Jina Robbins Babani

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

11/10/2022

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE C A. BUILDING B. WING					
	PROVIDER OR SUPPLIE		300 E	STREET ADDRESS, CITY, STATE, ZIP COD  300 E WASHINGTON BLVD  FORT WAYNE, IN 46802				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
R 0000								
Bldg. 00	IN00392342 and IN Complaint IN00392 deficiencies related R0052, R0090, R0 Complaint IN00392 deficiencies related R0052, R0090, R0 Survey date: Octob Facility number: 01 Residential Census These State Reside accordance with 41	2342 - Substantiated. State to the allegations are cited at 149, R0273 and R0406. 2528 - Substantiated. State to the allegations are cited at 149, R0273 and R0406. er 18, 2022 22288 : 81 ntial Findings are cited in 0 IAC 16.2-5.	R 0000					
R 0052	410 IAC 16.2-5-1	2(v)(1-6)						
Bldg. 00	Residents' Rights (v) Residents hav (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punis (5) neglect; and (6) involuntary se Based on observati review, the facility	- Offense e the right to be free from: e; hment; clusion. on, interview and record failed to ensure systemic	R 0052	1. Resident Rights:	11/11/2022			
	water, and the presonand food service ar	ur related to the lack of hot ence of bugs in resident rooms eas, affecting 81 of 81 n the facility. This resulted in		-Hot water was restored to the facility for bathing and cleansi 10/26/22Residents were offered and/o	ng			
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE	(X6) DATE			

Any defiency statement 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 disclodays 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.

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 1 of 20

Administrator

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILD	ING	00	COMPL	ETED
			B. WING			10/18/	2022
			07	TDEET A	DDDEGG CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD		
NOBLE	CENTOD LIVING AT	FORT WAYNE	300 E WASHINGTON BLVD FORT WAYNE, IN 46802				
NOBLE 3	SENIOR LIVING AT	FORT WATNE	Г	UKIV	VATNE, IN 40002		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	П	D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PRE	EFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA*	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	T	AG	DEFICIENCY)		DATE
	resident depression,	, fear of eating food provided			assisted to bathe as of 10/26/2	22	
	from the kitchen, ar	nd embarrassment related to the			and is ongoing per the residen	ıt	
	facility conditions.				bathing schedule.		
					-Food Service areas were trea	ited	
	Findings include:				by pest control 10/28/22.		
					-Food Service areas were clea	aned	
		Indiana Department of Health			10/18/22.		
	_	s including there was no hot			-Changes to the food service		
	-	, there were bed bugs crawling			systems and serving area in th	ne	
	-	sat in the dining room eating			dining room continue to be		
		t rooms had bed bugs and			reviewed and made to improve		
		were allegations of numerous			overall sanitation, aesthetics, a	and	
		kitchen and servery where			presentation to improve the		
	meals were served t	to the dining room.			resident's overall dining		
					experience.		
		8 A.M., the Director of Nursing			-A resident support group will	be	
		ewed. She indicated the facility			held weekly to hear from the		
		ot water for a couple of weeks.			residents and address their		
		had been some hot water on			concerns starting 11/7/22.		
		ast week, so staff had been					
		idents shower on that floor,			Hot Water:		
		no longer any hot water			-The boiler system was repaire		
		ility. She indicated the facility			by the contractor on 10/25/22	and	
		nt issues with bed bugs			10/26/22.		
		ed an exterminator who had			-Hot water to the facility was		
		2-3 times per week, however,			re-stored on 10/26/22.		
	9/30/22.	d not been to the facility since			-Water temperatures were	of	
	)130144.				checked in resident rooms as	OI	
	On 10/18/22 at 10:3	33 A.M., a tour of the kitchen,			10/28/22 and is ongoingResidents were offered and/o	r	
		ervery was completed with the			assisted to bathe as of 10/26/2		
		the kitchen, there were no			and is ongoing per the residen		
		observed. There were several			bathing schedule.	ıı	
		the floor with vegetables			batiling solicule.		
		o the facility. There were other			Infection Control:		
	· ·	oxes on the floor throughout			-Dishes and food items were		
		g unknown items. The dietary			removed from the dining room		
		they tried to get things out of			serving bar & cabinets 10/18/2		
		s as soon as they came into			-The cabinets and serving are		
		nd keep down the number of			the dining service area were	a III	
	and Kitchell to try at	ia keep aowii ine number or			ule diffilly service area were		

