

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155446</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE FORT WAYNE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5700 WILKIE DR FORT WAYNE, IN 46804</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0657  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, and record review, the facility failed to ensure Care Plan meetings were conducted for 3 of 3 resident's reviewed. (Resident B, Resident C, and Resident M) Findings include: 1. A review of Resident B's record on 6/3/2020 at 5:12 p.m., indicated [DIAGNOSES REDACTED]. A BIMS (Brief Interview of Mental Status) was not completed due to severe cognitive impairment. The MDS (Minimum Data Set) Assessments were completed on the following dates: A Quarterly MDS Assessment on 5/28/2020 A Quarterly MDS Assessment on 4/15/2020 A Quarterly MDS Assessment on 3/25/2020 An Admission MDS Assessment on 12/31/2019 A review of the Progress Notes indicated no documented Care Plan meetings were held. A review of the Assessment section of the electronic record indicated no documented Care Plan letters to the family or personal representative were sent. During an interview on 6/3/2020 at 4:24 p.m., the complainant indicated there were Care Plan meetings held for Resident B since they were admitted . 2. A review of Resident C's record on 6/3/2020 at 5:20 p.m., indicated [DIAGNOSES REDACTED]. A BIMS was not completed due to severe cognitive impairment. The MDS Assessments were completed on the following dates: A Quarterly MDS Assessment on 4/23/2020 A Quarterly MDS Assessment on 1/28/2020 An Admission MDS Assessment on 12/31/2019 A review of the Progress Notes indicated there were no documented Care Plan meetings. A review of the Assessment section of the electronic record indicated there were no documented Care Plan letters to the family or personal representative. 3. A review of Resident M's record on 6/3/2020 at 5:25 p.m., indicated [DIAGNOSES REDACTED]. The MDS Assessments were completed on the following dates: A Quarterly MDS Assessment on 5/8/2020 A Quarterly MDS Assessment on 2/12/2020 A Quarterly MDS Assessment on 11/18/2019 An Annual MDS Assessment on 8/20/2019 A review of the Progress Notes indicated there were no documented Care Plan meetings. A review of the Assessment section of the electronic record indicated there were no documented Care Plan letters to the family or personal representative. During an interview on 6/4/2020 at 11:45 a.m., the ED (Executive Director) indicated she was aware that Care Plan meetings had not happened in several months, and they had some work to do. During an interview on 6/4/2020 at 12:28 p.m., the MDS Coordinator indicated she uses an MDS tracking tool to schedule the MDS's, and quarterly Care Plans. She indicated the SSD (Social Service Director) should schedule the Care Plan meetings with family and /or personal representative. She further indicated the SSD was off sick currently. The MDS Coordinator was unsure what the SSD's process for contact was. She did indicate the SSD had previously indicated to her she was calling to set up the meetings, but nothing was documented. The MDS Coordinator indicated the Care Plan meetings should be conducted every quarter. A current facility policy, Comprehensive Care Plan, dated 11/17/2017, provided by the ED on 6/4/2020 at 11:45 a.m., indicated the following: .The resident and/or resident representative shall be invited to review the plan of care with the interdisciplinary team either in person, via telephone or video conference (if available) at least quarterly . 3.1-35(d)(2)(B)</p>		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>Based on interview, and record review, the facility failed to ensure daily notification of Covid 19 status was conveyed to family members for 2 consecutive days. This had the potential to affect all 77 residents residing at the facility. Findings include: A review of the 4 page COVID 19 call log, provided by the Receptionist on 6/4/2020 @ 3:12 p.m., included the Date, Resident Name, Name of person talked with, and a comment section. The call log indicated no documented calls were completed on 6/1 and 6/2/2020. During an interview on 6/3/2020 at 3:23 p.m. the ED (Executive Director) indicated the facility calls the family members almost daily. The facility had been using the CDC's (Center for Disease Control) electronic call system, but the ED indicated often the family would not pick up because they did not recognize the phone number. The ED further indicated they began the system about a month ago, and there were still problems with the system that have not been worked out. During an interview on 6/3/2020 at 4:24 p.m., the complainant indicated they had received a letter in the mail, dated 5/11/2020 regarding the facility's Covid status, and that they would be receiving daily phone calls. The complainant further indicated the last call they had received was on 5/28/2020. During an interview on 6/4/2020 at 3:18 p.m., the receptionist indicated the calls were not completed on 6/1/2020 or 6/2/2020 for an unknown reason. During an interview on 6/4/2020 at 3:20 p.m., the ED indicated there was no policy for the Covid call updates. She indicated the facility followed the Long-term Care Facility Communication Guidelines. She further indicated the calls should have been completed, and they should have a back up person to assist with the daily calls.</p>		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.