

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

PRINTED: 11/15/2023
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 10/13/2023	
NAME OF PROVIDER OR SUPPLIER CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 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 Complaint IN00417716</p> <p>Complaint IN00417716 - Federal/State deficiencies related to the allegations are cited at F726.</p> <p>Survey date: October 13, 2023</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 68 SNF: 3 Total: 71</p> <p>Census Payor Type: Medicare: 4 Medicaid: 61 Other: 6 Total: 71</p> <p>Celebrate Senior Living of Fort Wayne was found to be noncompliant with 42 CFR Parts 483.10, 483.12, 483.25 and 483.35 in regard to the Investigation of Complaint IN00417716.</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 16, 2023</p>			F 0000	<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>		
F 0726 SS=F Bldg. 00	<p>483.35(a)(3)(4)(c) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff</p>						

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

TITLE

(X6) DATE

Tammy Hunter

Administrator

10/27/2023

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>with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on interview and record review, the facility failed to ensure an employee had met the certification requirements to provide resident care as a Certified Nurse Aide. 79 residents lived in the facility.</p> <p>An anonymous complaint to the Indiana Department of Health indicated there was a</p>			F 0726	<p>F726</p> <p>1. No residents were affected by the cited deficiency. The staff member found out of compliance was removed from the nursing schedule when discrepancy with the certification was found.</p> <p>2. An audit was conducted on all</p>		10/28/2023

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	<p>concern for an unqualified staff member (Employee 3) who had provided resident care as a Certified Nurse Aide (CNA).</p> <p>A record review was completed on 10/13/23 at 11:21 AM. The facility schedule dated September 2023 indicated Employee 3 had worked as a CNA on 9/1, 9/2, 9/3, 9/4, 9/5, 9/6, 9/8, 9/12, 9/13, 9/15, 9/18, 9/19, 9/20, 9/22, 9/26, 9/27 and 9/29. The facility schedule dated October 2023 indicated Employee 3 had worked as a CNA on 10/2, 10/3, 10/4, 10/6, 10/7, 10/8, 10/10 and 10/11.</p> <p>The facility employee certification and licensure binder indicated Employee 3 did not have a certification to practice as a Certified Nurse Aide.</p> <p>The Indiana Certified Nurse Aide Registry did not indicate Employee 3 had a certification to practice as a CNA.</p> <p>Employee 3's employee file indicated Employee 3 had not completed the facility orientation skills checklist. The facility orientation checklist did not indicate a hire date for Employee 3.</p> <p>A CNA test dated 10/4/22 indicated Employee 3 had not passed the skills evaluation portion of the Nurse Aide Competency Evaluation.</p> <p>The Facility Assessment Tool indicated the facility provided competency training upon hire and annually. The Facility Assessment Tool indicated facility staff certification and licensure requirements would be maintained as applicable.</p> <p>In an interview on 10/13/23 at 12:47 PM, the Administrator indicated the facility did not have a CNA testing policy. The facility was aware Employee 3 had not passed their first attempt for</p>				<p>licensed and certified staff. Any staff found not in compliance will be removed from the department schedule.</p> <p>3. Department heads responsible for hiring were educated on verifying certification/licensure prior to hiring. Monthly licensure/certification checks are to be completed by HR and/or designee and verified by Facility Administrator.</p> <p>4. New hires along with any required licensure/certifications will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained.</p> <p>5. Corrections will be in place by 10-28-23.</p>		

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	<p>certification as a CNA. The Administrator indicated they were aware of the CNA requirement of passing the certification test with 120 days of the CNA course completion. The Administrator indicated they had believed Employee had scheduled another CNA test, but it was outside the 120 day requirement. The Administrator indicated they had attempted to reach Employee 3 to clarify if Employee 3 had tested again. The Administrator indicated they were awaiting a return call from the CNA testing facility in relation to Employee 3's further test attempts.</p> <p>This citation is related to complaint IN00417716.</p> <p>3.1-14(i)</p>						