STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155756	A. BUILDING 00 B. WING	08/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00414817. Complaint IN00414817 - No deficiencies related to the allegations are cited. Survey dates: August 21, 22, 23, 24, and 25 2023. Facility number: 004945 Provider number: 155756 AIM number: 200814400 Census Bed Type: SNF/NF: 104 SNF: 17 Total: 121 Census Payor Type: Medicare: 18 Medicaid: 83 Other: 20 Total: 121 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed August 28, 2023.	F 0000		
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kelly Hardy | Executive Director | 09/08/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo days 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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	including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on observation, interview and record review, the facility failed to ensure dignity with dining for 2 of 8 residents reviewed(Resident 14	F 0550	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth	09/09/2023

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	and Resident 51). Findings include: On 8/21/23 from 12:01-12:50 P.M., the dining room on the memory care unit was observed during mealtime. Per staff, there were 2 tables where a total of 8 residents sat who required supervision, cues, and/or assistance with eating. Lunch was to be served at 12:00 P.M. All residents, including those who required assistance, were observed with a glass of yellow juice on the table in front of them. The meal trays were late and hadn't arrived to the unit until 12:40 P.M. Resident 51 sat in a high back wheelchair at the end of a table where 3 other residents sat. She was observed trying to reach out and take hold of her drink placed out of her reach on the table. The Memory Care Support Specialist (MCSS) was observed to move quickly across the dining room to Resident 51 and moved her drink away from her. Resident 51 was not offered a drink and her glass was moved further away from her. Resident 51 reached out again to get the glass of juice and knocked the glass over which then spilled onto her tablemate's lap. The tablemate raised her voice at Resident 51 for spilling juice on her. The resident appeared confused and surprised and began to raise her voice to the tablemate. The 2 residents bickered back and forth until staff intervened. Resident 14 sat in her wheelchair at the end of a table where 3 other residents, needing assistance, sat. She had her eyes closed and her head hung over the back of the chair. She awakened prior to the trays arriving. She tried to take a drink of her juice on the table in front of her. A staff member gave her a small sip and then moved the drink out of her reach. She was observed to pick up her rolled silverware, put it up to her mouth and tipped it back trying to take a drink. Resident 14 then tried		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 September 9, 2023. *What corrective action will be accomplished for those residents found to have been affected by the deficient practice:* Residents 51 and 14 have been assessed with no adverse effects noted from alleged deficient practice. Care Plans have been audited and updated as necessary to ensure residents' preferences are accurately reflected. *How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:* All residents who reside on the memory care unit have the potential to be affected by this alleged deficient practice. Resident Care Plans and profiles will be audited to ensure residents' preferences are reflected. All staff who work on the Memory Care unit have been provided education related to Resident Rights and Dining expectations.	

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	to suck on it like a straw, then began to chew on it. When lunch trays arrived, Resident 14 used her fingers to scoop the mashed potatoes off her plate. 1. On 8/22/23 at 2:08 P.M., Resident 14's record was reviewed. Diagnosis included severe dementia and generalized anxiety disorder. A significant change MDS (Minimum Data Set) assessment, dated 6/30/23, indicated the resident required extensive assistance of 1 staff member for eating. Care plans indicated the following: -Initiated 9/8/22 and revised 8/24/23: Resident was at risk for altered nutritional status. A mechanically altered diet was in place. She needed feeding assistance as needed (PRN) and had trending weight loss the past 30 days. Interventions included to serve a regular, soft bite-sized diet. -Initiated 9/8/22 and revised 7/17/23: Resident required assistance with bed mobility, transfers, eating, and toileting. The resident was able to feed self, but required cues/reminders. Nursing staff would provide cues/reminders to resident during meal times. Interventions included to assist with eating and drinking as needed. -Initiated 9/19/22 and revised 7/10/23: Resident was at risk for fluid imbalance due to impaired mobility, required cues/reminders; staff to anticipate fluid needs. Interventions included to encourage and give fluids. On 8/24/23 at 12:05 P.M., Resident 14 was observed seated in her wheelchair at the end of		*What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:* Education was provided to all memory care staff regarding Resident's Rights, Cottage dining expectations and assisting a resident to eat. The Memory Care Support Specialist/designee will ensure mealtime expectation are followed using the Cottage Meal Expectations QA tool. *How the corrective action will be monitored to ensure the deficient practice will not recur:* The Memory Care Support Specialist/designee will complete the Cottage Meal Expectations QAPI tool daily x 7 days, weekly x 4 weeks, monthly x3 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. *What date the systemic changes for each deficiency will be completed:* All audits and systemic changes will be fully implemented by September 9, 2023.	

