

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155654	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2023
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NAME OF PROVIDER OR SUPPLIER ENGLEWOOD HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2237 ENGLE RD FORT WAYNE, IN 46809
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00406404.</p> <p>Complaint IN00406404- Federal/state deficiencies related to the allegations are cited at F580.</p> <p>Survey date: April 18, 2023</p> <p>Facility number: 000498 Provider number: 155654 AIM number: 100266110</p> <p>Census Bed Type: SNF/NF: 48 Total: 48</p> <p>Census Payor Type: Medicare: 2 Medicaid: 43 Other: 3 Total: 48</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 19, 2023</p>	F 0000		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christian Livingston	Administrator	04/28/2023

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>results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part,</p>			

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	<p>and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on record review and interview, the facility failed to ensure family and hospice services were notified of a condition change for 1 of 3 records reviewed (Resident C).</p> <p>During an interview on 4/18/23 at 9:35 AM, Resident C's Power of Attorney (POA indicated she received a call at 5:15 AM on 4/6/23 informing her Resident C had passed away. Upon arrival at the facility, staff informed her Resident C had vomited and received medication for vomiting the evening before. The POA indicated the facility had not contacted her about a condition change.</p> <p>During a record review beginning 4/18/23 at 10:36 AM, a Minimum Data Set dated 1/21/23 indicated Resident C had diagnoses including hemiplegia following cerebral infarction, gastro-intestinal reflux disease without esophagitis, and hypertension.</p> <p>A progress note dated 4/5/23 7:05 PM was reviewed. The progress note, written by Registered Nurse (RN) 2, indicated Resident C vomited during the evening meal. The progress note indicated Nurse Practitioner (NP) 3 was contacted and orders were received for Zofran, and anti-emetic medication. No attempts to notify the POA or hospice were recorded.</p> <p>An additional progress note written by RN 2, dated 4/6/23 at 9:53 PM, did not indicate any attempts to contact the POA or hospice.</p> <p>A progress note written by Licensed Practical Nurse (LPN) 4, dated 4/6/23 at 6:32 AM, indicated she notified the POA and hospice services upon</p>	F 0580	<ol style="list-style-type: none"> 1. What corrective action will be accomplished for the resident found to have been affected by the deficient practice? RN #2 received 1:1 education on the Clinician/Family/Resident Representative notification of Change in Condition Policy. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? A 100% audit of all resident's change in condition notifications to POA/hospice reviewed for the past two weeks on 4/19/23. No further issues identified. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? Nurses in-serviced regarding Clinician/Family/Resident Representative notification of Change in Condition Policy on 4/28/23. A copy of the policy will be placed for review in the new nurse hire orientation going forward. 4. How was the corrective action be monitored to ensure the deficient practice will not recur? 	05/12/2023

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	<p>finding Resident C unresponsive at 5:15 AM. No other attempts to contact the POA or hospice services were recorded on that shift.</p> <p>During an interview conducted on 4/18/23 at 11:58 AM, RN 2 indicated she did not personally attempt to contact the POA because Resident C had stabilized after the ordered medication was ingested. RN 2 indicated a person associated with the POA was present in the building and she assumed he had notified the POA. RN 2 indicated she made one attempt to call hospice services, but there was no answer. RN 2 indicated she might have dialed the wrong number. RN 2 indicated the POA and hospice services should be notified regarding the occurrence of vomiting.</p> <p>Resident C's face sheet, provided by the Director of Nursing on 4/18/23 at 2:20 PM, indicated emergency contacts for Resident C included the POA and Resident C.</p> <p>In an interview on 4/18/23 at 12:15 PM, the POA indicated she did not give the facility permission to notify anyone else of condition changes.</p> <p>In an interview on 4/18/23 at 2:20 PM the DON indicated she believed the POA was made aware, and staff had attempted to notify hospice. The DON indicated notification should be recorded in the medical record.</p> <p>A policy titled Clinician/Family/Resident Representative notification of Change in Condition, last revised 5/19, indicated physician, family and responsible party notification should be notified of condition changes including the presence of emesis. The policy also indicated notification should be documented in the clinical record.</p>		<p>Nursing Management to review all changes in conditions daily in morning meeting to assure prompt notification was made to families/hospice/MD. DON/designee will record audit daily in morning meeting x 2 weeks, then 2x week x 4 weeks, then 1x week x 8 weeks then every other week x 6 months. Nursing will incorporate the POC into Englewood's monthly QAPI meeting to evaluate the effectiveness and compliance of the regulatory requirements. The QAPI program will review, update, and make changes to the POC as needed for sustaining compliance for no less than 6months. After consecutive compliance is obtained DON/designee will randomly complete an audit to assure continued compliance.</p> <p>5. By What date will the systemic changes be completed? 5/12/2023</p>	

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

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	3.1-5(a)(2)				