

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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 Investigation of Complaint IN00417193, IN00417450, and IN00418269, .</p> <p>Complaint IN00417193- No deficiencies related to the allegations are cited</p> <p>Complaint IN00417450- Deficiency related to the allegations are cited at F761</p> <p>Complaint IN00418269- No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 26, 27, and 28, 2023</p> <p>Facility number:000275 Provider number: 155656 AIM number: 100290930</p> <p>Census Bed Type: SNF/NF:100 Total: 100</p> <p>Census Payor Type: Medicare: 1 Medicaid: 81 Other: 18 Total: 100</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 2, 2023</p>			F 0000	Facility is requesting paper compliance		
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility</p>						

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

TITLE

(X6) DATE

MEETA ANAND

EXECUTIVE DIRECTOR

10/13/2023

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 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.

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

PRINTED: 10/17/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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
	<p>must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review the facility failed to properly secure resident's medication for 3 of 5 residents reviewed. (Resident B, Resident C, and Resident D).</p> <p>Findings include:</p> <p>1) During an observation and interview, on 9/26/23 at 9:22AM, Resident B indicated the nursing staff frequently leave her medications within reach for her to take on her own. Resident B indicated they brought her medications and left the room multiple times every week without ensuring she took them. Resident B indicated she was not assessed for knowing her medications or</p>			F 0761	<p><i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>Resident B, C, and D will be assessed for appropriateness to self-administer medications using the Self Administration of Medications Policy. Those residents found to be appropriate to self-administer medications will have MD orders placed, care plans initiated, and medications stored appropriately. Nursing staff to be educated to not leave any</p>		10/15/2023

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

PRINTED: 10/17/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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
	<p>when she took them. On her over bed table, a partial bottle of Coricidin HBP liquid (without a pharmacy label), an open box with some tablets removed of Coricidin maximum strength (without pharmacy label), and a bottle of multi vitamins without a pharmacy label were observed. Across the room on a shelf was a partially used bottle of bio freeze in a pharmacy bag with a label. Resident B was able to explain what the medications were for and indicated her son brought the medications in to her. Resident B acknowledged they were in plain view for several weeks.</p> <p>Resident B's record review began on 9/26/23 at 12:18PM. Resident B's diagnoses included lymphedema, muscle weakness, and age-related physical disability.</p> <p>Resident B's medical orders included Lasix (a diuretic), Neurontin (nerve pain), allergy medications, stomach medications (MiraLAX, protonix), and other medications to take as needed.</p> <p>Resident B had the following orders: dated 9/7/23 for Coricidin HBP (doxylamine-dm-acetaminophen) cold-multi symptom (OTC) liquid; 6.25-15-325mg for ever 15ml. amount 6.25-15-325mg/15ml, oral. Special instructions indicated to give Coricidin tablets no more than 10 tabs/day for runny nose, cough, sneezing, sore throat, aches, and pains, administer every 6 hours as needed. The order was for liquid and the special instructions were for tablets. Resident B's MAR (Medication Administration Record) dated 9-2023 did not indicate the medication had been administered.</p> <p>Resident B did not have an order to keep any</p>				<p>medications at bedside for residents who do not have an assessment, order, and care plan in place. No adverse effects were noted for residents affected.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i></p> <p>All residents who receive medications have the potential to be affected by the alleged deficient practice. DNS/designee will interview residents to identify any other residents affected. For any additional resident found to be affected, a Self-Administration of Medications assessment will be completed to determine appropriateness and policy will be followed. Re-education will be provided to nursing staff as indicated.</p> <p><i>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>Re-education was provided to the IDT team by Regional Director of Clinical Services on the Self Administration of Medication Policy. DNS/designee will re-educate all nurses and QMAs on the medication storage policy, including not leaving medications at bedside for residents who do not have orders to self-administer medications. DNS/Designee will round daily to ensure medications</p>		

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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
	<p>medications at bedside. Resident did not have an order to self-administer any medications.</p> <p>Resident B's most recent BIMS (Brief Interview of Mental Status) score from comprehensive MDS (Minimum Data Set) assessment was 15. The score of 15 shows no cognitive decline at time of assessment.</p> <p>During an observation and interview, on 9/27/23 at 11:14AM, the DON (Director of Nursing) observed the medications Coricidin HBP liquid, Coricidin maximum strength tablets, and a bottle of multi vitamins on the bed side table. These medications were visible from the doorway. Upon entering the room, the bottle of bio freeze on shelf across from the bed was able to be observed. The DON indicated she would check into the orders for the medications to be at bedside. The DON indicated there was no reason Resident B could not retain the bio freeze in her room. The DON indicated she would inform Resident B of the removal of items from her room and call the medical provider to get an order for the medications.</p> <p>In an interview on 9/27/23 at 12:48PM Resident B and her son indicated the same medications were removed from her room about three weeks ago and were returned by facility staff. The son expressed frustration of the facility not providing the medication he feels his mother needs.</p> <p>In an interview , on 9/27/23 at 12:48PM, the DON indicated the medical provider did give an order for the multivitamins. The DON indicated Resident B had an existing order for the liquid Coricidin and Bio freeze. The DON indicated the medical provider wanted the licensed staff to administer medications to Resident B. The DON indicated</p>				<p>are not left at bedside when not appropriate, using the Nursing Rounds Medications Stored Appropriately rounding tool x 4 weeks.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur:</i></p> <p>To ensure compliance, the DNS/ designee is responsible for the completion of the Medication Storage Review Tool QAPI tool weekly x 4 weeks, monthly x 6 months, and then quarterly until continued compliance is maintained for two consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. The threshold of 95% is not achieved and an action plan will be developed to ensure compliance and disciplinary action taken as indicated.</p> <p><i>What date the systemic changes for each deficiency will be completed:</i></p> <p>All audits and systemic changes will be fully implemented by 10/15/2023</p>		

