

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

PRINTED: 08/31/2023

FORM APPROVED

OMB NO. 0938-039

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|---|---|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155798 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 08/23/2023 | |
| NAME OF PROVIDER OR SUPPLIER ASHTON CREEK HEALTH AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 4111 PARK PLACE DRIVE FORT WAYNE, IN 46845 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 |
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00415361.</p> <p>Complaint IN00415361- Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Survey date: August 23, 2023</p> <p>Facility number: 012861 Provider number: 155798 AIM number: 201080610</p> <p>Census Bed Type: SNF/NF: 107 Total: 107</p> <p>Census Payor Type: Medicare: 29 Medicaid: 61 Other: 17 Total: 107</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 24, 2023</p> | | | F 0000 | <p><i>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review for paper compliance in lieu of a post survey review on or after 9/14/2023.</i></p> | | |
| F 0677 SS=D Bldg. 00 | <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review the facility failed to ensure oral hygiene was completed for 1 of 3 dependent residents (Resident D).</p> | | | F 0677 | <p>1. What corrective action(s) will be accomplished for those residents found to have been</p> | | 09/15/2023 |

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

TITLE

(X6) DATE

Derek

Gibson

08/30/2023

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 disclosable 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>In an interview on 8/23/23 at 10:07 AM, Resident D indicated she needed assistance with oral hygiene care, such as brushing her teeth. Resident D indicated she had not received assistance with brushing her teeth on 8/23/23. Resident D indicated she preferred to brush her teeth in the morning and afternoon.</p> <p>In an interview on 8/23/23 at 11:16 AM, Certified Nurse Aide (CNA) 2 indicated residents received oral hygiene care daily, usually in the morning or based on their preference. CNA 2 indicated Resident D needed assistance with oral hygiene care. CNA 2 indicated she had not assisted Resident D with oral hygiene care on 8/23/23.</p> <p>In an interview on 8/23/23 at 11:27 AM, Qualified Medication Aide (QMA) 3 indicated oral hygiene care was performed during AM care and PM care or based on resident's preferences. QMA 3 indicated AM care should be completed by 11 AM. QMA 3 indicated Resident D needed assistance with oral hygiene care. The QMA indicated she was unsure if Resident D had received assistance with oral hygiene care on 8/23/23. QMA 3 indicated CNA 2 and CNA 3 were scheduled to give care to the residents at that time. QMA 3 indicated Resident D had not refused care.</p> <p>In an interview on 8/23/23 at 11:43 AM, CNA 4 indicated oral care was completed 2-3 times a day. CNA 4 indicated oral care should be completed no later than 8 AM. CNA 4 indicated Resident D needed assistance with all her activities of daily living (ADL), to include oral care. CNA 4 indicated she would document oral care completion under</p> | | | | <p>affected by the deficient practice?</p> <p>Resident D was assisted with dental hygiene by a C.N.A.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents who require assistance with dental hygiene could potentially be affected by this deficient practice. Nursing staff completed a visual assessment and provided care to those potentially affected.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not recur?</p> <p>Nursing staff will be educated on the policy for ADL care by 9/6/2023</p> <p>The DON and/or designee will round twice weekly to ensure oral care was provided and documented on 5 residents. This will continue for 6 weeks and until 100% compliance is achieved, then 10 per month for 4 months and until 100% compliance is maintained.</p> <p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</p> | | |

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| | <p>personal hygiene in the point click care. CNA 4 indicated Resident D had not received oral care hygiene care on 8/23/23. CNA 4 indicated she did not have a reason why oral care had not been completed that morning. CNA 4 indicated Resident D had not refused care.</p> <p>In an interview on 8/23/23 at 11:56 AM, the Assistant Director of Nursing (ADON) indicated oral hygiene care was completed in the AM and at HS. The ADON indicated AM care was completed by 9 AM and HS care was completed around 7:30 PM - 8 PM. The ADON indicated Resident D required assistance with all ADLs. The ADON indicated Resident D made her needs known for snacks but not for personal care. The ADON indicated Resident D would refuse care if she had pain related to repositioning.</p> <p>In an interview on 8/23/23 at 12:52 PM, the ADON and Administrator indicated Resident D would refuse care at times. The ADON and Administrator indicated no refusal documentation was available for Resident D.</p> <p>Resident D's record was reviewed on 8/23/23 at 10:30 AM. Diagnosis included: intellectual disabilities, need for assistance with personal care, muscle weakness and protein-calorie malnutrition.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 6/30/23, indicated Resident D had a Brief Interview Mental Status (BIMS) score of 07/15 (severe impairment). The MDS also indicated for personal hygiene: activity only occurred 1-2 times and resident required 1 person assistance.</p> <p>A current care plan indicated Resident D had specific choices. The interventions indicated</p> | | | | Audits/findings will be forwarded to QA monthly for review. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining compliance for no less than 6 months. Frequency and duration of the reviews will be adjusted as needed. After consecutive compliance is achieved, the DON and/or designee will randomly complete an audit to ascertain continued compliance annually. | | |

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| | <p>Resident D's family requested Resident D's teeth to be brushed 2 times daily.</p> <p>A point of care history report, dated 7/24/23 - 8/23/23, was provided by the Administrator on 8/23/23 at 1 PM. The report indicated personal hygiene, including oral care, was not completed on the following dates/times:</p> <p>7/24/23: PM 7/25/23: AM and PM 7/26/23: AM and PM 7/27/23: PM 7/28/23: PM 7/29/23: AM and PM 7/30/23: AM and PM 8/1/23: AM and PM 8/2/23: AM and PM 8/4/23: PM 8/5/23: PM 8/6/23: PM 8/8/23: AM and PM 8/9/23: AM and PM 8/11/23: PM 8/12/23: AM and PM 8/13/23: AM and PM 8/14/23: PM 8/15/23: AM and PM 8/16/23: AM and PM 8/18/23: PM 8/19/23: AM and PM 8/20/23: AM and PM 8/22/23: PM</p> <p>A current policy, dated 6/21, titled "Personal Hygiene," was provided by the ADON on 8/23/23 at 12:26 PM. The policy indicated "personal hygiene will be performed 2 times daily in the morning and before bed." The policy also indicated "personal hygiene may include, but is</p> | | | | | | |

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| | not limited to: oral care." This Federal citation is related to Complaint IN00415361. 3.1-38(a)(3) | | | | | | |