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 2 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 10/18/2022		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802				
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ver, it wasn't always possible. ween the kitchen and dining			cleaned 10/18/22.  -The Kitchen was cleaned on		
	•	vas brought out from the			10/20/22 and is ongoing.		
		ery, was a tall metal cart with			-The Kitchen Cleaning schedu	ıle is	
		l hamburger buns. A few feet			in place as of 10/20/22 and is	110 10	
		as a garbage can sitting on the			ongoing.		
		ater. The ceiling tiles above were			-The water leak in the		
		e partially hanging off the			kitchen/dining room service ha	all	
		croach was observed running			was repaired 10/20/22.		
	across the floor from	m under the garbage can. The			-The kitchen/dining room serv	ice	
	dietary manager sav	w the cockroach and removed			hall was cleaned 10/20/22 and	d is	
	the garbage can. Th	ne dietary manager indicated			ongoing.		
		ak in the ceiling waiting to be			-The ongoing pest control pro-	gram	
	*	very, with cupboards above			has been in place but has bee	en	
	and below counter	tops, sat a steamer with			aggressively increased for the	<b>!</b>	
		nch. Next to the steamer was a			facility on 10/28/22.		
		a container of condiments on			-Food Service areas in the dir	ing	
	_	ch came out from under the			room were treated by Pest Co	ntrol	
		cross the counter top. The			10/28/22.		
		as unable to catch it. It went			-The kitchen/dining room serv		
		e of the counter facing the			hall was treated by Pest Cont	rol	
		e floor and bottom open			10/28/22.		
	_	ne counter, were several live			-Resident rooms 312, 916, 91		
		gs. In the upper cupboards,			and 1120 were treated by Pes	st	
		wls used to place food on from			Control 10/28/22.		
		ne cupboard, held plastic			-The dining room serving cabi		
	•	lead cockroaches in a glue box			was removed and demolished	on	
	_	ates/bowls. A second			10/30/22.		
		er plates/bowls. There were			-Ceiling tiles in the kitchen/din	_	
		oaches in glue boxes next to wls. When asked, the dietary			room service hall were replace	ea	
		cockroaches were a continuous			11/3/22. The kitchen/dining room core	ioo	
	_	lity and had gotten better.			-The kitchen/dining room serv	ice	
	_	I been no exterminators in to			hall and ceiling area was fumigated by pest control 11/4	1/22	
		seeing more roaches and other			-Pest Control Monitoring is in	r, <b>८८</b> .	
		I the facility currently had no			place throughout the facility a	nd	
					ongoing in food prep/dining ar		
	hot water but their dishwashing machine used chemicals for cleaning and heated the water used				and resident rooms, to monito		
		. For cleaning surfaces, staff			and track any infestation targe		
	had to use cold wat	_			areas, as well as, the progres		
	1		1		1 = 245, 45 Hon 45, 415 progress		I

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 3 of 20

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
			B. W	NG		10/18/	/2022
				CTREET	ADDRESS SITY STATE ZIR COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
NODLE		FORT MANAGE			VASHINGTON BLVD		
NOBLE S	SENIOR LIVING AT	FORT WAYNE		FORT	WAYNE, IN 46802		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
					the pest control program.		
	On 10/18/22 at 11::	52 A.M., the Administrator was					
	interviewed. She in	dicated there was a problem			2.		
	with the hot water of	circulating pump which was			All 81 residents have the poter	ntial	
	discovered on 10/4/	/22. On 10/5/22, a plumbing and			to be affected.		
	heating company ca	ame out to assess the problem			-An audit was completed on		
	and provided quote	s for fixing the pump. She			11/4/2022 to identify residents		
	indicated parts were	e ordered and scheduled to			who feel depressed, are fearfu	ıl of	
	arrive and be instal	led on Thursday, 10/20/22. She			eating the food from the kitche	en,	
	indicated the facilit	y had an ongoing issue with			and are embarrassed due to		
	bed bugs, cockroac	hes and used exterminating			facility conditions.		
	services who had no	ot been in recently due to			-An audit was completed on		
	billing issues. She i	ndicated all 81 residents			11/4/2022 to identify residents	are	
	residing in the facil	ity ate thier meals from the			experiencing pest infestation.		
	kitchen.				-An audit was completed starti	ing	
					10/28/22 by the pest control		
		g, used to inform the			company and is ongoing to		
		rooms to treat, was provided			identify any resident who has	bed	
	by the Administrate	or on 10/18/22 at 12:57 P.M.			bugs or roaches.		
	The log indicated the	ne following:			-An audit of residents weights	was	
					conducted to identify any		
		22, bed bugs and roaches were			residents who have experienc	ed	
		hroom, room, and wheelchair			potential weight loss as of		
	of resident room 31				11/4/22.		
		nes were observed around the					
	front desk.				3.		
		22, bed bugs and cockroaches			-IDT was in-serviced on 11/4/2	22 by	
		nd bathroom of 1120.			the Administrator on ANE r/t h	ot	
	_	s were observed in room 917.			water temperatures, and the ri	_	
	-10/15/22, bed bugs	s were observed in room 916.			to live in a pest free environme	ent.	
					-Maintenance Staff were		
		og indicated there had been			in-serviced by the Administrate	or on	
	no treatment from t	he exterminator since 9/30/22.			the appropriate water		
					temperatures for the facility or	1	
		iews were conducted on			11/4/22.		
	10/18/22 as follows:				-Staff and Residents were		
					informed by the Administrator	on	
		served seated outside the			11/4/22 of the facility's pest		
		e indicated there hadn't been			control program in which resid	ents	
	any hot water for the	ne past week.			have to accept pest control		

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 4 of 20

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
			B. WI	NG		10/18/	2022
				CTREET	ADDRESS SITY STATE ZIR COD		
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD WASHINGTON BLVD		
NODI E (		FORT MAYNE					
NOBLE 8	SENIOR LIVING AT	FORT WAYNE		FORT	WAYNE, IN 46802		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	-Resident C and Re	esident D were observed in the			services and housekeeping		
	lobby and were ask	ted about the hot water. Both			services to assist with		
	replied it had been	a few weeks since they'd had			pest/infestation remediation.		
	hot water.				-Facility staff were educated b	у	
	-Resident E was asked about hot water. He				the Administrator on infection		
	indicated he hadn't showered in 2 weeks because				control procedures related to		
	there'd been no hot				infestation of roaches and bed	Į	
		side the dining room waiting			bugs on 11/4/22.		
		licated they hadn't had a			-Dietary staff were educated b	-	
		and finally had to use cold			the Dietary Manager on 11/4/2	22 on	
		sensitive parts because they			infection control & sanitation		
	were "dirty" and "s				procedures related to infestati	on in	
		ted they were embarrassed,			food prep and dining areas.		
	-	red of the bed bugs and					
		r room. Resident G indicated			4.		
		he bugs to staff. They			The Maintenance and		
	_	to stay clean but still got bugs			Housekeeping Directors, with		
	frequently.				oversight from the Administrat	or,	
		ted they were afraid to eat the			will conduct daily audits for 6		
		cility had cockroaches in the			months, by testing water		
	kitchen and dining				temperatures in resident room		
		dicated staff would use a shop			ensure the facility has hot wat		
		elves off of bed bugs and			the appropriate temperature for		
		their shift was over.			residents to bathe, in addition		
		dicated there had been no hot			conducting daily audits of resid		
		eeks. They indicated there had			rooms and common areas for		
		or in for the month of October			monitoring or detection of pes	t	
		t was due to the bill not being			infestation; The Dietary and		
	-	d they had seen cockroaches			Maintenance Directors, with		
	in their workspace.				oversight from the Administrat		
		dicated they had seen			will conduct Daily inspections		
		d the front desk within the past			the kitchen and dining service		
	3 weeks.	digeted stoff twied to 1-111 11			areas for 6 months, to ensure		
		dicated staff tried to kill any live			there are no pests in the food		
		een but the facility was			and service areas; And, reside		
	infested with them. They indicated residents had been observed in the dining room with bed bugs				will interviewed by the IDT on		
					monthly basis for 6 months, to		
	crawling on their c	ioumg.			assess their overall well-being		
	A aumont maliar 4	tlad "Abusa Naglast and			the facility sanitation and infec	uon	
	A current policy, ti	tled "Abuse, Neglect and			control related to the physical		

