STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155095	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility failed to ensure accurate assessments and communication with the off-site dialysis center for 4 of 7 resident reviewed (Resident 1, Resident 6, Resident 23 and Resident 109).Findings Include:1.Resident 1's record was reviewed on 02/17/2026 at 1:50 PM. Diagnosis included metabolic encephalopathy, end stage renal disease, dependence on renal dialysis, arteriovenous fistula, acquired and kidney transplant failure.A review of Resident 1's physician's orders, dated 2/16/2026 at 3:37 PM, indicated for the dialysis access site, left upper arm fistula, to monitor access site and effected extremity for signs and symptoms of infection, edema, pain, numbness, bleeding and leaks. Ensure the access site was clean, dry and dressing was intact as ordered. Notify MD of unusual findings and document in progress notes.A review of Resident 1's Dialysis Appointment Assessment record indicated not applicable for bruit and thrill on 1/18/2026 and 1/23/2026.Resident 1's progress notes were reviewed. No documentation was located indicating a change to Resident 1's dialysis site to account for the change in assessment.2. Resident 6's record was reviewed on 02/16/2026 at 12:19 PM. Diagnosis included acute kidney failure, chronic kidney disease and dependence on renal dialysis.A review of Resident 6's physician's orders, dated 12/17/2025 at 10:52 PM, indicated, dialysis access site, right Internal Jugular (IJ) dialysis, to monitor the access site and effected extremity for signs and symptoms of infection, edema, pain, numbness, bleeding and leaks. Ensure access site was clean, dry and dressing was intact as ordered. Notify MD of unusual findings and document in progress notes.A review of Resident 6's physician's orders dated 12/16/2025 at 12:12 PM indicated check for Bruit and thrill.A review of Resident 6's Dialysis Appointment Assessment record indicated bruit and thrill were present on 2/11/2026, 2/9/2026, 2/6/2026, 2/5/2026, 2/3/2026 and 1/30/2026.A review of Resident 6's dialysis binder indicated the facility did not complete the pre-dialysis section on the dialysis center communication tool on 2/14/2026, 2/10/2026, 2/3/2026, 2/5/2026, 1/29/2026, 1/20/2026, 1/15/2026 and 1/13/2026.3. Resident 23's record was reviewed on 02/16/2026 at 12:57 PM. Diagnosis included end stage renal disease, dependence on renal dialysis and hydronephrosis with renal and ureteral calculous obstruction.A review of Resident 23's physician's orders dated 02/23/2021 at 04:41 PM indicated dialysis access site right chest to monitor access sites for signs and symptoms of infection, edema, pain, numbness, bleeding and leaks. Ensure access site was clean, dry and dressing was intact as ordered. Notify MD of unusual findings and document in progress notes.A review of Resident 23's Dialysis Appointment Assessment record indicated not applicable for bruit and thrill on 1/31/2026, 1/29/2026, 1/22/2026, 1/10/2026 and 1/8/2026.A review of Resident 23's Dialysis Appointment Assessment record indicated bruit and thrill were present on 2/5/2026, 1/17/2026, 1/6/2026 and 1/3/2026.A review of Resident 23's Dialysis Appointment Assessment record indicated bruit and thrill were absent on 2/14/2026, 2/7/2026, 2/3/2026 and 1/24/2026.Resident 23's progress notes were reviewed. No documentation was located indicating a change to Resident 23's dialysis site to account for the difference in assessments.A review of Resident 23's physician's orders, dated 02/23/2021 at 04:41 PM. indicated dialysis was at 9:40 am., fill out the top portion of the dialysis communication form and send book with the resident. Complete the bottom portion of the dialysis event upon return.A review of Resident 23's dialysis binder indicated the facility did not complete the pre-dialysis section (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155095	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on the dialysis center communication tool on 02/07/2026.4. Resident 109's record was reviewed on 02/16/2026 at 12:57 PM. Diagnosis included end stage renal disease, dependence on renal dialysis and chronic kidney disease stage 5.A review of Resident 109's physician's orders dated 02/11/2025 at 01:57 PM indicated dialysis access site left forearm fistula to monitor access site and effected extremity for signs and symptoms of infection, edema, pain, numbness, bleeding and leaks. Ensure access site was clean, dry and dressing was intact as ordered. Notify MD of unusual findings and document in progress notes.A review of Resident 109's physician's orders, dated 02/17/2025 at 09:45 AM, indicated check for bruit and thrill.A review of Resident 109's Dialysis Appointment Assessment record indicated not applicable for bruit and thrill on 1/23/2026.A review of Resident 109's Dialysis Appointment Assessment record indicated an assessment for bruit and thrill was not completed on 2/16/2026, 2/13/2026 and 2/11/2026.A review of Resident 109's