p>	F 0000		
F 0740 SS=D Bldg. 00	<p>483.40 Behavioral Health Services</p> <p>§483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of</p>			

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

TITLE

(X6) DATE

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>care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.</p> <p>Based on observation, interview and record review, the facility failed to develop and implement an effective behavioral plan for 1 of 3 residents reviewed with behavioral health services (Resident D).</p> <p>Findings include:</p> <p>On 6/24/22 at 10:26 A.M., Resident D's record was reviewed. Diagnoses included, but were not limited to, paranoid schizophrenia, bipolar disorder, and diabetes.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 4/9/22, indicated a BIMS (Brief Interview Mental Status) score of 14 which indicated the resident had no cognitive impairment. She was independent to supervision from staff for all ADL's (Activities of Daily Living), continent of bowel and bladder, had no behaviors and resided on the locked dementia unit.</p> <p>Care plans were as follows:</p> <p>-Initiated 11/16/21 and revised 12/13/21-Resident was at risk for elopement with exit seeking behavior and history of wandering. Interventions were for staff to identify any pattern or exacerbating factors when wandering; keep familiar items in her living space; and keep sound levels comfortable with minimal loud/excess noise.</p> <p>-Initiated 11/18/21 and revised 6/21/22-Resident had potential to be physically aggressive towards</p>	F 0740	<p>F740 Behavioral Health Services</p> <p>1. What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident D not currently in facility. Upon return a behavioral plan will be established to maintain or attain the highest practicable physician, mental, and psychosocial well being for resident D., which will encompass her whole emotional and mental well being that will include the prevention and treatment of mental disorder.</p> <p>2. How will other residents having the potential to be affected by the same deficient practice be identified and what will corrective action be. Any resident receiving medications for or having a psychiatric/ mood disorder have the potential to be affected by deficient practice. All other residents reviewed, those identified to have a psychiatric/ mood disorder or prescribed psychotropic medications, will have a personalized behavioral plan in place.</p>	07/08/2022

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	<p>staff and other residents due to anger and depression. She may kick and punch staff during medication administration.</p> <p>An Indiana incident report, dated 6/22/22 at 11:27 a.m., indicated in Resident D's care notes, the resident had been held down to administer her injectable medications which was found to be unsubstantiated.</p> <p>On 6/24/22 at 11:35 A.M., Resident D was observed in her room after being invited in to visit. She had several cardboard boxes sitting on the floor packed with all her belongings. She indicated she was waiting on her daughter to come pick her up and take her home. She was observed to be wary and moved from her bed to stand by the window where she stood stiffly. She smiled and was gracious but never lost eye contact and appeared anxious. She denied issues with staff and commented on how nice the "cleaning lady" was. When questioned about her medications, she indicated she was no longer going to take any injections.</p> <p>Resident D had physician orders for injectable medications and blood sugar fingersticks to be done multiple times each day and were as follows: -8/13/21-Trulicity (for diabetes) subcutaneously: given 1 time per week on Fridays. -9/21/21-Lantus insulin (for diabetes) subcutaneously: given 2 times per day. -9/21/21-Lispro insulin subcutaneously: given before meals, 3 times per day. -8/21/21-Olanzapine (anti-psychotic) intramuscularly (IM): given 2 times per day. -blood sugar fingersticks were done 4 times per day: before meals and before bed. The resident received 4 fingersticks, 5 subcutaneous injections and 2 intramuscular</p>		<p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? Social service director re-educated on the behavioral management process which includes development of individualized behavioral plans.</p> <p>4. 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. The responsible party for this plan of correction will be the Executive Director/designee. 24 hour report will be reviewed to identify new admissions for the need for behavioral plans and any identified need for changes to established behavioral plans for all other residents. 5 times weekly x 4 weeks then twice weekly x 8 weeks then weekly x 3 months and then will be followed in QAPI thereafter. The results of these audits will be reviewed in Quality assurance meeting monthly for 6 months or until 100% compliance is achieved x 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5. Date of Compliance : 7/8/22</p>	