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 5 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER			r í	UILDING	onstruction 00	(X3) DATE COMPL 10/18/	ETED	
	PROVIDER OR SUPPLIER SENIOR LIVING AT		STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY)	ΤE	(X5) COMPLETION DATE	
	12:57 P.M., stated the establish guidelines seven components the prohibits abuse and is the failure of the service providers to to a resident that are harm, pain, mental adistress"	ded by the DON on 10/18/22 at the following: "Purpose: To and operationalize each of o assure that the facility neglect at all timesNeglect facility, it's employees or provide goods and services e necessary to avoid physical anguish, or emotional			environment and food service. findings from the audits will be reviewed during the facility's Monthly QAPI meeting until this 100% compliance.			
	This Residential tag IN00392342 and IN	relates to Complaints 100392528.						
R 0090	410 IAC 16.2-5-1.3	3(g)(1-6) I Management - Deficiency						
Bldg. 00	(g) The administrative overall management responsibilities of include, but are not (1) Informing the coccurrence that di welfare, safety, or of unusual occurretelephone, follower a written report on electronic mail to the twenty-four (24) hower occurrences include (A) epidemic outbin (B) poisonings; (C) fires; or (D) major accidentif the division cannot be made to the empublished by the decirio (2) Promptly arranting the provision of medical firest over the control of the provision of medical firest over the control of the co	ator is responsible for the cent of the facility. The the administrator shall of limited to, the following: livision within twenty-four aming aware of an unusual rectly threatens the health of a resident. Notice ence may be made by d by a written report, or by ly that is faxed or sent by the division within the pur time period. Unusual de, but are not limited to: reaks;						

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 6 of 20

STATEMEN	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
			B. WI	NG		10/18	/2022
				STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	₹		300 E V	VASHINGTON BLVD		
NOBLE S	SENIOR LIVING AT	FORT WAYNE		FORT V	WAYNE, IN 46802		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF C			(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE
		resident or resident's legal					
	representative.						
		ctor approval prior to the					
		ndividual under eighteen (18)					
	years of age to ar						
	· ·	acility maintains, on the					
	worked that indica	urate record of actual time					
	(A) employee's fu	ii name; and irs worked during the past					
	twelve (12) month	• .					
		sults of the most recent					
		the facility conducted by					
		ny plan of correction in					
		t to the facility, and any					
		ys. The results must be					
		nination in the facility in a					
		essible to residents and a					
	notice posted of the						
		ports of surveys conducted					
	, ,	each facility for a period of					
	_	making the reports					
	, , -	ection to any member of the					
	public upon reque	-					
		and record review, the facility	R 00	090	1.		10/26/2022
		loss of hot water in the			-ISDH was notified by the		
	_	eted 81 of 81 residents who			Administrator that the facility h	ad	
	resided in the facili				no hot water on 10/18/22.		
					Follow-Up reports were sent to	)	
	Findings include:				ISDH on 10/21/22 and 10/26/2		
					updating ISDH on the status o	f the	
	On 10/17/22, the In	diana Department of Health			hot water.		
	received numerous	allegations the facility had no			-Hot water was restored to the	:	
	hot water for bathir	ng or cleaning for the past 2-3			facility on 10/26/22.		
	weeks.				2.		
	On 10/18/22 at 10:18 A.M., the Director of Nursing				-A Review of incidents was		
		ewed. She indicated the facility			completed by the Administrato	r on	
		ot water for a couple of weeks.			10/19/22 to determine if any	. •	
		had been hot water on the 4th			incidents or occurrences were		

