

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

PRINTED: 04/26/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155756		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/01/2023	
NAME OF PROVIDER OR SUPPLIER  COVENTRY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(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
F 0000  Bldg. 00	<p>This visit was for Investigation of Complaints IN00402403, IN00402413, IN00402445, and IN00402580. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00402403 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00402413 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00402445 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00402580 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 27 and 28, and March 1, 2023</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Census Bed Type: SNF/NF: 96 SNF: 20 Total: 116</p> <p>Census Payor Type: Medicare: 23 Medicaid: 71 Other: 22 Total: 116</p> <p>These deficiencies reflect State Findings cited in</p>			F 0000			

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

TITLE

(X6) DATE

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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F 0677 SS=E Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 3, 2023</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, record review, and interview, the facility failed to ensure showers or bed baths were offered twice weekly (Residents M, K, and L) and nail care was provided (Residents K and L) for 3 of 4 residents reviewed for activities of daily living.</p> <p>Findings include:</p> <p>On 2/27/23 at 1:38 P.M., the Resident Council President (RCP) was interviewed. She indicated everything was generally well within the facility except for some resident complaints about staffing. She indicated the facility used agency staff who were not familiar with residents routines. The RCP indicated there had been reports from some residents showers were not being given timely on 3 of the 5 hallways.</p> <p>1. On 2/28/23 at 10:35 A.M., Resident M, identified by the facility as interviewable, was interviewed. They indicated they didn't always receive showers 2 times per week as care planned. They indicated the facility was short staffed and when fully staffed, the care provided depended on who was working and how well they worked together.</p> <p>A quarterly MDS, dated 11/13/22, indicated the resident required physical help with transfers and</p>			F 0677	<p>F677</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Based upon past survey history and no harm identified to any resident, this facility respectfully requests a desk review in lieu of a post survey revisit on or before March 17, 2023.</p> <p><i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>- DNS has audited shower sheets for all halls and found no other residents to be affected. Residents are offered and given</p>		03/17/2023

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	<p>set up support for bathing.</p> <p>A care plan, dated 6/25/20, indicated the resident required assistance with ADL's. Staff were to offer showers 2 times per week and provide bathing assistance.</p> <p>A review of paper shower reports and electronic bathing documentation indicated a shower was not offered, provided, or refused the week of 2/2/23 to 2/8/23.</p> <p>2. On 2/28/23 at 10:25 A.M., Resident K was observed seated in her room in a wheelchair. Her fingernails were observed with chipped and peeling fingernail polish. Her nails were long, ragged, and had dark material beneath the tips of the nails.</p> <p>A significant change MDS assessment, dated 1/17/23, indicated the resident required total assistance of 1 staff member with bathing.</p> <p>A care plan, dated 6/9/21, indicated the resident required assistance with ADL's</p> <p>A review of paper shower reports, dated January to February 2023, indicated the resident received a bed bath twice weekly, but a shower on 1/25/23, 1/28/23, and 2/11/23. The reports did not include documentation of why the resident received a bed bath instead of a shower, except 1/14/23, when the resident received a bed bath related to the Certified Nursing Assistant (CNA) working the unit alone. The reports did not include documentation the resident was offered or refused nail care.</p> <p>3. On 2/28/23 at 10:35 A.M., Resident L, identified as interviewable, was interviewed. She indicated</p>				<p>showers 2 times per week or per their preference.</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 have the potential to be affected by the alleged deficient practices. Shower sheets for residents F, M, K and L were audited by the Director of Nursing and it was found that showers were offered as scheduled. All nursing staff have been educated on how to document showers, nail care on shower days, and informing the charge nurse if a resident refuses a shower.</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>All nursing staff have been educated on how to document showers, resident nail care and to inform the charge nurse of all resident refusals (attachment 3). Shower sheets (attachment 1) will be audited daily by the unit manager of the hall and documented using the hall specific shower verification tool (attachment 2). The DNS/designee will also audit shower documentation in the eMAR system daily. Shower sheets will be audited to ensure nail care was provided as necessary. DNS/designee will review shower</p>		

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	<p>she wasn't sure when she was supposed to get showers-staff would just come and tell her it was time for one. She indicated they gave her bed baths which was okay with her. Her fingernails were observed to be long, ragged and she had dark material beneath the tips of her nails.</p> <p>A significant change MDS assessment, dated 1/31/23, indicated the resident required extensive assistance with personal hygiene and was dependent on 1 staff member for bathing.</p> <p>A care plan, dated 12/6/18, indicated the resident required assistance with ADL's. Staff were to offer showers 2 times per week and provide bathing assistance. The care plan didn't indicate she had refused of care.</p> <p>A review of paper shower reports indicated the resident received a shower or a bed bath on 2/4/23, 2/11/23, 2/18/23, 2/22/23, 2/25/23 and refused a shower on 1/25/23, 2/1/23, 2/8/23, and 2/15/23. There was no other documentation additional showers or bed baths were offered or refused in January 2023. The reports did not include documentation the resident was offered or refused nail care.</p> <p>On 3/1/23 at 1:34 P.M., the 500 hall Unit Manager was interviewed. She indicated residents were offered showers 2 times per week. Nail care was to be done following a shower/bath and any time they needed cut or cleaned.</p> <p>On 3/1/23 at 3:30 P.M., the Director of Nursing Services indicated the facility had no specific policy for showers or bathing. Staff were to offer 2 showers per week to the residents.</p> <p>This Federal tag relates to Complaint IN00402413.</p>				<p>documentation and resident care plans will be updated as necessary.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur:</i> Unit managers will audit shower sheets daily using the hall specific shower audit tool. The Director of Nursing/designee will audit the tool weekly x 4 weeks, monthly x 3 months and quarterly x 3 months. If any findings are out of compliance, additional monitoring and additional action plan(s) will continue as determined by the QAPI Committee.</p> <p><i>What date the systemic changes for each deficiency will be completed:</i> All audits and systemic changes will be fully implemented by March 17, 2023.</p>		

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	3.1-38(a)(3)						