

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

PRINTED: 08/01/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2022
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NAME OF PROVIDER OR SUPPLIER  CHATEAU REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00384688 and IN00384686</p> <p>Complaint IN00384688- Substantiated. Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00384686- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 20, 21 and 22, 2022</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census Bed Type: SNF/NF: 96 Total: 96</p> <p>Census Payor Type: Medicare: 8 Medicaid: 72 Other: 16 Total: 96</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality revoew completed July 25, 2022</p>	F 0000		
F 0677 SS=D Bldg. 00	<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</p>			

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 disclosed 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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	<p>hygiene; Based on observation, interview and record review the facility failed to provide personal hygiene related to showers and nail care for 2 of 4 residents reviewed. (Resident H, and Resident I)</p> <p>Finding Include: 1. Resident H's record was reviewed at 1:10pm on 7/21/22. Resident H was admitted with diagnoses including Parkinson's disease, diabetes mellitus, other abnormalities of gait and mobility and need for assistance with personal care.</p> <p>The Minimum Data Set (MDS) dated 6/7/22 indicated Resident H had a Brief Interview for Mental Status (BIMS) score of 8/15 indicating moderate cognitive impairment. The MDS indicated the resident received setup assistance with bathing.</p> <p>A care plan for Resident H dated 9/24/21 indicated he preferred showers on second shift on Tuesdays and Thursdays. The care plan indicated he needed assist as needed for bathing.</p> <p>A review of Resident H's Type of Bathing Activity indicated he received showers on 6/6/22 and 6/14/22. A bed bath was documented as given on 7/7/22. All other documentation indicated "Not Applicable". No other bathing activities were documented between 6/6/22 and 7/21/22.</p> <p>A progress note dated 7/20/22 indicated the resident had refused showering. There were no other notes to indicate the resident had refused showers or bathing,</p> <p>In an interview with Certified Nursing Assistant (CNA) 8 at 12:58pm on 7/21/22, she indicated</p>	F 0677	<p><b>F-677 ADL PROVIDED FOR DEPENDENT RESIDENTS</b> <b>The facility respectfully requests a desk review for this citation</b></p> <p><b>Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</b></p> <p><b>1. Immediate actions taken for those residents identified:</b> Resident H placed on podiatry list to be seen on next visit. Nurse practitioner addressed/ cut resident H's toenails on 7/29/22. Shower offered and accepted by resident. Resident I, shower offered and accepted by resident. Care plans reviewed and updated as required.</p> <p><b>2. How the facility identified other residents:</b> Any residents that is dependent for ADLs have the potential to be affected by</p>	08/04/2022
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	<p>Resident H frequently refused showers but needed assistance. CNA 8 also indicated when a resident refuses bathing, she reports it to her Qualified Medication Aide (QMA) and nurse. After 3 attempts by different staff, the refusal was documented in the record.</p> <p>2. Resident I's record was reviewed at 2:15pm on 7/21/22. Resident I was admitted with diagnoses including hemiplegia following cerebral infarction affecting right dominant side, aphasia following cerebral infarction and non-Alzheimer's dementia.</p> <p>The Minimum Data Set (MDS) dated 7/3/22 indicated Resident I had moderately impaired decision making skills. A BIMS score was not available. The MDS indicated bathing activities did not occur in the MDS 7-day time frame.</p> <p>A care plan for Resident I dated 4/5/22 indicated he was dependent on staff for bathing.</p> <p>A review of Resident I's Type of Bathing Activity indicated he received bed baths on 6/8/22 and 6/14/22. All other documentation indicated "Not Applicable". No other bathing activities were documented between 6/6/22 and 7/21/22.</p> <p>In an interview at 4pm on 7/21/22, the Director of Nursing (DON), Director of Clinical Services (DCS), and Chief Nursing Officer (CNO) indicated the type of bathing performed, or refusals should be documented in the record. The CNO indicated it was not clear what was meant by "Not Applicable" entries. The CNO indicated there was no further documentation available for review regarding showering.</p> <p>The DON provided a policy titled Bathing-Shower and Tub Bath at 4:15pm on 7/21/22. The policy</p>		<p>deficient practice. Residents in facility reviewed to determine need for podiatry care and placed on referral list to be seen by podiatrist as indicated. Shower schedules reviewed and updated as indicated.</p> <p><b>3. Measures put into place/ System changes:</b> Facility staff educated on components of F677 ADL provided for dependent residents. Education provided on the proper procedure for refusals of care including notification of responsible party and provider for refusals of care and required documentation.</p> <p><b>4.</b></p> <p><b>5. How the corrective actions will be monitored:</b> The responsible party for this plan of correction is the Director of Nursing /designee who will audit 5 random residents for shower completion and nail care 3 times weekly. Audits will be reviewed monthly during Quality Assurance. Audits will continue for 6 months and or until 100% compliance is achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p><b>6. Date of Compliance 8-4-22</b></p>	

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	<p>indicated that a shower, tub bath or bed/sponge bath will be offered according to resident's preference two times per week or according to the resident's preferred frequency as needed or requested.</p> <p>3. In an interview at 2:50 pm on 7/21/22, a family member indicated she had voiced concerns about lack of showering and toenail care to facility staff with no adequate results.</p> <p>In an observation of Resident H at 1:04pm on 7/21/22, Resident H's toenails were observed to be long and needed trimmed.</p> <p>In an interview on 7/21/22 at 2:50pm, CNA 2 indicated Resident H's toenails were to be cut by a podiatrist.</p> <p>The DON provided a podiatry list dated 4/21/22. Resident H was not included on podiatry list. In an interview, the DON indicated diabetic nails are only cut by the podiatrist.</p> <p>An ancillary services policy provided by DON at 10:37am on 7/22/22 did not specify any podiatry policies. No further information was provided by the time of exit.</p> <p>This Federal citation is related to Complaint IN00384688.</p> <p>3.1-38(a)(3)</p>			