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 7 of 20

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
			B. W	ING		10/18	/2022
		<u> </u>			LANDERS OF THE STATE OF THE STA		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
					VASHINGTON BLVD		
NOBLE S	SENIOR LIVING AT	FORT WAYNE		FORT	WAYNE, IN 46802		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TF	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	floor only, last wee	k, so staff had been directed to			reportable in nature per ISDH		
	have residents show	ver on that floor, however,			guidelines.		
	there was no longer	any hot water anywhere in					
	the facility.				3.		
					-On 10/26/22, the Administrate	or	
	On 10/18/22 at 11:5	52 A.M., the Administrator was			was in-serviced by Human		
	interviewed. She in	dicated there was a problem			Resources on the facility's Sta	ate	
		circulating pump which was			Reportable Incident Policy.		
		/22. On 10/5/22, a plumbing and			[		
	heating company ca	ame out to assess the problem			4.		
	and provided quote	s for fixing the pump. She			The Director of Nursing, with		
	indicated parts were	e ordered and scheduled to			oversight from the Administrat	tor,	
	arrive and be instal	led on Thursday, 10/20/22.			will conduct monthly audits for		
	Residents who were	e incontinent were provided			months, by reviewing occurrer		
	with incontinent cle	eansing cloths. There were no			to furthermore, identify and er		
		provided to assist residents			reportable incidents under the		
	with bathing and hy	giene while awaiting repair of			Reportable Incident Policy and		
		The Administrator indicated			ISDH Reportable Unusual		
	she hadn't known th	nat the lack of hot water was			Occurrence Policy are reporte	ed to	
	reportable to the In-	diana State Department of			ISDH with the timeframe		
	Health.	-			specified. The findings from the	he	
					audits will be reviewed during		
	The "Long Term C	are Incident Reporting Policy"			facility's Monthly QAPI meetin		
	was provided by the	e Administrator on 10/18/22 at			until there is 100% compliance	-	
	12:57 P.M. which i	ndicated: "Residential Care					
	Facilities-are to info	form the division within 24					
	hours of becoming	aware of an unusual					
	occurrenceTypes	of incidents reportable under					
		ilesk) Utility interruption of					
		n length in one or more major					
	utilities to the facili	ity, such aswater supply,					
	plumbingA follow	w up report must be submitted					
	within 5 working d	ays after the initial report"					
	This Residential to	g relates to Complaints					
	IN00392342 and IN						
	11100392342 and II	100372320.					
R 0149	410 IAC 16.2-5-1.	.5(f)					
		ifety Standards - Deficiency					
Bldg. 00		ill have a pest control					

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 8 of 20

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER	ì í	JILDING	00	COMPL	ETED	
			B. W		·	10/18		
				CERTE	ADDRESS SITE OF THE STREET			
NAME OF F	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD			
NODIE	SENIOR LIVING AT	FORT WAYNE			WASHINGTON BLVD			
NODLE S	ENIOR LIVING A	I FORT WATNE		FORT WAYNE, IN 46802				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	, The state of the	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	1	tion in compliance with 410						
	IAC 7-24.							
		on and interviews, the facility	R 0	149	1.		11/11/2022	
	_	dequate pest control for 81 of 81			-The ongoing pest control pro	_		
	residents residing i	n the facility.			has been in place but has been			
	Findings in alud-				aggressively increased for the	<del>)</del>		
	Findings include:				facility on 10/28/22.	nina		
	On 10/18/22 at 10.	18 A.M., the Director of Nursing			-Food Service areas in the dir	-		
		ewed. She indicated the facility			room were treated by Pest Co	אונוטו		
		current issues with bed bugs,			-The kitchen/dining room serv	vice		
		sed an exterminator who had			hall was treated by Pest Cont			
	visited the facility 2-3 times per week, however,				10/28/22.			
		ad not been to the facility since			-Resident rooms 312, 916, 91	7.		
	9/30/22.				and 1120 were treated by Pes			
					Control 10/28/22.			
	On 10/18/22 at 10:	33 A.M., a tour of the kitchen,			-The kitchen/dining room serv	vice		
		ervery was completed with the			hall and ceiling area was			
	dietary manager. Ir	n the kitchen, there were no			fumigated by Pest Control			
		observed. In the hallway,			11/4/22.			
		n and dining room where food			-Pest Control Monitoring is in			
	_	om the kitchen to the servery,			place throughout the facility a			
		rt with bags of hot dog and			ongoing in food prep/dining a			
	_	few feet beyond the cart, was			and resident rooms, to monito			
		ng on the floor, 1/2 full of water.			and track any infestation targe			
	_	ove were missing and some			areas, as well as, the progres	s of		
		ging off the ceiling. A live			the pest control program.			
		erved running across the floor						
		bage can. The dietary manager			2.	4: - 1		
	_	moved the trash can. In the			All 81 residents have the pote	ential		
		ards above and below counter			to be affected.			
	_	r with covered food for lunch. r was a large counter. There			-An audit was completed on	o oro		
		condiments on the counter. A			11/4/2022 to identify residents experiencing pest infestation.			
					-An audit was completed start			
	live cockroach came out from under the container and ran across the counter top. The dietary				10/28/22 by the Pest Control	uily		
					company and is ongoing to			
	manager was unable to catch it. The bug went down the other side of the counter which faced				identify any resident who has	bed		
		on the floor and bottom open			bugs or roaches.	204		
		ne counter, were several live			2230 01 10001100.			

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 9 of 20

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
			B. WI	NG		10/18/	/2022
				CTREET	ADDRESS CITY STATE ZID COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD WASHINGTON BLVD		
NODI E G	SENIOR LIVING AT	EODT WAYNE			WAYNE, IN 46802		
NOBLE	SEINIOR LIVING AT	FORT WATNE		FORT	WATNE, IN 40802		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		gs. In the upper cupboards,			3.		
	_	s which were used to place			-The Maintenance Director wa	s	
	food on from the steam tables. One cupboard held				in-serviced by the Administrate	or on	
	plastic plates/bowls and had dead cockroaches in				11/4/22 on ensuring that the		
	a glue box next to the clean plates/bowls. A second cupboard held paper plates/bowls. There				facility maintains a continuous	and	
					ongoing Pest Control Program	١.	
		ockroaches in glue boxes next					
		powls. When asked, the			4.		
		licated cockroaches were a			The Maintenance and		
	_	at the facility, had gotten			Housekeeping Directors, with		
		ere had been no exterminators			oversight from the Administrat	or,	
	_	ay so they were seeing more			will conduct daily audits for 6		
	roaches and other b	ugs.			months, to assess resident roo		
					and common areas for monito	ring	
		52 A.M., the Administrator was			or detection of pest infestation;		
		dicated the facility had an			The Dietary and Maintenance		
		bed bugs, cockroaches and			Directors will conduct Daily		
		services who had not been in			inspections for 6 months, to		
	recently due to billi	ng issues.			assess the kitchen and dining		
					service areas to ensure there	are	
		g, used to inform the			no pests in the food prep and		
		rooms to treat, was provided			service areas; And, residents	will	
		or on 10/18/22 at 12:57 P.M.,			interviewed by the IDT on a		
	indicated the follow	ving:			monthly basis for 6 months, to	)	
					assess the residents overall		
		22, bed bugs and roaches were			well-being of the facility sanita		
		nroom, room, and wheelchair			and infection control related to		
	of resident room 31				physical environment and food		
		nes were observed around the			service. The findings from the		
	front desk.				audits will be reviewed during		
		22, bed bugs and cockroaches			facility's Monthly QAPI meeting	-	
		nd bathroom of 1120.			until there is 100% compliance	€.	
	-10/12/22, bed bugs were observed in room 917.						
	-10/15/22, bed bugs were observed in room 916.						
	The Pest Sighting Log indicated there had been						
	no treatment from the exterminator since 9/30/22.						
		ews were conducted on					
	10/18/22, which we	ere as follows:			1		I

