

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

PRINTED: 04/03/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155828		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/11/2025	
NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 5250 HERITAGE PARKWAY FORT WAYNE, IN 46835			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/11/25</p> <p>Facility Number: 012931 Provider Number: 155828 AIM Number: 201278730</p> <p>At this Emergency Preparedness survey, Heritage Pointe of Fort Wayne was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 68 and had a census of 58 at the time of this survey.</p> <p>Quality Review completed on 03/12/25</p>			E 0000			
E 0037 SS=F Bldg. --	<p>403.748(d)(1), 416.54(d)(1), 418.113(d)(EP Training Program</p> <p>Based on record review and interview, the facility failed to conduct annual training for the Emergency Preparedness Program (EPP). The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of all emergency preparedness training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.73(d) (1). This deficient practice could affect</p>			E 0037	<p>/p>="" span=""></p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The facility has implemented comprehensive measures to ensure staff are adequately trained and prepared to respond effectively to emergencies:</p> <p>A. Re-education on the facility's</p>		03/24/2025

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

TITLE

(X6) DATE

Rod Craft

Executive Director

03/24/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>all residents in the facility.</p> <p>Findings include:</p> <p>Based on records review with the Administrator and the Maintenance Director on 03/11/25 at 11:21 a.m., no documentation of annual EEP training and no documentation to show staff could demonstrate knowledge of the EPP was available for review. Based on an interview at the time of records review, the Maintenance Director and the Administrator stated the EPP training was not conducted within the last year.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p>		<p>emergency preparedness plan, covering roles, responsibilities, and specific procedures for various emergency scenarios. (see attachment #1).B. Emergency Preparedness visual aids in workstations: The Executive Director/Maintenance Director has ensured that visual aids are posted in workstations (see attachment #2). These aids serve as quick reference guides to the location of the emergency preparedness plan.2. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken.</i> The facility has recognized that the deficient practice could potentially impact all residents. In response, a comprehensive review of the emergency preparedness training was conducted. This review specifically focused on ensuring that the staff are educated at least annually.</p> <p>3. <i>What measure will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</i></p> <p>A. Ongoing Education: The community will implement a quarterly refresher training program to ensure staff remain knowledgeable and prepared. These sessions will include updates to the emergency plan and lessons learned from past</p>		

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K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 03/11/25	K 0000	drills or incidents. B. Drills and Simulations: Schedule and conduct emergency drills (e.g., fire, evacuation, lockdown) every 6 months to test staff readiness and identify areas for improvement, Results will be reviewed and addressed in subsequent training sessions. <i>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recure, i.e., what quality assurance program will be put into place.</i> To ensure compliance, an Emergency Preparedness audit (attachment #5) will be conducted according to the following schedule:- Weekly for the first 4 weeks- Monthly for the next 4 months- Quarterly for 6 months thereafterAll audit results will be shared with the Quality Assurance and Performance Improvement (QAPI) team for continuous monitoring and improvement 5. By what date the systemic changes for each deficiency will be completed. March 24, 2025		

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	<p>Facility Number: 012931 Provider Number: 155828 AIM Number: 201278730</p> <p>At this Life Safety Code survey, Heritage Pointe of Fort Wayne was found in compliance with Requirements for Participation Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety From Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2-3.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridors with hard wired smoke detectors in all resident rooms. The facility has a capacity of 68 and had a census of 58 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 03/12/25</p>						