

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

PRINTED: 12/31/2024  
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 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2024	
NAME OF PROVIDER OR SUPPLIER  HERITAGE POINTE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 5250 HERITAGE PARKWAY FORT WAYNE, IN 46835			
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F 0000  Bldg. 00	This visit was for the Investigation of Complaint IN00447537.  Complaint IN00447537 - Federal/state deficiencies related to the allegations are cited at F609 and F610.  Survey date: December 12, 2024  Facility number: 012931 Provider number: 155828 AIM number: 201278730  Census Bed Type: SNF/NF: 31 SNF: 25 Total: 56  Census Payor Type: Medicare: 4 Medicaid: 22 Other: 30 Total: 56  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality reivew completed December 17, 2024			F 0000			
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations  Based on interview and record review, the facility failed to ensure an allegation of physical abuse was reported for 1 of 3 residents reviewed for abuse (Resident B).			F 0609	Heritage Pointe of Fort Wayne is seeking a desk review, as outlined in the attached letter.  This Plan of Correction constitutes		12/30/2024

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

TITLE

(X6) DATE

Rod Craft

Executive Director

12/30/2024

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>Findings include:</p> <p>An anonymous complaint reported to the Indiana Department of Health, dated 11/15/24, alleged on 11/12/24, Resident B had reported to her family, a Certified Nurse Aide (CNA 3) had been rough while providing incontinent care. The resident alleged she slapped CNA 3 to stop hurting her and the CNA slapped her back. Resident B slapped the CNA a second time and CNA 3 slapped the resident back a second time. The incident had been reported to the Director of Nursing (DON) but the complainant alleged there had been no follow up to the reported altercation.</p> <p>On 12/12/24 at 11:15 A.M., Resident B's record was reviewed. Diagnoses included recurrent urinary tract infections (UTI), dementia, and cerebral atherosclerosis (Arteries in the brain become hard, thick, and narrow due to buildup of plaque inside the artery walls).</p> <p>A significant change in condition Minimum Data Set (MDS) assessment, dated 10/12/24, indicated the resident had moderately impaired cognition with no behaviors. She required moderate assistance to being dependent with all activities of daily living (ADL).</p> <p>A nurse progress note, dated 11/11/24 at 8:06 a.m., indicated the resident had complained of discomfort while urinating and had increased incontinence. She was observed with a "functional decline" and had voiced some intermittent confusion.</p> <p>A nurse progress note, dated 11/12/24 at 11:20 p.m., indicated a urinalysis had been sent out to the hospital on 11/11/24 and facility was waiting on results.</p>				<p>the facility's written allegation of compliance for the deficiency cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal laws.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</i></p> <p>The Director of Nursing conducted a comprehensive investigation into the alleged incident, which involved obtaining statements from relevant staff members, performing a thorough skin assessment of the resident, and reviewing video footage related to the event. In response to the situation, immediate actions were taken to ensure the safety and well-being of the resident. These measures included reassigning the employee allegedly involved in the incident to a different area of the campus and implementing a "Care in Pairs" approach to provide enhanced supervision for the resident. On 11-15-24, the family of the resident was informed about the findings of the investigation and the interventions that had been put in place, including the employee reassignment and the implementation of the "Care in Pairs" protocol. Additionally, the facility reported the incident to the</p>		

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	<p>There was no documentation or follow-up completed in the resident's record regarding the resident's allegation of being slapped by CNA 3 the morning of 11/12/24.</p> <p>On 12/12/24 at 1:25 P.M., the DON was interviewed. She indicated she had spoken with both family members on the phone on 11/12/24, and had initiated an investigation but had not reported the incident as required for an allegation of abuse.</p> <p>On 12/12/24 at 3:09 P.M., Resident B's family member was interviewed. The family member indicated, the morning of 11/12/24, she had been in to visit the resident, who reported to her, CNA 3 had been rough with her and slapped her twice. The family member indicated she was told of this and told another family member who immediately reported to the DON. At the time of the allegation, the family member believed the resident was cognitively aware, able to accurately describe what had occurred and who the CNA was, however, the resident would not be able to describe the incident at this time due to overall decline in condition.</p> <p>A current facility policy, titled "Abuse, Neglect and Exploitation", was provided on 12/12/24 at 11:00 A.M. by the DON, which stated the following:..."Physical Abuse includes, but is not limited to hitting, slapping, punching, biting, and kicking...Identification of Abuse, Neglect and Exploitation...possible indicators of abuse include, but are not limited to: Resident, staff or family report of abuse...Reporting/Response: The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective</p>				<p>gateway on 12-24-24</p> <p><b>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.</b></p> <p>A comprehensive review of all incident reports from the past year was undertaken to address the potential impact of the deficient practice on all residents. This thorough examination aimed to identify any instances of underreporting or inadequate investigations, ensuring that every incident had been properly scrutinized and handled in accordance with the facility's established policies and procedures. The findings from this extensive review will be presented to the Quality Assurance and Performance Improvement (QAPI) team for analysis. Furthermore, these results will be incorporated into ongoing trend analysis and tracking processes, allowing for continuous monitoring and improvement of incident reporting and investigation practices within the facility.</p> <p><b>What measure will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p>The facility has taken decisive steps to enhance its reporting procedures and ensure</p>		