dialysis binder and medical record indicated the facility did not have a dialysis center communication tool sheet for 2/16/2026, 2/13/2026, 2/9/2026, 2/6/2026, 2/2/2026, 1/30/2026, 1/18/2026, 1/19/2026, 1/16/2026, 1/12/2026, 1/9/2026 and 1/7/2026.In an interview, on 2/18/25 at 12:25 PM, the Regional Nurse Consultant (RNC) indicated there would not be bruit or thrill with an Internal Jugular (IJ) port.In an interview, on 2/18/2026 at 1:48 PM, the Administrator indicated the facility did not have any additional communication sheets that were not in the binder.In an interview, on 2/18/2025 at 1:58 PM, the DON indicated the facility completed the communication sheets to see how much fluid was taken off, the resident's weight, if labs were completed or if the resident had any complications. The DON indicated the communication sheets were used to monitor the residents' overall care and wellbeing. The DON indicated bruit and thrill should always be present and if it was not the facility should be contacting the physician or dialysis.In an interview, on 2/19/2026 at 12:04 PM, the Director of Nursing (DON) indicated the dialysis communication tool should be completed and sent to dialysis with every resident. The DON indicated the facility completed a dialysis assessment for every resident, which included their vitals, whether medication was sent with the resident and whether the resident had eaten. The DON indicated the dialysis assessment was not sent with the resident to dialysis. The DON indicated the dialysis center communication tool was what the facility sent with the resident and where the facility would provide the information to dialysis.A current policy, dated 11/2017, provided by the RNC indicated, Ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. The nurse in charge at time of transfer will provide resident with all appropriate paperwork as required by the Dialysis Center. The facility will employ a method of communication between the facility and the dialysis center to relay changes in condition and response to treatment. The physician will be notified of any unusual findings and/or change in condition based upon the assessments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155095	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation and record review, the facility failed to ensure proper labeling was completed for insulin pens related to open dates and expiration dates. For 5 of 5 residents reviewed (Resident 10, Resident 56, Resident 94, Resident 130 and Resident 132) Findings include:During an observation on 2/18/26 at 8:38 AM with Registered Nurse (RN) 2 on the 300-medication cart, inside the following opened medications were observed: Resident 10 had a Lantus insulin Pen with no open or expiration date documented. Resident 56 had a Basaglar insulin pen with no open or expiration date documented. Resident 94 had a Lantus insulin pen with no open or expiration date documented. Resident 132 had a Glargine insulin pen, with no open or expiration date and a Novolog insulin pen with no opened or expiration date documented. 1. Resident 10's record was reviewed on 2/18/26 at 9:00 AM. Diagnosis included,Type 2 diabetes mellitus with diabetic chronic kidney disease.A review of physician orders indicated to give Lantus Solostar Units-100 Insulin (insulin glargine) insulin pen, 100 unit/milliliter, give 15 units subcutaneous once a day 07:00 AM - 11:00 AM.2. Resident 56's record was reviewed on 2/18/26 at 9:10 AM. Diagnosis included Type 2 diabetes mellitus without complications.A review of physician order indicated to give Lantus Solostar U-100 Insulin (insulin glargine) insulin pen, 100 unit/mL, give 15 u subcutaneous twice a day 07:00 AM - 11:00 AM, and 07:00 PM - 10:00 PM. 3. Resident 94's record was reviewed on 2/18/26 at 9:20 AM. Diagnosis included Type 2 diabetes mellitus without complications. A review of physician orders indicated Lantus Solostar U-100 Insulin (insulin glargine) insulin pen 100 unit/mL give 40 units subcutaneous once a day 07:00 AM - 11:00 AM.4. Resident 132's record was reviewed on 2/18/26 at 9:30 AM. Diagnosis included Type 2 diabetes mellitus with diabetic neuropathy, unspecified.A review of physician orders indicated insulin aspart U-100 insulin pen 100 unit/mL give 30 units subcutaneous before meals along with coverage for sliding scale three times a day 08:00 AM, 12:00 PM, 05:00 PM. insulin pen; give 28 units subcutaneous twice a day 08:00 AM, 08:00 PM. In an interview, on 2/18/26 at 8:38 AM, Registered Nurse 2 indicated all insulins should have been labeled with an open date.According to the Cleveland Clinic article, dated 2/12/24, titled Insulin Pens, insulin pens should be stored unopened in a refrigerator until the expiration date printed on the box. Write the date on the insulin pen when it is opened. Most pens are good for 28 days once the pen is opened.A current facility policy, titled Medication storage and expiration policy, dated 11/24, was provided by the Regional Nurse consultant on 2/18/26 at 12:57 PM. The policy indicated. Medications should have an expiration date on the label.Facility staff should record the date opened on the primary medication container (vial, bottle, inhaler) when the medication has shortened expiration date once opened. 