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	the table where residents passed by behind her and lunch tray carts sat. She was observed with an anxious and perplexed expression on her face as she spoke with the Executive Director (ED) about a trivia puzzle on a paper she held. After the ED left she continued with a frown on her face, talking to those around her although no one answered or spoke to her. Her chair was moved in 2 times so other residents could go past her wheelchair to their tables. CNA (Certified Nurse Aide) 2 sat at the other end of the table and began to assist another resident to eat. Resident 14 was served her plate with large uncut potato wedges and ground meat on it. She attempted to use her spoon to pick up the potato wedge, got it up to her mouth and spit it back out onto the spoon and back onto her plate. She used her spoon to try and eat the ground meat with barbecue sauce covering it. She spilled the ground meat onto her light colored pants and fiddled with wiping them off. The ground meat kept falling of the plate and onto the table and her pants due to difficulty scooping the meat off the plate with her spoon. Resident 14 then began to eat her applesauce with her fingers. After finishing the applesauce, she drank her drink and then put her fingers into the cup and tried to scoop up any remaining fluid/food from the empty cup. She then reached over and tried to take her tablemate's cup. CNA 2 took the cup away and told the resident it wasn't hers. Niether the CNA nor staff observing the dining room, offered the resident more food or drink. After finishing her meal, she began to move herself away from the table and propel herself toward the exit of the dining room where she asked a visitor if they could wash her soiled hands which had visible food debris on both hands. A staff member was summoned to assist the resident to wash her hands.			

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	On 8/25/23 at 9:42 A.M., CNA 2 was interviewed. She indicated Resident 14 required assistance at times with eating. She wasn't aware of any care plan to cut up the residents food or assist with drinking fluids and indicated the resident hadn't used a plate guard but would be a good idea to help keep the food from falling off her plate. 2. On 8/22/23 at 1:49 P.M., Resident 51's record was reviewed. Diagnoses included severe dementia with anxiety. A quarterly MDS assessment, dated 7/3/23, indicated the resident required extensive assistance of 1 staff member for eating. Care plans were: -Initiated 12/7/20 and revised 8/16/23: Resident required assistance with bed mobility, transfers, eating, and toileting. Interventions included to assist with eating and drinking as needed. -Initiated 12/18/20 and revised 7/10/23: Resident was at risk for fluid imbalance due to impaired mobility and dementia. Interventions included to encourage fluids. On 8/24/23 at 12:19 P.M., the resident was observed at the end of the table in the dining room, seated in her high back wheelchair. The wheelchair was not up close to the table. Her food was placed in front of her in bowls and she proceeded to eat from them with her fingers. On 8/25/23 at 9:40 A.M., Resident 51 was observed seated in her wheelchair, in the dining room, at the end of the table, with 2 bowls and a glass of juice. She was eating with her fingers while all other residents were gathered around the			

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	TV to watch an exercise video. On 8/25/23 at 9:42 A.M., CNA 2 was interviewed. She indicated Resident 51 hadn't liked staff assisting her to eat or drink so she was just given her food and allowed to eat by herself at each meal. She indicated Resident 51 did not require assistance with beverages. A current policy, titled "Resident Rights", provided by the Director of Nursing on 8/25/23 at 9:06 A.M., stated the following: The resident has the right to a dignified existence...A facility must protect and promote the rights of each resident...The resident has the right to be treated with respect and dignity...." 3.1-3(a) 3.1-3(t)			
F 0697 SS=D Bldg. 00	483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on observation, interview, and record review the facility failed to implement an effective pain management regimen for 1 of 4 residents reviewed for pain. (Resident 20). Findings include: Resident 20 was observed lying on her left side in her bed on 8/22/23 10:20am, holding onto her lower back. Resident 20 complained of pain and indicated she was unsure if it was her sciatica or	F 0697	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	09/09/2023

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	her hip. Resident 20 had no heat or ice applied. The light and tv were on and Resident 20 was wincing. On Resident 20's bedside table were 2 oblong red pills and a small round pill. Resident 20 indicated the red ones were for her eyes and the small one was a bowel softener. Resident 20 indicated they were, "no big deal". Throughout the interview on 8/22/23 Resident 20 indicated her pain was not well controlled. She indicated she had not done much of anything the last couple days because she had been in so much pain. Resident 20 explained that she had recently been administered her pain medication, but it was not effective yet. Resident 20 indicated the nurses always watch her take that pill because it was a big deal. Resident 20 indicated the pain medication was helpful but did not last all day. Resident 20 indicated they did not offer ice, heat, a massage, or any other non-pharmacological intervention prior to administering the medication, therefore she was unsure if any of those things would be helpful. Resident 20's record was reviewed on 8/22/23 at 10:40AM. Resident 20's diagnosis included chronic pain syndrome, mild unspecified dementia, unspecified neuropathy, and unspecified osteoarthritis. Resident 20's orders included physical therapy to treat three times a week started 8/10/23, gabapentin 200mg three times a day started 11/22/21, icy hot advance relief patch apply as needed started 7/20/23, and hydrocodone-acetaminophen 5-325mg for severe pain every 6 hours as needed on 6/23/23. Resident 20's MDS (Minimum Data Set)		identified to any resident, this facility respectfully requests a desk review in lieu of a post survey revisit on or before September 9, 2023. *What corrective action will be accomplished for those residents found to have been affected by the deficient practice:* Resident 20 was assessed for adverse effects of alleged deficient practice- none noted. *How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:* All residents have the potential to be affected by the alleged deficient practices. DNS/designee will audit residents to ensure pain management regimen is appropriate and non-pharmacological interventions are being offered/provided appropriately. The DNS/designee will provide education to all nurses on effective pain management to include but not limited to providing non-pharmacological interventions prior to administering PRN pain medications. *What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:* DNS/designee will educate nurses on pain management program	

