

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

PRINTED: 09/30/2024  
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 05/30/2024	
NAME OF PROVIDER OR SUPPLIER  CEDARHURST OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 9210 MAYSVILLE ROAD 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 IN00434368.</p> <p>Complaint IN00434368 - State deficiencies related to the allegations are cited at R0241.</p> <p>Survey date: May 30, 2024</p> <p>Facility number: 014576</p> <p>Residential Census: 78</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 30, 2024</p>		R 0000	Not Required			
R 0241  Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>Based on interview and record review the facility failed to ensure residents were free of medication error for 1 of 2 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A record review was completed on 5/30/24 at 11 AM. Diagnosis included dementia, atrial fibrillation and chronic kidney disease.</p> <p>The Medication Administration Record (MAR), dated 5/1 - 5/30/24 indicated an active order for 1 Fentanyl (opioid) patch 12 MCG applied every 3 days to to upper torso for pain at 8 AM. The MAR indicated the patch was applied on 5/8/24 by Qualified Medication Aide (QMA) 2 and 5/11/24 by QMA 3.</p>		R 0241	<p><b>Describe what the facility did to correct the deficient practice for each client cited in the deficiency. The community started in-service for documentation on the placement of transdermal patches. The community started in-service on P&amp;P regarding medication errors. The EMAR has been updated to reflect documenting the location of all transdermal orders in ECP. These in-services will be ongoing until all QMA's/nurses have been educated.</b></p> <p><b>Describe how the facility reviewed all clients in the</b></p>		07/01/2024	

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.

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

PRINTED: 09/30/2024  
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 05/30/2024	
NAME OF PROVIDER OR SUPPLIER  CEDARHURST OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 9210 MAYSVILLE ROAD 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		
	<p>A nursing note, dated 5/11/24 at 9:45 PM indicated Resident B's notified QMA 4 of Resident B holding her belly, moaning, groaning and refused her favorite snack. QMA 4 indicated Resident B was awake but not alert. QMA 4 indicated she removed the Fentanyl patch per the request of the son. QMA 4 indicated her and a Certified Nurse Assitant (CNA) assisted resident into bed, changed her clothes and observed another Fentanyl patch on her belly.</p> <p>During an interview on 5/30/24 at 9:53 AM, Licensed Practical Nurse (LPN) 5 indicated when a resident had an order for a Fentanyl patch she removed the old patch prior to applying a new patch. LPN 5 indicated the old patch was not found she notified the Director of Nursing (DON). LPN 5 indicated Resident B's order indicated to apply 1 Fentanyl patch every 3 days to upper torso for pain. LPN 5 indicated the torso consisted of between the neck and pelvic area and she applied the patch to Resident B's back scapula area out of reach of the resident. LPN 5 indicated she dated, initialed and covered the patch with tegaderm (transparent dressing). LPN 5 indicated the order did not specify to document the location applied or tegaderm application.</p> <p>During an interview on 5/30/24 at 10:13 AM, QMA 2 indicated she applied a Fentanyl patch per the physician order. QMA 2 indicated on 5/8/24 she applied a patch to Resident B's left upper quadrant/hip area. QMA 2 indicated the order only allowed her check off the patch was applied but did not request the specific location or removal of the previous patch. QMA 2 indicated prior to applying a new patch she looked for the previous patch to remove. QMA 2 indicated when the prior patch was not located, she inspected the resident's whole body and then applied a new</p>		<p><b>facility that could be affected by the same deficient practice, and state what actions the facility took to correct the deficient practice for any client the facility identified as being affected. <i>The community started immediately to review all residents with patch orders. The EMAR has been updated to reflect documenting the location of all transdermal orders in ECP.</i></b></p> <p><b>Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. <i>Immediately the community reviewed P&amp;Ps, Conducting on-going in-service, Instituted a method of documentation for placement of patches.</i></b></p> <p><b>Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</b></p> <p><b>Monitoring should include:</b> <i>DON or designee will audit resident medications and orders monthly/ with changes directed for an ongoing period. DON or designee will conduct QA audits conducted monthly on med carts/ cabinets. DON or designee will review pharmacy changes on</i></p>				

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

PRINTED: 09/30/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/30/2024	
NAME OF PROVIDER OR SUPPLIER  CEDARHURST OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 9210 MAYSVILLE ROAD 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
	<p>patch.</p> <p>During an interview on 5/30/24 at 11:23 AM, the DON indicated on 5/8/24 QMA 2 applied a Fentanyl patch per the order on Resident B's upper torso in the AM. The DON indicated on 5/11/24 QMA 3 was unable to locate the Fentanyl patch and applied another Fentanyl patch to Resident B's torso the AM. The DON indicated on 5/11/24 around 945 PM, Resident B's son called QMA 4 to the Resident B's room. QMA 4 indicated Resident B was "moaning, groaning, holding her belly, awake but not alert." Resident B's son requested QMA 4 to remove the Fentanyl patch at time. A CNA and QMA 4 then assisted Resident B into bed and changed her clothes. During the time, QMA 4 noticed another Fentanyl patch on Resident B's abdomen. QMA 4 removed the second patch. The DON also indicated if a patch was unable to be located, the staff was instructed to contact the DON for direction.</p> <p>A policy, dated Feburary 24, 2022, titled "Medication Administration" was provided by the Regional DON on 5/30/24 at 12:01 PM. The policy did not indicate any information regarding application/removal of medicated patches.</p> <p>This citation relates to Complaint IN00434368.</p>				<i>EMAR daily with changes directed for an on-going period.</i>		