STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155159	A. Building B. Wing	09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit City Nursing and Rehabilitation	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to ensure hair and nail care was completed for 1 of 1 resident reviewed.Findings include:.During an observation, on September 23, 2025, at 1:43 PM, the following was observed: Resident 3's hair was greasy and disheveled. Resident 3's left hand had fingernails that were approximately half an inch long, and a brown substance was under her right index and pinky fingernails. Resident 3 was in a hospital gown with brown and yellow stains.During an observation, on September 25, 2025, at 10:05 AM, the following was observed: Resident 3's hair was greasy and disheveled. Resident 3's left hand had fingernails that were approximately half an inch long, and a brown substance was under her right index and pinky fingernails. Resident 3 was in a hospital gown with brown and yellow stains.During an observation, on September 26, 2025, at 10:55 AM, the following was observed: Resident 3's hair was greasy and disheveled. Resident 3's left hand had fingernails that were approximately half an inch long, and a brown substance was under her right index and pinky fingernails. Resident 3 had a blanket over her chest; her hospital gown was scrunched to her waist, and a light pink incontinence brief was exposed. Nail polish was not observed on Resident 3's fingernails. Licensed Practical Nurse (LPN) 8 asked Resident 3 if she could cut her nails. Resident 3 asked why. LPN 8 showed Resident 3 her right thumb and pointer fingernails had a brown and green substance under them. LPN 8 again asked Resident 3 if she could cut her nails. Resident 3 indicated she did not care.In an interview on, September 26, 2025 at 10:55 AM, LPN 8 indicated Resident 3 typically had long nails. LPN 8 stated she did not think Resident 3 would allow her to cut her nails, as her grandkids sometimes came in and painted her nails. LPN 8 indicated Resident 3's grandchildren were unable to paint her nails if they were short. LPN 8 indicated she was surprised Resident 3 stated she did not care if she cut her fingernails, as she typically refused to have them cut. LPN 8 indicated Resident 3 previously did want her nails cut. LPN 8 indicated she was unsure why her hair looked greasy and what was under her nails; however, she could get Resident 3 up and bathed. LPN 8 indicated Resident 3 typically refused showers and did not want to get up. LPN 8 indicated that complete bed baths should have included hair washing. LPN 8 indicated the Certified Nursing Assistants documented if a resident refused hair washing on shower sheets. LPN 8 indicated the resident's care plan should include if a resident refused care. LPN 8 indicated they should document if a resident refused care and update the care plan as needed.Resident 3's record was reviewed on September 26, 2025, at 10:00 AM. Diagnoses included depression, acquired absence of right leg above knee, and difficulty in walking.Resident 3's progress notes did not include refusal of hair or nail care.A review of Resident 3's current Preferences for Customary Routine and Activities dated August 20, 2025, indicated Resident 3 was used to bathing in the shower. The assessment indicated it was Very Important to Resident 3 to choose between tub bath, shower, bed bath, or sponge bath.A review of Resident 3's current care plan indicated the resident had a problem of requiring assistance and/or monitoring of AM/PM care, nutrition, hydration, and elimination, with a goal date of 9/18/2025. Interventions included Tasks: AM Cares including bathing, dressing, hair combing, and oral care; and Tasks: PM Cares including bathing, dressing, hair combing, and oral care. There were no interventions provided for Resident 3 regarding refusal of care.Shower sheets for Resident 3, indicated the following:Dated August 3, 2025, Resident 3 refused (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nail care.Dated August 14, 2025, Resident 3 refused shampoo.Dated August 21, 2025, Resident 3 refused oral and nail care, and shampoo.Dated August 28, 2025, Resident 3 refused care.Dated September 11, 2025, Resident 3 refused nail care and shampoo.Dated September 18, 2025, Resident 3 refused nail care and shampoo. Dated September 25, 2025, Resident 3 refused nail care and shampoo.There were no indications on the shower sheets Resident 3 had been offered bed baths or a reattempt at care had been tried.A current policy, dated 8/2023, provided by the Administrator, on September 29, 2025, at 12:24 PM, indicated, Create an organized resident-centered review on a routine basis to improve communication with resident, resident families and/or representative regarding the resident goals, total health status including functional status, nutritional status, rehabilitation and restorative potential, ability to participate in activities, cognitive status, psychosocial status, sensory and physical impairments as well as care and services provided to maintain or restore health and well-being.3.1-38(a)(3)