

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

PRINTED: 02/12/2024
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155755 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/30/2024 | |
| NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS HOMESTEAD | | | | STREET ADDRESS, CITY, STATE, ZIP COD 3136 GOEGLEIN RD FORT WAYNE, IN 46815 | | | |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00425478 and IN00426117. This visit resulted in a Partially Extended Survey - Substandard Quality of Care-Immediate Jeopardy.</p> <p>Complaint IN00425478 - Federal/State deficiencies related to the allegations are cited at F689 and F865.</p> <p>Complaint IN00426117 - Federal/State deficiencies related to the allegations are cited at F689 and F865.</p> <p>Survey dates: January 29 and 30, 2024</p> <p>Facility number: 000282 Provider number: 155755 AIM number: 100287520</p> <p>Census Bed Type: SNF/NF: 85 SNF: 5 Total: 90</p> <p>Census Payor Type: Medicare: 15 Medicaid: 51 Other: 24 Total: 90</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 31, 2024</p> | | | F 0000 | <p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Golden Year 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 for the basis for the deficiencies.</p> | | |
| F 0689 SS=J | 483.25(d)(1)(2) Free of Accident | | | | | | |

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

TITLE

(X6) DATE

Steve Schaaf

HFA, V.P. Operations

02/09/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 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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| Bldg. 00 | <p>Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure a resident was effectively secured in the wheelchair following manufacturer recommendations during a van transport. This deficient practice resulted in the resident falling out of the wheelchair when a van driver applied the brakes and incurring a spinal injury. (Resident Z)</p> <p>The Immediate Jeopardy began on 1/3/24 when Resident Z slid out of his wheelchair during transport when the facility van made a sudden stop. The Administrator and Director of Nursing (DON) were notified of the Immediate Jeopardy on January 29, 2024 at 4:06 P.M. The immediate jeopardy was removed on 1/30/2024</p> <p>Findings include:</p> <p>On 1/29/24 at 10:25 A.M., Resident Z's record was reviewed. Diagnoses included lumbar stenosis (narrowing of open spaces in lower spine which puts pressure on spinal cord and nerves traveling through the spine). The resident admitted to the facility 12/19/23 for short-term rehabilitation following reconstructive surgery to his spine. On 1/3/24, the resident was seen at the emergency room and diagnosed with a new acute compression fracture to his 4th lumbar vertebrae following a fall from his wheelchair while being</p> | | | F 0689 | <p>Facility wishes to informally dispute the removal date of the immediate jeopardy scope and severity of the cited deficiency. The State's report indicates immediate jeopardy was removed on 1/30/2024 when the Facility completed training of van drivers on the appropriate procedure for securing wheelchair-bound residents in its van. Facility completed this training on 1/5/2024 and therefore request a removal date of the immediate jeopardy of the same.</p> <p>Resident Z has discharged to home. Every wheelchair-bound resident of Facility will be secured properly when transported in its van by fully trained, approved Facility van drivers.</p> <p>The Facility's policy titled, "Transportation of Wheelchair-bound Residents" was updated to include a detailed procedure, in accordance with manufacturer's specifications, of safely securing wheelchair-bound</p> | | 02/13/2024 |

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| | <p>transported in the facility van. He discharged from the facility on 1/4/24.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 12/26/24, indicated the resident experienced mild cognitive impairment and no impairment to upper or lower body range of motion.</p> <p>A written statement by Resident Z, dated 1/3/24, indicated Van Driver 3 was transporting him back to the facility when the driver slammed on his brakes causing the resident to slide forward and out of the wheelchair. His legs went "2 different directions" and he was "stuck and in pain" and couldn't get up. Van Driver 3 "grabbed me" and lifted him back into the chair. The resident alleged the van driver commented "we need to replace those" referring to the safety belts. The van driver asked if he wanted to go to the hospital but he hadn't seen any obvious injuries so he told the driver it was okay to take him back to the facility. When he returned to the facility, staff came to his room to assess and talk with him about the incident. He told them his back and leg hurt and requested an x-ray be done. Staff indicated they would get an order for the x-ray but weren't sure if it would be completed and read that evening. The resident called his daughter who then transported him to the hospital where he was diagnosed with a compression fracture to his spine.</p> <p>An investigation of the incident was provided by the Administrator on 1/29/24 at 9:52 A.M. He indicated he had interviewed the van driver about how he secured the resident in the van. Van Driver 3 indicated, after loading the resident and his wheelchair into the van, he secured the frame of the wheelchair with 4 straps-one for each corner of the wheelchair. He then secured the</p> | | | | <p>residents in the van. All approved van drivers received in-service training on the procedure for securing wheelchair bound residents in the van. This in-service training was provided on 1/5/2024 by the Director of Maintenance Services. The updated policy also includes an enhanced training protocol for new drivers of the van and guidance for potential incidents/accidents that may occur during the resident transportation.</p> <p>Until at least 8/1/2024, each wheelchair-bound resident of Facility who is transported in the Facility's van will be secured in the van according to the manufacturer's specifications/ Facility policy and, prior to leaving Facility property, visually audited by the Administrator, Director of Nursing, Assistant Director of Nursing, Director of Maintenance Services or Environmental Services Supervisor to ensure safe and proper security of the resident and her/his wheelchair in the van. These audits will be reviewed by the Quality Assurance Committee throughout the auditing period to ensure systemic changes and monitoring are effective. Further corrective action may be initiated by the Quality Assurance Committee based on its review of audits.</p> | | |