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 10 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MUL' A. BUIL B. WINC	DING	NSTRUCTION  00	(X3) DATE COMPL 10/18/	ETED	
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD  300 E WASHINGTON BLVD  FORT WAYNE, IN 46802					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PR	ID REFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	cockroaches in her to staff. She indicated she wouldn't get the She indicated she h when they came ou - Resident H indicated food because the ki cockroachesStaff member 2 indivace to clean themse cockroaches when the staff member 3 indicated they had she workspaceStaff member 4 indicated they had she workspaceStaff member 5 indicated they had she workspaceStaff member 5 indicated with them. been observed in the crawling on their clean control, the control provided the staff, and visitors he in a clean, safe environment on a mon normal pests such a unusual insects (exasighted, staff should location/type of sus staff, the Administr	ted they were afraid to eat the techen and dining room had  dicated staff would use a shop lives off of bed bugs and their shift was over.  dicated there had been no the month of October and was the bill not being paid. They seen cockroaches in their  dicated they had seen the front desk within the past dicated staff tried to kill any live the but the facility was. They indicated residents had the dining room with bed bugs oothing.  The dicated Infestation by the DON on 10/18/22 at the following: "All residents, and the right to live/visit/work fronment. A Contracted the following is retained for routine they basis to prevent/control is ants, gnats, spiders, etc. If the ample: roaches or bedbugs) are the immediately report the pected insect to maintenance						

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 11 of 20

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	JLTIPLE CC	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
			B. WI	NG		10/18/	2022
				STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER				VASHINGTON BLVD		
NORI E S	SENIOR LIVING AT	FORT WAYNE			WAYNE, IN 46802		
NODEL	DEMICITED INC.	TORT WATNE		TORT			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	•	minator for a visit to treat					
	and/or identify the t	ype of insect"					
	_	relates to Complaints					
	IN00392342 and IN	[00392528.					
D 0070							ļ
R 0273	410 IAC 16.2-5-5.						
DI4 00		nal Services - Deficiency					
Bldg. 00	• •	ation and serving areas					
	,	n residents ' units) are ordance with state and					
		d safe food handling					
	standards, includir	ng 410 IAC 7-24.	D 0	272	   1.		11/11/2022
	Dagad an absorpatio	on and interview, the facility	R 02	2/3	I -Dishes and food items were		11/11/2022
		preparation and serving areas			removed from the dining room		
		pests. This affected 81 of 81			serving bar & cabinets 10/18/22.		
	residents residing in	-			_		
	residents residing in	the facility.			-The cabinets and serving area in the dining service area were		
	Findings include:				cleaned 10/18/22.		
	i manigs merace.				-The Kitchen was cleaned on		
	On 10/17/22 the In	diana Department of Health			10/20/22 and is ongoing.		
		the facility had no hot water			-The Kitchen Cleaning schedu	le is	
	_	vere bed bugs crawling on			in place as of 10/20/22 and is	10 10	
		in the dining room eating			ongoing.		
		nerous cockroaches were in			-The water leak in the		
	· ·	very where meals were served			kitchen/dining room service ha	ıll	
	from in the dining r				was repaired 10/20/22.		
					-The kitchen/dining room servi	ce	
	On 10/18/22 at 10:3	3 A.M., a tour of the kitchen,			hall was cleaned 10/20/22 and		
	dining room, and se	rvery was completed with the			ongoing.		
	dietary manager. In	the kitchen, there were no			-The ongoing pest control prog	gram	
	active cockroaches	observed. In the hallway,			has been in place but has bee	n	
	between the kitchen	and dining room where food			aggressively increased for the		
	was brought out fro	m the kitchen to the servery,			facility on 10/28/22.		
	was a tall metal cart with bags of hot dog and				-Food Service areas in the din	ing	
	hamburger buns. A	few feet beyond the cart, was			room were treated by Pest Co	ntrol	
		g on the floor, 1/2 full of water.			10/28/22.		
		ove were missing and some			-The kitchen/dining room servi	ce	
	were partially hangi	ing off the ceiling. A live			hall was treated by Pest Contr	ol	