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	<p>services and to all other required agencies within specified timeframe's...."</p> <p>This Citation relates to Complaint IN00447537.</p> <p>3.1-28(c)</p>		<p>compliance across all levels of administration. All key administrative personnel, including the Director of Nursing, Administrator, Social Service Director, and Assistant Director of Nursing, have successfully completed mandatory training on Reporting Compliance (attachment #1). This comprehensive training reinforces the importance of proper reporting protocols. Looking ahead, the facility plans to implement a user-friendly electronic system designed to streamline the reporting process for all staff members. This upgrade aims to simplify and standardize incident reporting, making it more efficient and accessible for employees at all levels.</p> <p><b><i>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.</i></b></p> <p>The Abuse Investigation Audit Form and the F-609 Audit Tool (attachment #2) have been implemented to ensure compliance and effectiveness in reporting and investigating alleged violations. Here is the schedule for conducting these audits: Weekly Audits: The audit will be conducted once a week for the first 4 weeks. Monthly Audits: Following the initial 4 weeks, the audit will be</p>		

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F 0610 SS=D Bldg. 00	<p>483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation</p> <p>Based on interview and record review, the facility failed to ensure a thorough investigation of alleged physical abuse was conducted for 1 of 3 residents reviewed for abuse (Resident B).</p> <p>Findings include:</p> <p>An anonymous complaint, reported to the Indiana Department of Health, dated 11/15/24, alleged on 11/12/24, Resident B had reported to her family, a Certified Nurse Aide (CNA 3) had been rough while providing incontinent care. The resident alleged she slapped CNA 3 to stop hurting her and the CNA slapped her back. Resident B slapped the CNA a second time and CNA 3 slapped her back a second time. The incident had been reported to the Director of Nursing (DON) but the complainant alleged there had been</p>			F 0610	<p>conducted once a month for the next 4 months. Quarterly Audits: After the monthly audits, the audit will be conducted once a quarter for 6 months. All results from these audits will be shared with the Quality Assurance and Performance Improvement (QAPI) team to ensure continuous monitoring and improvement.</p> <p><b>By what date the systemic changes for each deficiency will be completed.</b> December 30th</p> <p>F-610 <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> The administration conducted a thorough review of the investigation concerning resident B, specifically focusing on identifying any inadequacies or failures to adhere to the company's established policies regarding abuse investigations. Following the review, the findings were carefully analyzed and subsequently shared with the Quality Assurance and Performance Improvement</p>		12/30/2024

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	<p>no follow up to the reported altercation.</p> <p>On 12/12/24 at 11:15 A.M., Resident B's record was reviewed. Diagnoses included recurrent urinary tract infections (UTI), dementia, and cerebral atherosclerosis (Arteries in the brain become hard, thick, and narrow due to buildup of plaque inside the artery walls).</p> <p>A significant change in condition Minimum Data Set (MDS) assessment, dated 10/12/24, indicated the resident had moderately impaired cognition with no behaviors. She required moderate assistance to being dependent with all activities of daily living (ADL).</p> <p>A care plan, revised 11/25/24, indicated the resident had anxiety with episodes of agitation and yelling at staff during care. Interventions included: If agitated and yelling at others, offer 1:1 conversation and reassurance, explain the behavior wasn't appropriate and ask to stop-initiated 11/25/24.</p> <p>A care plan, revised on 12/3/23, indicated the resident had bladder and bowel incontinence. Interventions included: Offer care in pairs-initiated 11/15/24.</p> <p>A nurse progress note, dated 11/11/24 at 8:06 a.m., indicated the resident had complained of discomfort while urinating and had increased incontinence. She was observed with a "functional decline" and had voiced some intermittent confusion.</p> <p>A nurse progress note, dated 11/12/24 at 11:20 p.m., indicated a urinalysis had been sent out to the hospital on 11/11/24 and facility was waiting on results.</p>				<p>(QAPI) team. As a proactive measure resulting from this review, the facility has implemented an "Allegation of Abuse/Neglect Checklist" (attachment #3). This checklist serves as a standardized tool to guide staff through the proper procedures when addressing potential incidents of abuse or neglect.</p> <p><b>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.</b></p> <p>A comprehensive review of all incident reports from the past year was undertaken to address the potential impact of the deficient practice on all residents. This thorough examination aimed to identify any instances of underreporting or inadequate investigations, ensuring that every incident had been properly scrutinized and handled in accordance with the facility's established policies and procedures. The findings from this extensive review will be presented to the Quality Assurance and Performance Improvement (QAPI) team for analysis. Furthermore, these results will be incorporated into ongoing trend analysis and tracking processes, allowing for continuous monitoring and improvement of investigation practices within the facility.</p> <p><b>What measure will be put into</b></p>		