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| | <p>harness seatbelt and made sure it fit him snugly, however the lap belt had not been utilized. The van driver indicated there were 2 additional straps which could be used for the wheelchair frame to keep the wheelchair in place but he didn't "normally use those". Van Driver 3 secured the resident in the van the way he had been trained by the Maintenance Director to secure residents. The Administrator indicated Van Driver 3 had been terminated for unrelated issues but had the drivers written statement of the incident. the Administrator indicated there was not a facility policy regarding safety in the van nor was there a safety assessment to ensure resident safety while riding in the van.</p> <p>A written statement by Van Driver 3, indicated on 1/3/24 at approximately 4:30 p.m., he was transporting Resident Z back to the facility following an appointment. He came to a busy intersection of the road and had to hit his brakes hard to avoid a collision. The resident slid out of his wheelchair and onto the floor of the van. Van Driver 3 stopped at a nearby gas station where he was able to assist the resident back up into the chair by putting his arms under the resident's armpits and pulling him back up and resecuring him again in the wheelchair. The resident complained of some pain but when asked, denied need to call ambulance. Van Driver 3 returned to the facility at 4:48 p.m. and told the charge nurse and Assistant Director of Nursing (ADON) about the incident.</p> <p>There was no documentation in the statement of the shoulder harness or lap belt being utilized.</p> <p>On 1/29/24 at 1:12 P.M., the Maintenance Director, who was responsible for training and management of the van drivers, was interviewed in the van</p> | | | | | | |

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| | <p>where the incident occurred. He indicated he trained Van Driver 3 as per training provided to him by the company the van was purchased from 3 years earlier. He indicated use of both the shoulder and lap belt together to secure the resident in the wheelchair was optional but not required according to his training. In the vehicle, an empty wheelchair was observed positioned in the front portion of the van, secured by 4 straps, attached at one end to the metal portion of the wheelchair with J hooks. The other ends of the straps were attached to 4 floor retractors which secured the wheelchair in place. The Maintenance Director demonstrated use of the combination lap/shoulder belt system used to secure residents in the wheelchair. The combination belt could be used as a shoulder belt only or used as a combination lap and shoulder belt. He indicated during his training, he was told use of a lap restraint was optional when securing residents in wheelchairs and only shoulder belts were required. He provided an instruction manual for installation of the 4-point wheelchair securement system and brief user manual for their installed system-Q-5000 series by Qstraint. He indicated he had contacted someone at the company who verbally indicated use of both the lap and shoulder belts were optional. Since the incident with Resident Z occurred, the Maintenance Director indicated staff would use the combination lap and shoulder belt for transporting residents.</p> <p>The Qstraint manual indicated manufacturer's recommendations were to use both the lap and shoulder restraint when securing a resident in the wheelchair for transport. The training given to the van drivers did not include securing the lap belts.</p> <p>The New Hire checklist for transportation for new</p> | | | | | | |

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| | <p>van drivers included a section for how to lock in the wheelchair for transport, but did not indicate shoulder or body belts for security were necessary.</p> <p>A "Use and Care Manual-Vehicle Anchorages and Accessories for 4-Point Wheelchair Securement Systems: Q-5000 Series" was retrieved from www.qstraint.com on 1/29/24 at 1:46 P.M. which indicated the following: "Important Safeguards and Warnings...Compliant shoulder and pelvic belt restraint must go across occupant's shoulder and pelvis (lap), and not be worn twisted or held away from the occupant's body by wheelchair components. We recommend using both a pelvic and shoulder belt together and not individually since it will compromise the performance of the system...."</p> <p>Under IC 9-19-10-2 safety belt instruction indicates (sic) each occupant shall have a safety belt properly fastened about the occupant's body at all times when the vehicle is in forward motion.</p> <p>The Immediate Jeopardy that began on 1/3/24 was removed and the deficient practice corrected on 1/30/2024 when the facility completed training of van drivers to use both shoulder and lap belt restraints for securing residents in wheelchairs during transportation, but will remain at the lower scope and severity of no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>This tag relates to Complaints IN00425478 and IN00426117.</p> <p>3.1-45(a)</p> | | | | | | |

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| F 0865 SS=E Bldg. 00 | <p>483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) QAPI Prgm/Plan, Disclosure/Good Faith Attmpt</p> <p>§483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:</p> <p>§483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;</p> <p>§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;</p> <p>§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and</p> <p>§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.</p> | | | | | | |