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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>Resident B did not have an assessment for self-administration of medication.</p> <p>2) In an interview on 9/26/23 at 8:53AM, Resident C's son indicated his mother's medications were intermittently left at bedside. Resident C's son indicated his mother was unable to articulate to him if she took her medications in the morning or not. He indicated med cups with medications were frequently observed at bedside. Resident C's son indicated she would take the medication with prompting. Resident C's son was concerned regarding the inability to determine if medications were administered or left at bedside; taken or left in a cup. Resident C's son indicated his mom left the facility when her therapy days were up. The medication administration had been a problem throughout her stay. He indicated he filed grievances as well as reaching out to the ombudsman.</p> <p>Resident C's record reviewed on 9/28/23 at 9:22AM, indicated diagnoses included kidney failure, falls, sepsis, stroke, and hypertension.</p> <p>Resident C's medication orders included the following medications Vitamins, iron, Neurontin, hydroxyzine, metoprolol, quetiapine (antipsychotic), amitriptyline (an antidepressant), atorvastatin, venlafaxine (an antidepressant), insulin, BuSpar (anti-anxiety), and antibiotics.</p> <p>Resident C did not have an order for self-administration of medications or an order to leave medications at bedside.</p> <p>Resident C's BIMS (Brief Interview of Mental Status) score indicated a score of 12. The score of 12 indicates mild cognitive decline.</p>						

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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>In an interview on 9/28/23 at 9:56 the DON indicated Resident C did not have an assessment for self-administration of medication. The DON indicated self-administration of medication was when a resident had all their meds and took them themselves. The DON indicated there were a few residents with a few select medications they self-administered. The DON indicated Resident C was not one of those residents. The DON indicated with a BIMS of 12 some cognitive decline was noted, and it was not appropriate for her to self-administer medications.</p> <p>Resident C was no longer in the facility at time of survey for a direct observation.</p> <p>3) In an interview on 9/27/23 at 11:06AM, Resident D indicated nursing staff would bring in her medications, set them down, and promptly leave. Resident D indicated there were occasions as recently as last week when she woke up and her morning medications were on her table waiting for her to take them. Resident D indicated this has occurred more than once per week since her arrival. Resident D was unable to recall ever having an assessment to determine if she can self-administer medications.</p> <p>Resident D's record review began 9/27/23 at 1:28PM. Resident D had the following diagnoses abnormal gait, depression, hypertension, acute kidney failure, falls, and generalized anxiety disorder. There was no assessment to indicated Resident D had been assessed to self administer medications.</p> <p>Resident D's medical orders included Norvasc, Neurontin, Lexapro, and Wellbutrin. She had no order to self administer medications.</p>						

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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>Resident D's BIMS score on most recent comprehensive MDS was 15. A score of 15 indicated no cognitive decline at time of assessment.</p> <p>A policy and procedure titled, "LTC Facility's Pharmacy Services and Procedures Manual General Dose Preparation and Medication Administration", provided by the Administrator on 9/28/23 at 10:07 AM, indicated 3.10 Facility staff should not leave medications or chemicals unattended.5.10 Observe the resident's consumption of the medication(s) ...</p> <p>A policy and procedure titled, "LTC Facility's Pharmacy Services and Procedures Manual Storage and Expiration Dating of Medications, Biologicals", provided by the administrator on 9/28/23 at 10:07AM indicated, 13. Bedside Medication Storage: 13.1 Facility should not administer/provide bedside medications or biologicals without a Physicians order and approval by Interdisciplinary Care Team and Facility Administrator. 13.2 Facility should store bedside medications or biologicals in a locked compartment within the resident's room ...</p> <p>The Administrator provided, 9/28/23 at 9:38AM, an inservices dated 9/28/23 regarding medication left in room. The inservice had 18 signatures on it. The summary of meeting indicated no medications to be left at bedside without prescriber approval or manager approval. All family members are to be informed of the same when noted leaving medication at bedside. Nurses do not leave meds with residents. Reapproach if medication refused or do not want to take at that time.</p> <p>This Federal citation is related to IN00417450.</p>						

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

PRINTED: 10/17/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835		
(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
	3.1-25(l)(m)				