STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155475	A. BUILDING 00 B. WING	04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TOWNE HOUSE RETIREMENT COMMUNITY	2209 ST JOE CENTER RD FORT WAYNE, IN 46825

(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit also included the Investigation of Complaint IN00404093. Complaint IN00404093 - No deficiencies related to the allegations are cited. Survey dates: April 18, 19, 20, 21 and April 24, 2023 Facility number: 000541 Provider number: 155475 AIM number: NA Census Bed Type: SNF: 6 Residential: 193 NCC: 41 Total: 240 Census Payor Type: Medicare: 6 Private: 234 Total: 240 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed April 26, 2023	F 0000		
F 0578 SS=D Bldg. 00	483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Mark Price | Associate Executive Director | 05/08/2023

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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	or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.			

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	Based on interview and record review the facility failed to ensure the code status was clearly indicated for 2 of 6 residents. (Resident 8 and Resident 11). Findings include: 1) A record review on 4/18/23 at 11:27 AM indicated Resident 11 had diagnoses of breast cancer, anxiety, and cancer related chronic pain to her right hip. A physician order dated 4/13/23 indicated the resident's advance directive status was Do Not Resuscitate (DNR). A care plan focus dated 4/6/23 indicated the resident's advance directive status was a Full Code.2) A record review on 4/18/23 at 11:27 AM indicated Resident 8 had diagnoses of unspecified cirrhosis of the liver, inflammatory polyarthropathy, retention of urine, essential hypertension, unsteadiness on feet, muscle weakness and history of falling. A physician order dated 4/7/23 indicated the resident's advance directive status was Do Not Resuscitate (DNR). A care plan focus dated 4/6/23 indicated the resident's advance directive status was a Full Code. During an interview on 4/19/23 at 2:50 PM, the Administrator she indicated the advance directive status should have been updated on the resident's care plan. During an interview on 4/21/23 at 9:14 AM, the Director of Nursing (DON) indicated Resident 11	F 0578	Indiana State Department of Health Brenda Buroker, Director Long Term Care Re: Annual Recertification and State Licensure Survey that was concluded on April 24, 2023, for our facility The Towne House Retirement Community. (ID:000541/Provider#:155475) We do not agree with the findings. However, in effort to remain in compliance the following plan of correction will be completed by May 22, 2023. F578 Request/Refuse/Discontinue Treatment; Formulate Advanced Directives RE: failed to ensure code status was clearly indicated for two residents in the specified manner. Resident #11 had a physician order on 04/13/2023 indicating the residents advance directive status was Do Not Resuscitate (DNR). The comprehensive care plan focus dated 04/6/2023 indicated the residents advance directive status was a full code. In this case a physician order was received after the previous care plan was completed as the resident had an updated advance directive status. Resident #8 had a physician order on 04/7/2023 indicating the residents advance directive status was Do Not Resuscitate (DNR). The	05/22/2023

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	and Resident 8 had a physician orders to indicate their advance directive was DNR, but their care plan indicated their advance directive as full code. The DON indicated Resident 11 and Resident 8's advance directive care plan was incorrect and should indicate an advance directive of DNR. A current policy titled "Advanced Directives", revised 7/2017, provided by the Administrator on 4/19/23 at 3:35 PM, indicated copies of all Advance Directives will be kept with the resident's medical record. No further policies were provided at time of exit of survey. 3.1-4(l)(5)		comprehensive care plan dated 04/6/2023 indicated the residents advance directive status was a full code. In this case a physician order was received after the previous care plan was completed as residents had an updated advance directive status. In both occurrences the resident updated their advanced directive status to DNR per choice. The care plan currently on record has been updated to reflect this therefore the corrective action in these findings has already been corrected. There were no other records identified at the current time. A department in-service will be completed by Associate Executive Director to appropriate designees of advanced directives by 05/22/2023. Going forward the Social Services Director will audit care plans for accurate and timely advanced directives with the updated resident comprehensive care plan. This information will be included in our QAPI committee meetings going forward with our next QAPI meeting taking place on 07/20/2023 and quarterly thereafter and will continue for a 1-year period and evaluated for continuance at that time. Social Services Director will audit information on a weekly basis of all resident records for compliance of advance directive status. For paper compliance request, please refer to the attached documents:	