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	comprehensive quarterly assessment; Section C (cognitive patterns) indicated her BIMS (Brief Interview Mental Status) score was 15, indicated no cognitive decline. The facility indicated Resident 20 was interviewable. Resident 20's MAR (Medication Administration Record), dated June, July and August 2023, indicated the following administration documentation: There were 7 documented times of non-pharmacological interventions not being offered or attempted. There was one refusal documented. There were 33 documented times nonpharmacological interventions were attempted. There were no pain assessments indicating the increased use of pain medication, the type of pain (stabbing, pinching, throbbing, sharp, dull, etc), what made the pain worse, what relieved the pain, if the pain could be anticipated by an activity, sleep position, or of any significant changes. Resident 20's current care plan indicated she had a problem of pain. Some of the approaches were to administer medication as ordered. Assist with positioning to comfort. Observe for nonverbal signals of pain. Offer nonpharmacological interventions such as quiet environment, rest, shower, back rub, and repositioning. Resident 20 was also care planned for mood distress and anxiety neither of them mentioned distress by offering nonpharmacological interventions for pain. The anxiety approaches were similar in nature to nonpharmacological interventions and included provide 1 on 1 time, give a diversional activity, offer snack or		including but not limited to providing/offering non-pharmacological interventions prior to PRN pain medication administration when appropriate and completing pain assessments when indicated. DNS/designee will review EMAR documentation daily to ensure resident's are being offered non pharmacological interventions prior to administration of a PRN pain medication when indicated *How the corrective action will be monitored to ensure the deficient practice will not recur:* The DNS/designee will complete the Pain Management QA tool weekly x 4 weeks, monthly x3 months and quarterly x 6 months. If any findings are out of compliance, additional monitoring and additional action plan(s) will continue as determined by the QAPI Committee. *What date the systemic changes for each deficiency will be completed:* All audits and systemic changes will be fully implemented by September 9, 2023.	

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	beverage, and maintain calm environment. On 8/24/23 at 12:03PM the DON (Director of Nursing) indicated she received a new order from primary care physician as follows: Acetaminophen 650mg every 4 hours as needed for mild pain. Indication non pharm interventions not needed prior to administering due to potential psychosocial distress. The tasks to be documented were pain, nonpharmacological tried yes or no, and pain location. Hydrocodone-acetaminophen (Schedule 2 drug; narcotic) 5-325mg tablet every 6 hours as needed for pain. Indication nonpharmacological interventions not needed prior to administering due to potential for psychosocial distress. The tasks to be documented prior to administering were pain, non-pharmacological tried yes or no, and location. In an interview, on 8/24/23 at 12:05PM, the DON indicated that resident was at increased risk of having a behavior if offered nonpharmacological interventions. The DON indicated she had no documentation prior to the interview to indicate Resident 20 had a psychosocial or behavioral event directly linked to nonpharmacological interventions being offered. The most recent 3 documented behaviors provided by the DON, on 8/25/23 at 11:03AM: On 7/29/23 Resident 20 was demanding her pain patch the nurse offered her an asper crème patch and Resident 20 indicated she didn't want that one, she wanted the other one she was ordered. Resident 20 had an order for an icy hot patch not an asper creme patch.			

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	10/26/20 she was requesting an anxiety pill due to going to have a needle stuck in her eye. 10/11/20 seeing someone who recently passed poking her in the eye and smoke coming from under roommates' bed and hurting her eyes. A policy titled, "Pain Management Policy" provided by the DON on 8/24/23 at 12:03PM, the original date 01/03, revisions on 1/06, 3/10, 9/2013, 2, 2015, 1/2016, 9/2016, 7/20, 10/20, and last revised 4/2023. The policy indicated, "6. Physician orders for pain medication will be prescribed based upon the resident's intensity of pain" The Policy did not mention or indicate a need for non-pharmacological interventions for as needed pain medication administration. No other information was provided at time of exit. 3.1-37(a)			