

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

PRINTED: 05/12/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155266		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/24/2025	
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 1649 SPY RUN AVENUE FORT WAYNE, IN 46805			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: April 21, 22, 23, and 24, 2025.</p> <p>Facility number: 000167 Provider number: 155266 AIM number: 100273740</p> <p>Census Bed Type: SNF/NF: 77 Total: 77</p> <p>Census Payor Type: Medicare: 7 Medicaid: 64 Other: 6 Total: 77</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 25, 2025</p>			F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Life Care Center of Fort Wayne agrees with the allegations and citations listed. Life Care Center of Fort Wayne maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on observation, interview, and record review the facility failed to follow physician orders for 1 of 1 resident reviewed. (Resident 11).</p> <p>Findings include:</p> <p>An observation, on 4/21/25 at 10:38 AM, in Resident 11's room observed Resident 11 resting with her eyes closed and mouth open. Resident 11 had oxygen on per nasal cannula. The oxygen</p>			F 0684	<p><b>Resident 11 had no negative outcomes related to alleged deficiency. Resident 11 orders and care plan updated to reflect oxygen orders. Care plan was held with hospice to review orders. Responsible parties and resident were notified on April 22, 2025.</b></p>		05/16/2025

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

TITLE

(X6) DATE

Claudia McKinney

RN

05/09/2025

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 disclosed 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>concentrator was set at 3 liters per nasal cannula.</p> <p>A record review, on 4/22/25 at 11:02AM, indicated Resident 11 had physician orders as follows: Oxygen at 2 liters per minute continuously per nasal cannula. Document every shift with the start date of 8/13/24. Oxygen at 4 liters per minute per nasal cannula as needed with the start date of 11/10/24. Admit to hospice, life expectancy 6 months or less diagnosis chronic respiratory failure with congestive heart failure with the start date of 9/4/24.</p> <p>There was no order for oxygen at 3 liters per nasal cannula.</p> <p>In an interview, on 4/22/25 at 1:20PM, Registered Nurse 2 (RN) indicated she adjusted Resident 11's oxygen determined by oxygen saturation, by Resident 11 needs and reports of how she was feeling. RN 2 indicated currently the oxygen was set at 2 liters per nasal cannula. RN 2 indicated Resident 11 does not adjust the oxygen herself and Resident 11 was unable to do so due to her current limitations.</p> <p>A record review of Resident 11's hospice communication book indicated the only order for oxygen was 3 liters continuous per nasal cannula with the start date 9/4/24. There were no orders for oxygen at 2 liters, no orders for 4 liters, and no orders for a titration of oxygen per Resident 11 needs or comfort.</p> <p>An observation, on 4/22/25 at 1:34PM, Resident 11's oxygen was on at 3 liters per nasal cannula. RN 2 readjusted the oxygen back to 2 liters per nasal cannula at the time of observation. RN 2 indicated the oxygen should be set at 2 liters.</p>				<p><b>A facility wide audit of resident's oxygen orders have been completed to ensure proper orders are in place and accurate.</b></p> <p><b>Education will be completed by licensed nursing staff to ensure any resident with oxygen orders are trained to read oxygen orders and administer before working. New licensed nursing associates will receive education prior to working.</b></p> <p><b>DON/Designee will review 24/72 hour report 5x weekly to ensure oxygen orders are not discontinued, modified, or new orders and care plans and oxygen settings match. DON/Designee will audit 5x week for 3 months, 4 x week for 3 months. Audits will be presented to QAPI x 6 months and QAPI will determine need for further audits.</b></p>		

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	<p>In an interview, on 4/23/25 at 8:22AM, the Director of Nursing (DON) indicated she called the hospice and the ordering physician for the facility to clarify oxygen orders for Resident 11. At the time of interview, Resident 11 kept her order for oxygen 2 liters continuously per nasal cannula and had a new order dated 4/22/25 for may titrate oxygen up to 4 liters per minute per nasal cannula as needed. The DON further indicated an in-service was done regarding oxygen concentrators and ensuring proper settings.</p> <p>The facility provided a current policy and procedure titled "Physician Orders" revised 2/26/24 and reviewed 2/27/25. The policy indicated ...The facility is obligated to follow and carry out the orders of the prescriber in accordance with all applicable state and federal guidelines ...</p> <p>3.1-37</p>						