

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2026
NAME OF PROVIDER OR SUPPLIER Summit City Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2940 N Clinton St 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 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>Based on interview, record review and observation, the facility failed to ensure staff were present during medication administration for 1 of 4 residents reviewed (Resident B). Findings include: During an observation on 2/23/26 at 9:42 AM, Resident B's medications were observed on the bedside table in a pill cup. In an interview, on 2/23/26 at 9:42 AM, Resident B indicated he self-administered his medications and he often had the nurse place the medications on his bedside until he was ready to take the medications. Resident B indicated the medications on his bedside table were his morning medications and he preferred to take the medications later in the morning. In an interview, on 2/23/26 at 9:56 AM, Qualified Medication Assistant (QMA) 2 indicated Resident B self-administered his medications. QMA 2 indicated he placed the medications at bedside on 2/23/26 for Resident B to take when Resident B was ready. QMA 2 reviewed the orders and indicated he was unable to find an order for self-administration of medications for Resident B. Resident B's record review was completed on 2/23/26 at 10:41 AM, diagnoses included chronic obstructive pulmonary disease, chronic kidney disease, hepatic encephalopathy, seizures and congestive heart failure. An admission Minimum Data Set (MDS) assessment dated 12/2025, indicated Resident B had a Brief Interview of Mental Status of 15/15 (cognitively intact). Resident B's assessments were reviewed, there was no self-administration of medications assessment completed. Resident B's orders were reviewed, there were no orders for self-administration of medications. The Medication Administration Record (MAR), dated 2/2026, indicated QMA 2 administered the following medications to Resident B on 2/23/25 at 7 AM. acyclovir (antiviral) 800 mg carvedilol (hypertensive) 6.25 mg cyanocobalamin (vitamin B12) 500 mcg folic Acid (vitamin B9) 1 mg furosemide (diuretic) 40 mg gabapentin (anticonvulsant) 200 mg empagliflozin (antidiabetic) 10 mg levetiracetam (anticonvulsant) 500 mg linagliptin (guanylate cyclase-c agonists) 72 mcg magnesium oxide (antacid) 400 mg men's Daily vitamin 8 mg guaifenesin (expectorant) 600 mg omeprazole (antacid) 20 mg ranolazine (antianginal) 500 mg senna (stool softener) 8.6 mg thiamine (vitamin B1) 100 mg vitamin D3 50 mcg During an interview, on 2/23/26 at 11:33 AM, the Director of Nursing (DON) indicated Resident B did not have a self-administration of medication evaluation upon admission. The DON indicated Resident B did not have an order to self-administration of medications. The DON indicated the nurse should stay with the resident until medications were consumed by the resident. A policy, last revised 1/2025, titled self-administration of medications, was provided by the DON on 2/23/26 at 11:33 AM. The policy indicated a physician provided a self-administration of medication order and the resident will be assessed to determine the ability to self-administer medications. This citation relates to Intake 2737108.3.1-25(b)(3)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155159
		If continuation sheet Page 1 of 1