3.1-25(j)(m) and (n)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155095	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interview and record review, the facility failed to ensure non-pharmalogic interventions were completed for 1 of 1 resident reviewed. (Resident 8)Findings include:Resident 8's record was reviewed on 2/17/26 at 11:01 AM. Diagnosis included chronic pain. A review of physician orders indicated to give hydrocodone-acetaminophen 5-325 milligram (mg) 1 tablet as needed for moderate to severe pain. every 8 Hours as needed. A review of the Medication Administration Record (MAR), dated February 2026 indicated Resident 8 received hydrocodone-acetaminophen for pain on 2/15/26 at 3:20 PM. No non-pharmalogical interventions were documented as attempted. A review of the MAR, dated January 2026 indicated Resident 8 received hydrocodone-acetaminophen for pain on the following dates: On 1/11/26 at 6:33 PM, no non-pharmalogical interventions were documented as attempted. On 1/13/26 at 2:36 PM, and at 9:06 PM, no non-pharmalogical interventions were documented as attempted. On 1/14/26 at 5:17 AM, no non-pharmalogical interventions were documented as attempted. On 1/17/26 at 7:05 AM, and at 2:54 PM, no non-pharmalogical interventions were documented as attempted. On 1/18/26 at 12:53 PM, no non-pharmalogical interventions were documented as attempted. On 1/19/26 at 12:13 PM, no non-pharmalogical interventions were documented as attempted. On 1/20/26 at 7:55 PM, no non-pharmalogical interventions were documented as attempted. On 1/21/26 at 5:23 PM, no non-pharmalogical interventions were documented as attempted. On 1/23/26 at 5:09 PM, no non-pharmalogical interventions were documented as attempted. On 1/24/26 at 10:34 AM, no non-pharmalogical interventions were documented as attempted. On 1/25/26 at 11:29 AM, and 3:05 PM, no non-pharmalogical interventions were documented as attempted. On 1/27/26 4:15 PM, no non-pharmalogical interventions were documented as attempted. On 1/28/26 10:11 AM, no non-pharmalogical interventions were documented as attempted. In an interview, on 02/18/2026 at 12:38 PM, the Director of Nursing (DON) indicated non-pharmalogical interventions should be done prior to administering as needed pain medication. In an interview, on 02/18/2026 at 1:04 PM, the Regional Nurse Consultant indicated they do not have (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155095	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a policy more specific to non-pharmalogical interventions prior to pain medication administration. A current facility policy, titled Pain Management, dated 7/24, was provided by the Regional Nurse Consultant on 12/18/26 at 12:57 AM. The policy indicated. A plan of care will be written with the initiation of pain medication and individualized to the resident, addressing potential side effects, limitations due to pain, behavioral symptoms, and alternative pain relief techniques. 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155095	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park	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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review the facility failed to ensure updated vaccinations were completed related to the COVID-19 vaccine for 2 of 5 residents reviewed. (Resident 52 and Resident 163)Findings include:1. Resident 52's record was reviewed on 2/16/26 at 1:01 PM. Diagnosis included Parkinson's disease without dyskinesia, without mention of fluctuations.A review of the COVID-19 vaccine consent form, dated 10/28/25, indicated the facility was given verbal consent from the Power of Attorney/Health Care to give the vaccine to Resident 52. The COVID-19 vaccine was not documented as given to the resident. 2. Resident 162's record was reviewed on 2/16/26 at 1:30 PM. Diagnosis included Epilepsy, unspecified, not intractable, without status epilepticus. A review of the COVID-19 vaccine consent form, dated 10/28/25, the facility was given verbal consent from the Power of Attorney/Health Care to give the vaccine to Resident 162. The COVID-19 vaccine was not documented as given to the resident. In an interview, on 2/18/25 at11:05 AM, the Infection Preventionist (IP) indicated the two residents did not get the COVID-19 vaccine. The IP indicated she just started in December, and the position was vacant prior to her starting, she did order the vaccinations but with COVID in the building, the vaccine had not been given at this time. No other paperwork was presented prior to exit.A current facility policy, titled Resident COVID-19 vaccination, dated 12/20, was provided by the Director of Nursing on 2/18/26 at 1:28 PM. The policy indicated. Residents who accept the vaccine will be scheduled in a timely manner.