

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

PRINTED: 10/31/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/07/2022	
NAME OF PROVIDER OR SUPPLIER CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3420 EAST STATE BLVD 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 the Investigation of Complaints IN00391073 and IN00391502.</p> <p>Complaint IN00391073 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00391502 - Substantiated. Federal/state deficiencies related to the allegations are cited at F0684</p> <p>Survey date: October 7, 2022.</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF: 4 NF: 58 NCC: 10 Total: 72</p> <p>Census Payor Type: Medicare: 7 Medicaid: 63 Other: 2 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 12, 2022</p>			F 0000			
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care</p>						

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

TITLE

(X6) DATE

FAITH MILLS

RN DON

10/29/2022

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.

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	<p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review the facility failed to ensure physician orders were followed for 2 of 3 residents reviewed for respite care. (Resident C, Resident D)</p> <p>Findings include:</p> <p>1. A respite stay referral packet for Resident C was provided by the Director of Nursing (DON) on 10/7/22 at 11:23 AM. The packet included a medication list for Resident C's stay. The medication list indicated Resident C received: Famotidine (gastric acid secretion reducer) 20 mg tablet- give 1 tablet, 2 times daily orally.</p> <p>Resident C's Medication Administration Record (MAR), dated 4/1/22-4/30/22, indicated Resident C received Fomatidine tablet 20 mg- 1 tablet by mouth at bedtime.</p> <p>2. A respite stay referral packet for Resident D indicated Resident D received Torsemide (diuretic) 20 mg tablet- give 2 tablets daily orally.</p> <p>Resident D's MAR, dated 4/1/22-4/30/22 indicated Resident D received Torsemide 20 mg: give 40 mg by mouth two times a day.</p> <p>In an interview on 10/7/22 at 10:13 AM, (QMA) Qualified Medical Assistant indicated when a resident is admitted to the facility for respite stay</p>			F 0684	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or – Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.</p> <p>Deficiency ID: F-684 SS=D Date of Completion: Oct 18, 2022</p> <p>1. It is the intent of the facility to ensure all medications are followed as ordered by the medical doctor and/or NP .</p> <p>2. An audit was performed on October 10, 2022, on all residents for accuracy of medications</p>		10/10/2022

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	<p>the nurse would input their orders into their chart.</p> <p>In an interview on 10/7/22 at 10:18 AM, (LPN) Licensed Practical Nurse 3 indicated when a resident is admitted to the facility for respite stay the resident could bring their medications from home. If the resident does bring their medications from home the nurse would input their medication orders into their chart.</p> <p>In an interview on 10/7/22 at 10:22 AM, QMA 3 indicated when a resident is admitted to the facility for respite care the DON or nurse would input their medication orders into their chart.</p> <p>In an interview on 10/7/22 at 2:19 PM, the DON indicated when a resident is admitted to the facility for respite care the nurse would input the medication orders into the order based on the referral unless the Doctor changed the orders. The DON indicated she was unable to find any documentation of order changes for Resident C or Resident D. The DON also indicated Resident C and Resident D should have received the medications per the physician orders on the referral packet.</p> <p>A policy, revised July 2016, titled "Medication and Treatment Orders," was provided by the Administrator on 10/7/22 at 11:13 AM. The policy indicated "medications should be administered only upon the written order of a person duly licensed."</p> <p>This Federal Finding relates to Complaint IN00391502.</p> <p>3.1-37(a)</p>		<p>ordered per physician. No other residents were affected by this practice. (See attachment #1).</p> <p>3. Licensed nursing staff have been in-serviced October 10, 2022, and will be ongoing until all nurses/QMA's are in-serviced on the policy and procedures of following physicians' orders. (See attachments #2,).</p> <p>4. Audits will be performed with every new admission and with new medication orders/changes. (See attachment #3).</p> <p>DON/Designee will address in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained. It is the intent of the facility to assure 100% compliance with regulations.</p>				