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 12 of 20

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00	COMPLETED
B. WING	10/18/2022
STREET ADDRESS, CITY, STATE, ZIP (	COD
NAME OF PROVIDER OR SUPPLIER  300 E WASHINGTON BLVD	
NOBLE SENIOR LIVING AT FORT WAYNE FORT WAYNE, IN 46802	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDER'S PLAN OF CO.	PRRECTION (X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX GEACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY)	DATE
cockroach was observed running across the floor 10/28/22.	
from under the garbage can. The dietary manager  -Resident rooms 312,	
saw the bug and removed the trash can. In the and 1120 were treated	d by Pest
servery, the cupboards above and below counter  Control 10/28/22.	
tops, was a steamer with covered food for lunch.  -The dining room serv	-
Next to the steamer was a large counter. There was a container of condiments on the counter. A  was removed and der 10/30/22.	nolisned on
	ah an /dining
and ran across the counter top. The dietary room service hall were manager was unable to catch it. The bug went 11/3/22.	e replaced
down the other side of the counter which faced  -The kitchen/dining ro	nom service
the dining room. On the floor and bottom open hall and ceiling area w	l l
cupboards below the counter, were several live fumigated by pest con	l l
and dead brown bugs. In the upper cupboards,	
sat plates and bowls which were used to place place place throughout the f	-
food on from the steam tables. One cupboard held ongoing in food prep/o	- I
plastic plates/bowls and had dead cockroaches in and resident rooms, to	-
a glue box next to the clean plates/bowls. A and track any infestati	
second cupboard held paper plates/bowls. There areas, as well as, the	-
were several dead cockroaches in glue boxes next the pest control progra	
to the paper plates/bowls. When asked, the	
dietary manager indicated cockroaches were a 2.	
continuous problem at the facility, had gotten  All 81 residents have	the potential
better, however, there had been no exterminators to be affected.	
in this month to spray so they were seeing more  -An audit was completed.	
roaches and other bugs. 11/4/2022 to identify r	l l
experiencing pest infe	
On 10/18/22 at 11:52 A.M., the Administrator was -An audit was comple	
interviewed. She indicated the facility had an 10/28/22 by the pest of the pes	l l
ongoing issue with bed bugs, cockroaches and company and is ongoing used exterminating sorryings who had not been in	- I
used exterminating services who had not been in recently due to billing issues. identify any resident w	viio nas ped
recently due to billing issues. bugs or roaches.	
Confidential interviews with residents, on 3.	
10/18/22, indicated they were afraid to eat the food  -Maintenance Staff we	ere
because of the cockroaches in the kitchen and in-serviced by the Adr	
dining area. the appropriate water	l l
temperatures for the fi	
An Infection Control policy, provided by the 11/4/22.	, i
Director of Nursing on 10/18/22 at 12:57 P.M., -Staff and Residents v	were

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 13 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

	AND PLAN OF CORRECTION  X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 10/18/2022
NAME OF P	ROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COD WASHINGTON BLVD	
NOBLE SENIOR LIVING AT FORT WAYNE				WAYNE, IN 46802	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				ATE COMPLETION DATE
1110		pose of the Infection Control	1110	informed by the Administrator	
	_	lish and maintain practices		11/4/22 of the facility's pest	
	_	o provide an environment that		control program in which resi	dents
	_	infection and disease among byeesThe objectives of the		have to accept pest control	
	-	rogram areTo establish and		services and housekeeping services to assist with	
		nd procedures for infection		pest/infestation remediation.	
	_	t regulations and acceptable		-Facility staff were educated I	by
		eTo provide guidance for		the Administrator on infection	•
	•	of appropriate infection		control procedures related to	pest
	control precautions	or techniques to prevent the		infestation on 11/4/22.	·
	spread of infectionFood was to be handled and			-Dietary staff were educated	by
	stored in a manner that prevented growth and			the Dietary Manager on 11/4/	22 on
	spread of microorganismsWater temperatures			infection control & sanitation	
		ifficient temperature for proper		procedures related to infestat	ion in
cleaningFood storage is 6 inches of the floor			food prep and dining areas.		
	and away from the walls"			4.	
	From the National l	Library of Medicine, Environ		The Maintenance and	
	Health Insights. 202	20; 14: 1178630220913365,		Housekeeping Directors, with	1
	published online 20	20 Apr 30. doi:		oversight from the Administra	itor,
		20913365: Cockroaches could		will conduct daily audits for 6	
		nate many food-borne		months, of resident rooms an	
		s including bacteria, fungi,		common areas for monitoring	<b>I</b>
	_	esConsidering the		detection of pest infestation;	
		sociated with cockroaches,		Dietary and Maintenance Dire	
	-	ld not be tolerated in the food cockroaches should not be		will conduct Daily inspections	
	, ,	pital setting as they might		months, of the kitchen and di service areas to ensure there	J
		pathogens such as S. aureus		no pests in the food prep and	
		to control cockroaches should		service areas; And, residents	
	involve good hygiene and sanitation of facilities			interviewed by the IDT on a	
		ation of proper insecticides to		monthly basis for 6 months, to	o
		oots. It is also important to		assess the residents overall	
	· · ·	es of cockroaches such as		well-being of the facility sanita	ation
	cardboard, as this w	vill prevent future infestations.		and infection control related t	
				physical environment and foo	
		s related to Complaints		service. The findings from th	<b>I</b>
	IN00392342 and IN	100392528.		audits will be reviewed during	
				facility's Monthly QAPI meeting	ng