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| | <p>§483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:</p> <p>§483.75(b)(1) Address all systems of care and management practices;</p> <p>§483.75(b)(2) Include clinical care, quality of life, and resident choice;</p> <p>§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.</p> <p>§483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.</p> <p>§483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:</p> <p>§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.</p> <p>§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing;</p> <p>§483.75(f)(3) The QAPI program is adequately resourced, including ensuring</p> | | | | | | |

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| | <p>staff time, equipment, and technical training as needed;</p> <p>§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.</p> <p>§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and</p> <p>§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.</p> <p>§483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. Based on observation, interview and record review, the facility failed to implement a comprehensive QAPI program to ensure residents were provided with safe transportation provided by the facility. 43 of 90 residents residing in the facility utilized van transportation.</p> <p>Findings include:</p> <p>During a complaint survey, dated 1/29/24 to 1/30/24, a deficiency was cited at Immediate</p> | | | F 0865 | <p>Each and every wheelchair-bound resident of Facility will be secured properly when transported in its van by fully trained and approved Facility van drivers.</p> <p>Facility's policy for "Transportation of Wheelchair-bound Residents" was updated to include a detailed procedure, in accordance with manufacturer's specifications, of</p> | | 02/13/2024 |

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| | <p>Jeopardy-F689 when the facility failed to ensure a resident was secured in the wheelchair following manufacturer recommendations during transport. The resident slid out of the wheelchair and onto the floor when the transportation van made an abrupt stop causing the resident to sustain a spinal injury.</p> <p>Cross reference F689.</p> <p>On 1/29/24 at 9:52 A.M., the Administrator was interviewed. He indicated the facility conducted an investigation of the incident occurring on 1/3/24 which resulted in a resident's injury. During interviews, he determined staff had secured the resident with the harness belt as trained per manufacturer's recommendations. According to staff, use of a lap belt along with the harness belt was recommended for use, but not required. The Administrator indicated to prevent reoccurrence, facility staff would begin to use the lap belt in addition to the standard wheelchair security system. All transport staff would be trained in the updated procedure however, the facility had not yet developed a written policy/procedure. The facility did not have a policy regarding safety in the van nor was there a safety assessment used to ensure resident safety while riding in the van. The facility had no QAPI plan in place to ensure the updated procedure for securing resident's in wheelchairs during transport was followed accurately and consistently and was being monitored.</p> <p>On 1/30/24 at 1:14 P.M., the Administrator provided a current copy of the facility policy titled "Quality Assurance and Performance Improvement (QAPI)" which stated: "It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data driven</p> | | | | <p>safely securing wheelchair-bound residents in the van. All approved van drivers received in-service training on the updated policy and procedure for securing wheelchair-bound residents in the van. This in-service training was provided on 1/5/2024 by the Director of Maintenance Services. The updated policy also includes an enhanced training protocol for new drivers of the van and guidance for potential incidents/accidents that may occur during the resident transportation.</p> <p>Until at least 8/1/2024, each wheelchair-bound resident of Facility who is transported in the Facility van will be secured in the van according to the manufacturer's specifications/Facility policy and, prior to leaving Facility property, visually audited by Administrator, Director of Nursing, Assistant Director of Nursing, Director Maintenance Services or Environmental Services Supervisor to ensure safe and property security of the resident and her/his wheelchair in the van. The audits will be reviewed by the Quality Assurance Committee throughout the auditing period to ensure systemic changes and monitoring are effective. A Quality Assurance/Performance Improvement Plan will be prepared</p> | | |

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| NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS HOMESTEAD | | | | STREET ADDRESS, CITY, STATE, ZIP COD 3136 GOEGLEIN RD 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 |
| | <p>QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides...'Adverse Event' is an untoward, undesirable and usually unanticipated event that causes death or serious injury, or risk thereof...The QA program will develop and implement appropriate plans of action to correct identified quality deficiencies...The QAPI plan will address the following elements...b. Policies and procedures for feedback, data collection systems, and monitoring...d. A prioritization of program activities that focus on resident safety, health outcomes, autonomy, choice and quality of care, as well as, high-risk, or problem prone areas as identified in the facility assessment that reflects the specific units, programs, departments, and unique population the facility serves...f. A process to ensure care and services delivered meet accepted standards of quality...The facility will maintain documentation and demonstrate evidence of it's ongoing QAPI program. Documentation may include, but is not limited to...Systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events...2. The governing body will...ensure that corrective actions address gaps in systems, and are evaluated for effectiveness...."</p> <p>This tag relates to Complaints IN00425478 and IN00426117.</p> | | | | <p>and executed to include the action items in the Plan of Correction.</p> <p>The Quality Assurance/Performance Improvement Plan will be monitored by the Quality Assurance Committee for a period of at least one year. Further corrective action may be initiated by the Quality Assurance Committee based on its review of audits and Facility policies and procedures.</p> <p>Facility will engage the services of a proprietary, comprehensive regulatory compliance management system and incorporate this system into its Quality Assurance/Performance Improvement program. The regulatory compliance management system will remain in place for at least three years at which time it will be re-evaluated.</p> | | |