STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CEDARHURST OF FORT WAYNE	9210 MAYSVILLE ROAD FORT WAYNE, IN 46815

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00452627. Complaint IN00452627 - State deficiencies related to the allegations are cited at R0036. Survey date: February 14, 2025 Facility number: 014576 Residential Census: 78 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality reivew completed February 17, 2025	R 0000		
R 0036 Bldg. 00	410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency Based on interview and record review, the facility failed to ensure the physician and family were notified following a significant change in condition for 1 of 3 residents reviewed (Resident Z). Findings include: A complaint, reported to the Indiana Department of Health on 2/3/25, alleged Resident Z had a fall, resulting in a femur fracture, and the family hadn't been called immediately following discovery of the injury. On 2/14/25 at 12:42 P.M., Resident Z's record was reviewed. Diagnoses included dementia with psychotic disturbance, generalized anxiety	R 0036	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. **Community notified hospice at 11:30 am** How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. **All residents with incident reports, or significant change of condition were audited to ensure notifications were made. In service for all**	02/19/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kari Cerutti	AIT	03/05/2025

Any defiencystatement 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 disclo 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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	disorder, and history of falling. She was provided services through hospice care. A service plan, dated 8/24/24, indicated the resident required comprehensive care of 1 person to provide maximum time for cueing and hands on assistance with activities of daily living including: bathing (provided by hospice 2 times per week), personal hygiene, toileting, dressing, transfers and escorts to meals and activities. Resident Z was independent with eating/dining and her family provided her medications. Facility staff were not responsible for medication management. A progress note, dated 1/9/25 at 5:30 a.m., indicated Qualified Medication Aid (QMA) 2 was informed by Certified Nurse Aid (CNA) 5, that Resident Z sounded like she was in pain. QMA 2 went to check on the resident and observed her lying in bed without any blankets on. Before placing the blankets back on the resident, QMA 2 observed an "old bruise" to the resident's left lower leg. The resident hadn't complained of pain however, staff would continue to monitor her. -At 1:45 p.m., Resident Z complained of pain to her right lower leg where swelling was observed. A new order was given to send the resident to the emergency room for evaluation and treatment. -At 7:00 p.m., facility staff were notified the resident had a fractured femur and would be having surgery to repair the following morning (1/10/25). A hospice visit report, dated 1/9/25 at 12:18 p.m., indicated hospice staff had been notified by facility staff around 11:30 a.m., Resident Z had new bruising and swelling to her right upper thigh and bruising to the right shin and appeared to be in pain. Upon arrival to the facility, the hospice nurse observed the resident lying in bed moaning		**staff on Hospice Residents and Notifications** What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur. **Don and AIT will review all change of conditions, and incident reports.** 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. **Weekly management meetings, for incidents, change in condition, and incident reports. Weekly for 2 months, biweekly for 2 month and monthly for 2 months.**	

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	and agitated. The hospice physician was notified and new orders given to send to ER for evaluation. The facility conducted an investigation into the cause of the resident's injury and follow up care. The investigation indicated the following: -A written statement by CNA 5 indicated they had assisted the resident with care while in bed at approximately 4:00 a.m. and she had complained of pain. CNA 5 reported this immediately to QMA 2. -A written statement by QMA 2, indicated she had been setting up and passing morning medications and hadn't gone in immediately to check the resident when told of the resident's pain. At approximately 5:30 a.m., she was in the hallway outside of Resident Z's room and heard the resident yell out for help. She went into the residents room, observed her blankets off and she appeared cold. The QMA noted the resident had an old bruise on her left leg but hadn't been told in report of the bruises' origin. QMA 2 then asked the oncoming CNA 6 and CNA 8 if they had been aware of the resident having a bruise on her leg. Niether CNA 6 nor CNA 8 were aware of the bruising. QMA 2 and CNA 6 went to the residents room to look at the bruise and believed it may have been the result of her wheelchair. They observed a small bruise on her right leg. QMA 2 indicated to CNA 6 the bruise was on the left leg. The resident hadn't complained of pain. QMA 2 left for the day after reporting off to QMA 4 who was working on the memory care unit and had indicated they would complete the incident report. -CNA 8 indicated she had come into work at 6:00 a.m. She received report from CNA 5 who did not indicate the resident had bruises or had complained of pain. She was asked to go look at Resident Z's bruise on her leg but QMA 2 and CNA 6 went to look at it instead. CNA 8 indicated			

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	"no one was too worried about the bruise" because they hadn't said anything more to her about it. Around 10:30 a.m., CNA 8 and CNA 6 went to get the resident up. The resident had her legs crossed at that time and when the CNA's tried to move the resident, she called out in pain. QMA 9 was notified the resident's right thigh not looking right. -At approximately 11:30 a.m., the Administrator in Training (AIT) and Business office manager (BOM) were asked to come look at the residents leg. Statements by the AIT and BOM indicated they observed the resident in pain. Resident Z called out in pain. The AIT instructed QMA 9 to contact the hospice nurse. Progress notes and staff statements collected during the facility investigation, did not indicate the physician, hospice staff, or family had been notified when the resident was observed in pain on 1/9/25 from 4:00 a.m. until 11:30 a.m. The hospice nurse was notified to come to the facility and perform an assessment of the residents pain. On 2/14/25 at 3:00 p.m., the AIT and Director of Wellness (DOW) were interviewed. Both indicated staff should've immediately notified hospice and family of the resident's complaints of pain and the bruising observed on the residents legs. The DOW indicated facility staff were not responsible for administering medications to the resident therefore, staff had no pain medication to administer prior to the hospice nurse being notified and coming in and completing an assessment. A current facility policy, titled "Change in Condition Policy and Procedures" stated the following: "A change of condition is identified when a resident experiences an alteration in their			

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	normal baseline evaluation. This may include altered mental status, or a physical, emotional, or behavioral change, and may be short term, such as delirium, which is expected to return to their baseline, or a long-term change. When a change of condition occurs, it is our policy to evaluate the resident, notify physician and responsible parties, and intervene accordingly. Procedures: 1. When a resident exhibits a change of condition, notify the licensed nurse or DOW 2. The licensed nurse or DOW will evaluate the resident change including vital signs and physical assessment 3. The licensed nurse or DOW will notify the physician and note new orders 4. Family and/or responsible party, as well as ED, will be informed of the change in condition and new orders...." This Citation relates to Complaint IN00452627.			