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			Advanced Directives policy and Advanced Directive audit forms for QAPI-blank document templates.	
F 0695 SS=D Bldg. 00	483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. Based on observation, record review and interview, the facility failed to ensure oxygen tubing and oxygen humidifier bottle were routinely changed 1 of 1 resident reviewed. (Resident 4). Findings include: During an observation on 4/18/23 at 11:24 AM, Resident 4's nasal cannula (NC) oxygen tubing (a lightweight tube split into two prongs on one end and placed in the nostrils used to deliver supplemental oxygen) and oxygen humidifier bottle (aids in preventing a patients airways from becoming dry when filled with distilled or filtered water) attached to his oxygen condenser (a medical device that gives you extra oxygen). The resident's oxygen tubing and oxygen humidifier bottle were not labeled. On 4/19/23 at 9:05 AM, Resident 4's record was reviewed. Diagnoses included pleural effusion, malignant neoplasm of the esophagus, secondary	F 0695	Indiana State Department of Health Brenda Buroker, Director Long Term Care Re: Annual Recertification and State Licensure Survey that was concluded on April 24, 2023, for our facility The Towne House Retirement Community. (ID:000541/Provider#:155475) We do not agree with the findings. However, in effort to remain in compliance the following plan of correction will be completed by May 22, 2023. F695 Respiratory/Tracheostomy Care and Suctioning RE: failed to ensure oxygen tubing and oxygen humidifier bottle were routinely changed for one resident in the specified manner. Resident	05/22/2023

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	malignant neoplasm of the lung, chronic obstructive pulmonary disease, lymphedema, hypoxia, and shortness of breath. Resident 4's quarterly Minimum Data Set (MDS) assessment, dated 1/2/23, indicated the resident's Brief Interview for Mental Status (BIMS) score was 15, he was alert, orient and interviewable. The MDS indicated he received oxygen while a resident at the facility. A review of the resident's order, dated 1/6/23, indicated he received oxygen via NC at 2 liters for hypoxia. A review of Resident 4's care plan, last revised 4/17/23, indicated the resident was on oxygen therapy related to ineffective gas exchange, respiratory illness, and hypoxia with a goal for the resident to have no sign or symptoms of poor oxygen absorption. During an observation on 4/19/23 at 3:35 PM, the Director of Nursing (DON) indicated Resident 4's oxygen tubing and oxygen humidifier bottle were not labeled when last changed. On 4/19/23 at 2:50 PM, a current policy entitled "Oxygen Concentrator", revised 1/2020, provided by the Administrator, indicated the humidifiers, tubing, and cannula were disposable and should be changed on a weekly schedule. The policy indicated the old humidifier bottle was to be throw away weekly and a new one attached. 3.1-47(a)(4)(5)(6)		#4 had a physician order dated 01/6/2023, indicating he received oxygen via NC at 2 liters. Resident #4 oxygen tubing and oxygen humidifier bottle were not labeled currently with last date of change. The oxygen tubing and oxygen humidifier bottle were immediately changed along with labeled upon discovery, at that time the corrective action in this finding has already been corrected. There were no other residents identified at the current time with insufficient labeling of equipment. The charge nurses will remain responsible for obtaining physician orders for oxygen, placement of appropriate equipment and supplies along with appropriate dates labeled on necessary equipment. A department in-service will be completed by the Director of Nursing to appropriate nursing staff for proper labeling and changing of necessary equipment by 05/22/2023. Going forward the Director of Nursing will audit labeling of oxygen equipment for accurate and timely necessary equipment changes on a weekly basis. This information will be included in our QAPI committee meetings going forward with our next QAPI meeting taking place on 07/20/2023 and quarterly thereafter and will continue for a 1-year period and evaluated for continuance at that time. Director of Nursing will audit information on	

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			a weekly basis of all resident records for compliance of Oxygen usage, please refer to the attached documents. For paper compliance request, please refer to the attached documents: Oxygen Concentrator policy and Oxygen audit forms for QAPI-blank document templates.	