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	<p>There was no documentation or follow-up completed in the Resident B's record regarding the resident's allegation of being slapped by CNA 3 the morning of 11/12/24.</p> <p>On 12/12/24 at 1:25 P.M., the DON was interviewed. She indicated, on 11/12/24, she had spoken with family members on the phone. They reported an alleged altercation between Resident B and CNA 3 had occurred that morning. After speaking with family, she called and spoke with staff who had worked on night shift and the morning of 11/12/24. On 11/12/24, she spoke with CNA 3 by phone. CNA 3 indicated when she went to get Resident B up for the morning, she noticed the resident was more agitated by the tone of her voice. CNA 3 had trouble rolling the resident in bed and tried to get her to put her hand on the side rail to help with rolling. Resident B would not keep her hand on the side rail where placed but denied slapping the resident or being hit by the resident. CNA 3 indicated the resident was tearful at breakfast but had calmed down after talking with her. The resident was unable to say why she had been crying. The DON indicated, after speaking with CNA 3 by phone, she had not suspended the CNA because she had determined there was no abuse that occurred. There were no interviews conducted with other residents who were cared for by CNA 3 nor skin assessments completed on non-interviewable residents to check for injuries of unknown source. CNA 3 came back into work her next scheduled day (11/13/24) and provided care to Resident B. The DON indicated the family had requested CNA 3 not provide care to the resident and was no longer assigned to care for her. When asked, the DON indicated CNA 3 should have been suspended and not allowed to return to duty until a thorough</p>				<p><b><i>place and what systemic changes will be made to ensure that the deficient practice does not recur.</i></b></p> <p>Staff members will undergo mandatory training on abuse investigation protocol, including suspension of alleged staff members until completion of investigation (attachment #3).</p> <p><b><i>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.</i></b></p> <p>The Abuse Investigation Audit Form and the F-610 Audit Tool (attachment #4 and attachment #5) have been implemented to ensure thorough and compliant investigations. Here is the audit schedule:</p> <p>Weekly Audits: The audit will be conducted once a week for the first 4 weeks.</p> <p>Monthly Audits: Following the initial 4 weeks, the audit will be conducted once a month for the next 4 months.</p> <p>Quarterly Audits: After the monthly audits, the audit will be conducted once a quarter for 6 months.</p> <p>All results from these audits will be shared with the Quality Assurance and Performance Improvement (QAPI) team to ensure continuous monitoring and</p>		

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	<p>investigation had been completed.</p> <p>A current facility policy, titled "Abuse, Neglect and Exploitation", was provided on 12/12/24 at 11:00 A.M. by the DON, which stated the following:..."Physical Abuse includes, but is not limited to hitting, slapping, punching, biting, and kicking...Identification of Abuse, Neglect and Exploitation...possible indicators of abuse include, but are not limited to: Resident, staff or family report of abuse...Investigation of Alleged Abuse, Neglect and Exploitation: An immediate investigation is warranted when suspicion of abuse...are reported...Written procedures for investigations include: Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations...Providing complete and thorough documentation of the investigation...Protection of Resident: The facility will make efforts to ensure all residents are protected from physical and psychosocial harm as well as additional abuse, during and after the investigation. Examples include by are not limited to: Responding immediately to protect the alleged victim and integrity of the investigation; examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed; increased supervision of the alleged victim and residents; room or staffing changes to protect the resident from the alleged perpetrator; protection from retaliation; providing emotional support and counseling to the resident; and revision of resident's care plan...as a result of an incident of abuse...."</p> <p>This Citation relates to Complaint IN00447537.</p> <p>3.1-28(d)</p>				<p>improvement.</p> <p><b><i>By what date the systemic changes for each deficiency will be completed.</i></b></p> <p>December 30</p>		

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