

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

PRINTED: 04/04/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2023	
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 4730 E STATE BLVD 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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00402513.</p> <p>Complaint IN00402513 - State deficiencies related to the allegations are cited at R0088.</p> <p>Survey date: March 7, 2023</p> <p>Facility number: 003273</p> <p>Residential Census: 34</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 8, 2023</p>			R 0000			
R 0088 Bldg. 00	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>c) The licensee shall:</p> <p>(1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility.</p> <p>(d) The licensee shall notify the director:</p> <p>(1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator</p> <p>Based on interview and record review, the facility failed to employ a licensed Administrator. 34 residents resided in the facility.</p>			R 0088	The following is the Plan of Correction for Brookdale Fort Wayne regarding the Statement of		03/21/2023

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

TITLE

(X6) DATE

Kristine Lundquist

Executive Director

03/21/2023

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.

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	<p>Findings include:</p> <p>On 3/7/23 at 9:45 A.M., an entrance conference was conducted with the Operation Specialist. The Operation Specialist indicated she was assisting at the building until a new Administrator was hired. She indicated she was not a licensed Administrator and when questioned, hadn't known who's Administrator license was representing the facility. She had been assisting staff at the facility since January 18, 2023, and described her role as one who assists staff to maintain established facility policies, procedures and company standards.</p> <p>Resident Interviews indicated the following:</p> <p>-3/7/23 at 10:44 A.M., Resident B indicated the Operation Specialist was the current Administrator but there would be a new one coming in a few weeks. She regularly attended monthly Resident Council meetings. She indicated she and other residents reported the call light response time had worsened in the past few months and average response time was an hour. Resident's had expressed concerns with the length of time it took when requesting and getting as needed (PRN) medications like pain medication. Resident B indicated they were told the facility was short staffed but staff would do their best to promptly answer lights.</p> <p>-3/7/23 at 10:52 A.M., roommates, Resident C and Resident D were interviewed. Both indicated the Operation Specialist was the Administrator.</p> <p>Staff Interviews were:</p> <p>-11:06 A.M., LPN 2 (Licensed Practical Nurse) was</p>				<p>Deficiencies dated 3/7/2023. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objection.</p> <p>No residents were affected by the community not having a licensed Administrator on record from 12/30/2022 to 2/27/2023. All residents had the potential to be affected. The IDOH was notified on March 8, 2023 of new Administrator being hired effective 2/27/2023. An in-service was completed on 3/21/2023 by the Administrator with the Business Office Manager on how to prepare and submit a letter of Administrator change to IDOH.</p> <p>Upon ED separation and/or termination with Brookdale, the</p>		

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	<p>interviewed. She indicated the Operation Specialist was the current Administrator but there would be a new one starting after they finished their training.</p> <p>-11:42 A.M., the Health and Wellness Director (HWD) was interviewed. She indicated the Operation Specialist was serving as the Administrator and a new Administrator had been hired. The HWD indicated she had reported a facility incident to the Indiana Department of Health (IDOH) on 2/22/23. She'd had no guidance or direction for reporting the incident but was told to report it. She indicated she hadn't known why the Administrator hadn't reported it because in her past experience, the Administrator was responsible for reporting incidents to the Department of Health. The HWD indicated she hadn't known the Operation Specialist was not a licensed Administrator and had assumed she was.</p> <p>-2:14 P.M., the Business Office Manager (BOM) was interviewed. She indicated the previous Administrator had left her employment effective 12/30/22. The Operation Specialist was serving as the Interim Administrator. A new Administrator had been hired on 2/27/23 but was attending training and hadn't started at the facility yet. When questioned, she indicated she hadn't known who served as the licensed Administrator from 12/31/22 to 2/26/23 but had assumed it was the Operation Specialist. She had not been aware that the Operation Specialist was not a licensed Administrator.</p> <p>-3:00 P.M., the Operation Specialist was interviewed. She indicated she had assumed the company had a licensed Administrator to covered the facility but hadn't known who the licensed Administrator was. She indicated she hadn't been</p>				<p>Business Office Manager and/or Designee will complete a change of Administrator Form and submit to IDOH as part of the termination paperwork. The District Director of Operations and/or designee will monitor after a separation and/or termination that the notification to state has taken place.</p> <p>This deficiency was corrected March 22, 2023.</p>		

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	on the reporting site for IDOH for the past 5 years and recently, was granted access. She indicated the HWD reported an incident recently but she had not reported on IDOH's website since being at the facility. She further indicated that she was unsure who would receive the citation report from IDOH as she was not the listed licensed Administrator. This State Residential finding relates to Complaint IN00402513.						