

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 11/03/2023
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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 Complaints IN00419839, IN000419926, and IN00420057.</p> <p>Complaint IN00419839- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419926 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420057 - Federal/state deficiencies related to the allegations are cited at F0773.</p> <p>Survey dates: November 2, and 3, 2023.</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 4 Medicaid: 67 Other: 19 Total: 90</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quailty review November 6, 2023</p>	F 0000	<p>11-15-2023</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Complaint Survey Chateau Rehabilitation and Healthcare Center 6006 Brandy Chase Cove Fort Wayne, IN 46815-7601</p> <p>Dear Ms. Buroker:</p> <p>On November 3, 2023, a Complaint (IN00419839, IN00419926, IN00420057) Survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. This letter is our formal request for a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Monique	TITLE Augustine	(X6) DATE 11/15/2023
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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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F 0773 SS=D Bldg. 00	<p>483.50(a)(2)(i)(ii) Lab Srvcs Physician Order/Notify of Results</p> <p>§483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>Based on interview and record review the facility failed to ensure a stool sample was collected, processed and followed up for 1 of 3 residents reviewed (Resident C).</p> <p>During an interview on 11/3/23 at 11 AM, Resident C indicated a stool sample was collected sometime last week. Resident C indicated he was not updated on the collection results.</p> <p>During an interview on 11/2/23 at 2:44 PM,</p>	F 0773	<p>Please feel free to call me with any further questions at 1 (260) -486-3001.</p> <p>Respectfully submitted,</p> <p>Monique L. Augustine</p> <p>Health Facility Administrator</p> <p>F 773 D Lab Services, Physician/Order/Notification of Results</p> <p>The facility requests paper compliance for this citation.</p> <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of</p>	11/20/2023

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	<p>Registered Nurse (RN) 4 indicated the Nurse Practitioner or Medical Director ordered a stool sample if needed. Once the order was placed into the resident's chart, the sample was collected as soon as possible. RN 4 indicated once the sample was collected, the sample was placed in the lab collection box. RN 4 indicated the lab collected samples every morning. RN 4 indicated the nurse on the floor followed up on the results. RN 4 indicated results were available within 24 hours.</p> <p>In an interview on 11/3/23 at 11:07 AM, Unit Manager 2 indicated Resident C was interviewable. Unit Manager 2 indicated there was an ordered sample, the sample was collected and the nurse and unit manager should have followed up sample. Unit Manager 2 also indicated the nurse or Unit Manager updated the ordering provider of the results. Unit Manager 2 indicated a new sample was needed as the sample was not processed within the recommended time frame</p> <p>Resident C's record was reviewed on 11/2/23 at 2:27 PM. Diagnosis included hemiplegia and constipation.</p> <p>An active order dated, 10/18/23, indicated Fecal Occult Blood Test (iFOBT)- send stool sample, every shift may discontinue when completed. The Medication Administration Record dated October 2023, indicated staff had checked off the order on 10/19/23, 10/20/23, 10/21/23, 10/22/23, 10/23/23, 10/24/23, 10/25/23, 10/26/23, 10/27/23, 10/28/23, 10/29/23, 10/30/23 and 10/31/23.</p> <p>There were no nursing notes documentation regarding sample collection, processing, follow up or physician notification.</p> <p>A current policy, dated 11/2022, titled</p>		<p>this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>1) Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> • Residents # C had lab orders reviewed with physician and order was discontinued. <p>2) How the facility identified other residents:</p> <ul style="list-style-type: none"> • Lab audit was conducted of facility residents for the past 30 days. • Any discrepancies were reviewed with physician and labs were obtained as ordered. • Any resident had the potential to be affected, no adverse effects identified. <p>3) Measures put into place/ System changes:</p> <ul style="list-style-type: none"> • Labs will be drawn as ordered. • Nurses were educated on ensuring lab orders were obtained, resulted and notification has occurred of laboratory results that fall outside of clinical reference range. • Lab orders will be reviewed during regularly scheduled 	

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	<p>"Diagnostic- Laboratory - Radiology," was provided by the Administrator on 11/3/23 at 2:55 PM. The policy indicated the facility will obtain laboratory services as ordered by the physician and/or nurse practitioner. The policy also indicated the ordering physician and/or nurse practitioner will be notified of the results.</p> <p>This citation relates to Complaint IN00420057.</p> <p>3.1-49(f)(2)</p>		<p>morning/clinical meetings using order listing report and mega data/PCC lab integration.</p> <p>4) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> • The responsible party for this plan of correction is the Director of Nursing/designee with Executive oversight who will audit 3 resident lab orders 2 days weekly for accuracy, results, and notification. • Any issues identified will be immediately addressed. • The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. • The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. <p>5) Date of compliance: 11-20-23</p>	