

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Heritage Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Hobson Rd Fort Wayne, IN 46805	
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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>45243</p> <p>Based on interview and record review the facility failed to act timely on pharmacy recommendations for 1 of 5 residents reviewed. (Resident 105).</p> <p>Findings include:</p> <p>Resident 105's record review was reviewed on 3/6/25 at 9:16AM.</p> <p>A review of Resident 105's pharmacist consultation reports indicated on 12/12/24 his medication Florastar, a probiotic, was suggested to be discontinued. The physician response was I have re-evaluated the therapy and wish to implement the following changes. Written in the comment section by the medical provider was will do.</p> <p>A review of Resident 105's progress notes indicated he had a regulatory visit with a medical provider on 1/3/25 at 6:39AM. There was no note or orders to indicate the physician had been made aware of the December recommendation to discontinue the Florastor.</p> <p>A review of Resident 105's physician orders indicated the medication Florastar 250mg was discontinued on 2/19/25.</p> <p>In an interview, on 3/6/25 at 2:23PM, the Director of Nursing (DON) confirmed the medication Florastar should have been discontinued on the regulatory visit following the December pharmacy review, but it was not. The regulatory visit occurred on 1/3/25. The medication was not discontinued until 2/19/25.</p> <p>A policy was provided by DON on 3/7/25 at 11:32AM titled, Medication Regimen Review dated 12/1/07 with most recent revision date of 6/1/24. The policy indicated .13. The attending physician/prescriber should address the consultant pharmacist's recommendations no later than their next scheduled visit to the facility to assess the resident per facility policy or applicable state and federal regulations .</p> <p>3.1-48a(1)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756</p> <p>Based on observation, interview and record review the facility failed to ensure medications were secured for 1 of 8 residents reviewed (Resident 120).</p> <p>Findings include:</p> <p>During an observation on 3/5/25 at 9:42 AM, an open bottle of Tums, a tube of biofreeze (topical analgesic), two tubes of barrier creams and a Symbicort (inhaled lung medication) inhaler were observed sitting on top of Resident 120's bed.</p> <p>During an interview, on 3/5/25 at 9:50 AM, Licensed Practical Nurse (LPN) 2 indicated medicines may be kept at bedside if an assessment indicates they demonstrate the ability to self-administer the medication correctly and secure it in a locked box. He indicated the medications observed on Resident 120's bed should not be left out when unattended. He indicated Resident 120 was out of the building at a medical appointment. LPN 2 collected the medications and placed them in a secure box in the room.</p> <p>Resident 120's record was reviewed on 3/7/25 at 9:06 AM. Diagnoses included chronic obstructive pulmonary disease, end stage renal disease, and chronic pain syndrome.</p> <p>A review of Resident 120's current quarterly Minimum Data Set (MDS) dated [DATE] indicated their Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact).</p> <p>A review of Resident 120's current care plan titled Resident chooses to self-administer medication- Tums, initiated 10/9/24, indicated the resident had a problem of wishing to self-administer medication with a goal date of 4/2/25. Interventions included completing a medication self-administration evaluation quarterly and keeping medication out of the reach of other residents.</p> <p>A review of Resident 120's current care plan titled .potential for impaired gas exchange .initiated 6/10/24, indicated Resident 120 had a problem of impaired gas exchange due to chronic obstructive pulmonary disease with a goal date of 4/2/25. Interventions included administering medications as ordered.</p> <p>A review of Resident 120's current care plan titled Cognitive Loss/Dementia, initiated 12/30/24 indicated Resident 120 was unable to make daily decisions without cues and supervision, with a goal date of 4/2/25. Interventions included giving feedback when an inappropriate decision was made.</p> <p>A review of physician orders dated 6/7/24 indicated Resident 120 should inhale 2 puffs of budesonide formoterol (Symbicort) twice daily and rinse his mouth after use. The order did not include the medication could be kept at bedside.</p> <p>A review of physician orders, dated 1/6/25, indicated Resident 120 should take a Tums 500 mg tablet three times daily. The order indicated Tums tablets could be kept at Resident 120's bedside.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No physician order for the use of biofreeze was available for review.</p> <p>Progress notes, dated February 1 through March 12, 2025, did not include documentation regarding self-administration of medications.</p> <p>A document titled Medication Self Administration Request/Evaluation, dated 10/29/24, indicated Resident 120 was evaluated for his ability to safely administer and store his Tums. No further self-administration evaluations were available for review.</p> <p>In an interview, on 3/6/25 at 2:23 PM, the Director of Nursing indicated residents should be assessed for the ability to self-administer and properly secure medications at bedside. She indicated only medications with specific orders to be kept at bedside should be stored at bedside in a lock box. She indicated medications should not be left out in the room unattended.</p> <p>A current policy, dated 12/1/07, provided by The Director of Nursing on 3/6/25 at 2:38 PM, indicated to ensure safe and appropriate self-administration of medications the facility should educate residents and ensure they could correctly store their medications in a locked compartment. The policy also indicated the facility should list all medications the resident may self-administer. The policy indicated the facility should routinely assess the resident's cognitive, physical, and visual ability to carry out the responsibility of self-administration. Self-administered medications should be kept locked in a storage compartment in the resident's room, so another resident was not able to access the medications.</p> <p>3.1-25 (m)</p>		