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 14 of 20

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DAT			(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUM		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		B. WING 10/18/202			/2022		
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER			l	VASHINGTON BLVD		
NOBLE S	SENIOR LIVING AT	FORT WAYNE		1	WAYNE, IN 46802		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG			DATE
					until there is 100% compliance	<del>)</del> .	
R 0406	410 IAC 16.2-5-12	?(a)					
	Infection Control -						
Bldg. 00		st establish and maintain					
	an infection contro	ol practice designed to					
		nitary, and comfortable					
	environment and t						
	•	transmission of diseases					
	and infection.						
		on, interview, and record	R 04	406	1.		11/11/2022
	•	failed to maintain infection			-Dishes and food items were		
	-	prevent pests that could numans in resident rooms and			removed from the dining room		
		which affected 81 of 81			serving bar & cabinets 10/18/2 -The cabinets and serving area		
	residents that reside				the dining service area were	a III	
	residents that reside	a in the facility.			cleaned 10/18/22.		
	Findings include:				-The Kitchen was cleaned on		
	8				10/20/22 and is ongoing.		
	On 10/17/22, the Inc	diana Department of Health			-The Kitchen Cleaning schedu	le is	
	received allegations	the facility had no hot water			in place as of 10/20/22 and is		
	for bathing or clean	ing. It was alleged there were			ongoing.		
		on residents as they sat in the			-The water leak in the		
		their meals, resident rooms had			kitchen/dining room service ha	ıll	
	bed bugs and cockro				was repaired 10/20/22.		
	•	rous cockroaches in the			-The kitchen/dining room servi		
		where meals were served to			hall was cleaned 10/20/22 and	l IS	
	the dining room.				ongoing.		
	On 10/18/22 at 10:1	8 A.M., the Director of Nursing			-The ongoing pest control prog has been in place but has bee		
		wed. She indicated the facility			aggressively increased for the		
		nt issues with bed bugs,			facility on 10/28/22.		
		ed an exterminator who had			-Food Service areas in the din	ina	
		-3 times per week. However,			room were treated by Pest Co	-	
	-	d not been to the facility since			10/28/22.		
		ted 81 of 81 residents received			-The kitchen/dining room servi	ce	
	thier meals from the	e kitchen.			hall was treated by Pest Contr		
					10/28/22.		
	On 10/18/22 at 10:3	3 A.M., a tour of the kitchen,			-Resident rooms 312, 916, 917	7,	

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 15 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		î î		(X3) DATE SURVEY COMPLETED 10/18/2022	
NAME OF PROVIDER OR SUPPLIER  NOBLE SENIOR LIVING AT FORT WAYNE			300 E	ET ADDRESS, CITY, STATE, ZIP COD E WASHINGTON BLVD T WAYNE, IN 46802		
(X4) II PREFI TAG	X (EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	dining room, and so dietary manager. In active cockroaches cardboard boxes on recently delivered to closed cardboard boxe the kitchen, holding manager indicated to the cardboard boxe the kitchen to keep cockroaches, hower In the hallway between the hallway between the cardboard boxe to the kitchen to the server bags of hot dog and beyond the cart, was floor 1/2 full of warmissing with some ceiling. A live cock across the floor from dietary manager saw garbage can. The dietary manager saw garbage can. The dietary manager saw garbage can. The dietary manager saw counter tops, food for lunch. Next counter. There was condiments onthe counter top. On the cupboards below the and dead brown butwere plates and bow the steam tables. On plates/bowls with dietary next to the clean placupboard held paper several dead cockrete the paper plates/bowls with dietary manager saw condiments onthe counter top. On the cupboards below the steam tables. On plates/bowls with dietary paper plates/bow	ervery was completed with the the kitchen, there were no observed. There were several the floor with vegetables to the facility. There were other exes on the floor throughout gunknown items. The dietary they tried to get things out of as as soon as they came into down the number of ever, it wasn't always possible. Ween the kitchen and dining evas brought out from the ry, was a tall metal cart with a lamburger buns. A few feet as a garbage can sitting on the ever. The ceiling tiles above partially hanging off the roach was observed running munder the garbage can. The even the bug and removed the every cupboards above and every cupboard		and 1120 were treated by Per Control 10/28/22.  -The dining room serving cab was removed and demolished 10/30/22.  -Ceiling tiles in the kitchen/dir room service hall were replace 11/3/22.  -The kitchen/dining room serving hall and ceiling area was fumigated by pest control 11/4-Pest Control Monitoring is in place throughout the facility a ongoing in food prep/dining and resident rooms, to monitor and track any infestation targulareas, as well as, the progress the pest control program.  2.  All 81 residents have the potential bearing and track and the progress of the pest control program.  2.  All 81 residents have the potential bearing pest infestation.  -An audit was completed on 11/4/2022 to identify residents experiencing pest infestation.  -An audit was completed start 10/28/22 by the pest control company and is ongoing to identify any resident who has bugs or roaches.  3.  -Staff and Residents were informed by the Administrator 11/4/22 of the facility's pest control program in which resident to accept pest control services and housekeeping services to assist with	inet I on ing ed ice I/22. ind reas or et s of	

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 16 of 20

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMB		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
			B. WING		10/18/2022		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
					VASHINGTON BLVD		
NOBLE S	SENIOR LIVING AT	FORT WAYNE		FORT V	VAYNE, IN 46802		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE ID			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	16	DATE
	tables and chairs. T	he dietary manager indicated			pest/infestation remediation.		
	cockroaches were a	continuous problem at the			-Facility staff were educated b	V	
		better, however, there had			the Administrator on infection	•	
	been no exterminate	ors in to spray recently, so			control procedures related to p	est	
	they were seeing m	ore roaches and other bugs.			infestation on 11/4/22.		
					-Dietary staff were educated b	٧	
	On 10/18/22 at 11:5	52 A.M., the Administrator was			the Dietary Manager on 11/4/2	-	
		dicated the facility had an			infection control & sanitation		
	ongoing issue with	bed bugs, cockroaches and			procedures related to infestation	on in	
	used exterminating	services who had not been in			food prep and dining areas.		
	recently due to billi	ng issues.					
					4.		
	A Pest Sighting Lo	g, used to inform the			The Maintenance and		
	exterminator which	rooms to treat, was provided			Housekeeping Directors, with		
	by the Administrate	or on 10/18/22 at 12:57 P.M.			oversight from the Administrat	or,	
	The log indicated the				will conduct daily audits for 6		
					months, of resident rooms and	i	
	-10/7/22 and 10/11/	22, bed bugs and roaches were			common areas for monitoring	or	
	observed in the batl	hroom, room, and wheelchair			detection of pest infestation; T	he	
	of resident room 31	2.			Dietary and Maintenance Dire	ctors	
	-10/8/22, cockroach	nes were observed around the			will conduct Daily inspections	for 6	
	front desk.				months, of the kitchen and din	ing	
	-10/8/22 and 10/11/	22, bed bugs and cockroaches			service areas to ensure there	are	
	were in the room ar	nd bathroom of room 1120.			no pests in the food prep and		
	-10/12/22, bed bugs	s were observed in room 917.			service areas; And, residents	will	
	-10/15/22, bed bugs	s were observed in room 916.			interviewed by the IDT on a		
	The Pest Sighting I	og indicated there had been			monthly basis for 6 months, to	)	
	no treatment from t	he exterminator since 9/30/22.			assess the residents overall		
					well-being of the facility sanita	tion	
	Confidential intervi	lews were conducted on			and infection control related to	the	
	10/18/22, as follows:				physical environment and food	t	
					service. The findings from the	;	
	-Resident G indicated they were embarrassed,				audits will be reviewed during		
		ed of the bed bugs and			facility's Monthly QAPI meeting	•	
	cockroaches in their room. The resident indicated				until there is 100% compliance	€.	
		eported to staff. They					
		to stay clean but still got the					
	bugs frequently.						
		ed they were afraid to eat					
	because the facility	kitchen had cockroaches.					