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	<p>injections every day. 1 day a week, on Fridays, she received an additional subcutaneous injection for a total of 6.</p> <p>Psychiatric Nurse Practitioner progress notes indicated the following:</p> <p>1/18/22-The resident was seen for routine follow up visit for schizophrenia. She resided on a secured unit. She had no behaviors or mood changes. She was currently on oral Zyprexa (Olanzapine) due to injectable not available from the pharmacy; would resume IM Zyprexa when available.</p> <p>3/15/22-Resident remains on oral Zyprexa. She had been non-compliant with medications at times which led to inpatient psychiatric treatment. She was to restart on Zyprexa IM when available from pharmacy.</p> <p>3/29/22-Resident was seen for follow up behaviors. She continued to refuse Zyprexa injections. Order given to discontinue Zyprexa IM and restart Zyprexa orally 2 times per day.</p> <p>4/12/22-Resident seen due to nursing report of increased behaviors. She had become more physically and verbally aggressive and non-compliant with medications. Order given to resume Zyprexa IM 2 times per day.</p> <p>4/19/22-Resident continued to have episodes of verbal and physical aggression and had refused some of the Zyprexa IM injections. No new orders were given and staff to continue to administer Zyprexa IM.</p> <p>5/17/22 and 6/14/22-Resident seen for routine follow up. Staff reported she continued to try and refuse medications but would take with encouragement. Staff were to continue with the</p>			

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	<p>current plan of care.</p> <p>The MAR (Medication Administration Record) from January 2022 through June 2022, indicated the resident had numerous times where she refused her insulin and intramuscular injections and would become aggressive with staff who were trying to administer the medications. Her targeted behaviors of hitting, scratching, kicking, and cursing were all associated with administration of injectable medications. She had not refused the oral Zyprexa when given.</p> <p>There was no behavior plan with individualized and person centered approaches to the residents refusal of injectable medications to treat her diabetes and mental illness. There was no documentation to indicate the resident's diabetes treatment had been reviewed and her need for fingersticks and insulin injections reviewed.</p> <p>On 6/24/22 at 9:52 A.M., the Administrator and Director of Nursing were interviewed. The Administrator indicated the resident liked to stay in her room and do her own activities and have privacy. Both indicated the resident was resistant at times to getting injections and required much encouragement. At times, several staff would need to be present for her safety as well as the staff's when administering her medications. They indicated the resident should have had a behavior care plan to address her refusals of injectable medications and steps to take when the refusals occurred.</p> <p>On 6/24/22 at 3:00 P.M., the Administrator provided a current copy of the facility policy, titled "Behavior and Psychoactive Management Program" which stated the following: "It is the policy of the facility to provide care and services</p>			

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	<p>to promote our resident's quality of life...Behavior management program will consist of ensuring a thorough and comprehensive assessment of the resident's needs, behaviors, and prior medication...Thoroughly assessing the need for the inclusion of psychoactive medications into the resident's medication regime...planning and implementing appropriate interventions into the resident's plan of care. Evaluating the effectiveness of pharmacological and non-pharmacological interventions...Purpose: To implement the most desirable and effective interventions that meet both the known and unknown needs of the resident, to change, modify, decrease, or eliminate behaviors that are distressing to the resident, and/or are decreasing or impacting on the residents' quality of life...Behavior management team care process: Medications are an integral part of resident care. The behavior management team will effectively manage the psychoactive medication process for the residents by: recognizing and identifying problems which affect the resident's behavior, evaluating and defining causative factors of the identified behaviors...managing, treating, developing and implementing effective approaches, monitoring on a regular basis...re-evaluating, assessing, and modifying approaches...."</p> <p>This Federal tag relates to Complaint IN00383573.</p> <p>3.1-43(a)(1)</p>			