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 17 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A. BUILDING B. WING	00	COMPLETED 10/18/2022
NAME OF PROVIDER OR SUPPLIER  NOBLE SENIOR LIVING AT FORT WAYNE		300 E \	ADDRESS, CITY, STATE, ZIP COD WASHINGTON BLVD WAYNE, IN 46802		
NOBLE	SENIOR LIVING AT	FORT WATNE	FORT		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
1AG	-Staff member 2 ind vac to clean themse cockroaches when the staff member 3 indexterminator in for told it was due to the indicated they had show orkspaceStaff member 4 indexterminator in for told it was due to the indicated they had show orkspaceStaff member 4 indexterminator in for cockroaches around 3 weeksStaff member 5 indicated with them, been observed in the crawling on their clear of the indicated with them, been observed in the crawling on their clear of the indicated with them, been observed in the crawling on their clear of the indicated with them, been observed in the crawling on their clear of infested with them, been observed in the crawling on their clear of infested with them, been observed in the crawling on their clear of infested and maintated to provide an environ of infection and discemployeesThe observed current regulations appointed in proceedings and proceed current regulations or technological implementation of a precautions or technological infestion"  The Infection Contraprocedure for manapest infestation.	dicated staff would use a shop lives off of bed bugs and heir shift was over.  dicated there had been no the month of October and was the bill not being paid. They seen cockroaches in their dicated they had seen the front desk within the past dicated staff tried to kill any live seen but the facility was they indicated residents had the dining room with bed bugs oothing.  They indicated residents had the dining room with bed bugs oothing.  They indicated residents had the dining room with bed bugs oothing.  They indicated residents had the dining room with bed bugs oothing.  The stion Control did by the DON on 10/18/22 at the following: "The stion Control Program is to the process within the facility onment that limits the spread sease among residents and jectives of the Infection the infection control with and acceptable standards of the guidance for the appropriate infection control niques to prevent the spread the proposition of the proposition o	TAG	DEPOLENCE 11	DATE

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 18 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER			00 00	COMPLETED 10/18/2022
NAME OF PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD WASHINGTON BLVD	
NOBLE SENIOR LIVING AT FORT WAYNE				WAYNE, IN 46802	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG		LISC IDENTIFYING INFORMATION 20913365: Cockroaches could	TAG	DETERMET)	DATE
		nate many food-borne			
		s including bacteria, fungi,			
		esConsidering the			
		sociated with cockroaches,			
		ld not be tolerated in the food			
	_	cockroaches should not be			
	1	oital setting as they might			
		pathogens such as S. aureus			
		to control cockroaches should			
	involve good hygier	ne and sanitation of facilities			
	and also the applica	tion of proper insecticides to			
		oots. It is also important to			
		es of cockroaches such as			
	cardboard, as this w	vill prevent future infestations.			
		Reference Manual-Disease			
		was retrieved from the Centers			
		(CDC) website on 10/18/22			
		following: "Housing-related			
		lude asthma episodes			
		re to dust mites, cockroaches,			
	1 ~	he existence of cockroaches,			
		that they can also be vectors			
		lems that affect health and			
		e capable of transmittingEntry into homes is often			
		gh food and beverage			
		est management (IPM)			
		ssary to reduce the number of			
	pests that threaten h	-			
	_	roach is considered an			
		an asthma trigger for			
	_	little evidence exists to link			
		ecific disease outbreaks, it has			
	been demonstrated	to carry Salmonella			
	typhimurium, Entar	noeba histolytica, and the			
		The sight of cockroaches can			
		psychologic or emotional			
	distress in some ind	ividuals. They do not bite, but			

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 19 of 20

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

	MENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION AN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 B. WING			(X3) DATE SURVEY COMPLETED 10/18/2022		
NAME OF PROVIDER OR SUPPLIER  NOBLE SENIOR LIVING AT FORT WAYNE			300 E V	ADDRESS, CITY, STATE, ZIP COD VASHINGTON BLVD VAYNE, IN 46802		
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG	they do have heavy leg spines that may scratchCockroaches will eat a great variety of materials, including cheese and bakery products, but they are especially fond of starchy materials, sweet substances, and meat productsCockroaches are primarily nocturnal. Daytime sightings may indicate potentially heavy infestations. They tend to hide in cracks and crevices and can move freely from room to roomFour management strategies exist for controlling cockroaches which are prevention, sanitation, trapping, and chemical control. The use of chemicals typically indicates that the other three strategies have been applied incorrectly"		TAG	DEFICIENCY)		DATE

State Form Event ID: W0Q211 Facility ID: 012288 If continuation sheet Page 20 of 20