

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45243</p> <p>Based on record review and interviews, the facility failed to ensure safety of intermittent self-catheterization for 1 of 1 resident reviewed (Resident 31).</p> <p>Findings include:</p> <p>In an interview on 10/7/24 at 10:33 AM, Resident 31 indicated she had difficulty getting supplies to perform self-catheterization. Resident 31 indicated she was receiving the catheters from the purchasing person who shared an office with the activity director. Resident 31 indicated due to her difficulty getting catheters as needed she was washing them out with bleach or vinegar and then rinsing them several times and using them up to seven times in one day. She indicated sometimes she would reuse them again the next day as well. Resident 31 indicated she used the same 14fr (French) 5-inch catheter 5 to 7 times per day since March of 2024 to perform self-catheterization when her bladder was full. Resident 31 indicated prior to the intermittent self-catheterization she had an anchored foley catheter. Resident 31 indicated the facility did not offer or ask her to demonstrate her ability to perform self-catheterization. Resident 31 indicated the facility was aware of her performing intermittent self-catheterization as they were the ones inconsistently providing the catheters. Resident 31 indicated the facility was aware of the frustration of running out of catheters and need for a more ready supply.</p> <p>Resident 31's record review began on 10/8/24 at 12:28PM. Resident 31 was admitted on [DATE]. Resident 31's diagnoses included lung disease, below the knee amputation, and neuromuscular dysfunction of the bladder.</p> <p>Resident 31's MDS (Minimum Data Set) assessment dated [DATE] was as follows:</p> <p>Section C-Cognitive Function BIMS (Brief Interview of Mental Status) score was 15 on 9/24/24. A score of 15 indicated intact mental status. Section E-Behavior indicated no behavioral symptoms were exhibited. Section H-Bladder and Bowel indicated there were no indwelling or intermittent self-catheterizations. This assessment further indicated occasional incontinence of bowel and bladder without a toileting program in place.</p> <p>Resident 31 had physician orders for a foley catheter 16fr from 2/23/24 to 3/31/24. Resident 31 had care orders for the foley catheter as well. There were no orders for straight catheter between 4/1/24 and 10/8/24.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 31's current undated care plan did not indicated a problem for intermittent self-catheterization.</p> <p>Resident 31's record did not include any teaching or assessment for intermittent self-catheterization documented between 4/1/24 and 10/8/24.</p> <p>A physician progress note, dated 9/25/24 at 7:42 AM, with a review of systems did not include intermittent self-catheterization.</p> <p>A formal grievance was filed by Resident 31 dated 6/12/24 with the nature of concern stated as inability to get small briefs and catheters as required. The review and action taken indicated the DON spoke with Resident 31 to explain the facility did not have orders for intermittent self-catheterization therefore catheters were not ordered, and Resident 31 was to use the toilet independently. Comments indicated Resident 31 was happy the facility would provide catheters and briefs and supplies were given. The grievance was signed as resolved by the Administrator. There were no follow up orders or notes in Resident 31's medical record related to self-catheterization.</p> <p>A formal grievance was filed by Resident 31 dated 9/14/24 with the nature of concern stated as the inability to have the correct size of briefs and catheters as needed. The review and action taken was discussed in morning meeting with consensus to have the scheduler order specific briefs and catheters for Resident 31. A discussion was held with Resident 31 to determine exactly the brief and catheter she preferred. Comments indicated Social Services confirmed the scheduler ordered briefs and informed the resident the facility would follow up when the catheter and brief supplies were delivered. Concern and grievance were resolved was checked off by the Administrator on 9/18/24. There was no order for intermitted self-cauterization in Resident 31's medical record. No teaching or assessment of ability to perform self-catheterization. There was no indication the acting physician was aware of resident performing intermittent self-catheterization.</p> <p>In an interview on, 10/8/24 at 2:38 PM, the Director of Nursing (DON) indicated Resident 31 was admitted with an indwelling catheter and had been performing intermittent self-catheterization since the indwelling catheter was discontinued at a doctor's appointment in March. The DON was unable to determine when the resident last saw a urologist or had an assessment to ensure proper technique or teaching to understand the importance of care. The DON was unaware Resident 31 was cleaning catheters with bleach and reusing the catheter.</p> <p>In an interview, on 10/9/24 at 9:38 AM, the DON indicated she discussed with Resident 31 the need to use a new catheter each time she performed self- catheterization. Resident 31 purchased the bleach she was using on an outing. The DON discussed with Resident 31 her preference of catheter, technique, and the need to for recording of output. The DON offered and the resident refused a urology appointment. The DON completed a Self-Administration assessment related to intermittent self-catheterization for Resident 31 dated 10/8/24. The DON indicated she was last seen by Lutheran urology in 2022. The DON care planned and obtained a physician's order for Resident 31 to perform intermittent self-catheterization.</p> <p>The DON provided an in-service log, dated 10/8/24, instructing Certified Nursing Assistants (CNA) and housekeeping to remove any cleaning products from residents' rooms when seen and discuss with management immediately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no policy provided regarding intermittent self-catheterization, reusing catheters, or cleaning catheters between uses. A policy titled, Indwelling Urinary Catheter detailing sterile technique was provided by the Administrator on 10/9/24 at 1:45PM.</p> <p>3.1-41(a)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave 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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45243</p> <p>Based on interview and record review, the facility failed to ensure proper assessments and to maintain consistent communication with the dialysis team for 1 of 2 residents reviewed (Resident 10).</p> <p>Findings include:</p> <p>Resident 10's record was reviewed on 10/10/24 at 10:21 AM. Diagnoses included end stage kidney disease, diabetes and heart failure.</p> <p>Resident 10's Quarterly Minimum Data Set (MDS) dated [DATE], indicated Resident 10's Brief Interview for Mental Status (BIMS) was 15 (no cognitive impairment). The MDS indicated Resident 10 required dialysis treatments.</p> <p>A physician order, dated 10/27/17, indicated Resident 10 was to receive dialysis every Tuesday, Thursday and Saturday. Resident 10's weight was to be obtained every day upon return from dialysis.</p> <p>A physician order, dated 9/3/24, indicated the nursing staff was to include documentation using a Dialysis Event form upon Resident 10's return from dialysis every Tuesday, Thursday and Saturday.</p> <p>The physician order included special instructions for the form to be complete. The form was to include Resident 10's blood pressure and their dialysis assessment.</p> <p>Resident 10's Care Plan, dated 8/8/16, indicated Resident 10 was at risk for fluid overload, bleeding and infection due to receiving hemodialysis. The target goal was Resident 10 would not have complications related to hemodialysis through 12/18/24. Interventions included monitoring Resident 10's fluid intake and blood pressure. Other interventions included monitoring for symptoms of excess fluid volume such as weight gain, shortness of breath and high blood pressure.</p> <p>A Dialysis Center Communication Tool, dated 9/3/24, indicated Resident 10's pre dialysis weight was 325 pounds. The post dialysis weight section was blank.</p> <p>A Dialysis Center Communication Tool, dated 9/5/24, indicated Resident 10's post dialysis weight was 372.9 pounds. The pre dialysis weight section was blank.</p> <p>A Dialysis Center Communication Tool, dated 9/10/24, indicated Resident 10's pre dialysis weight was 322 pounds. The post dialysis weight section was blank.</p> <p>A Dialysis Center Communication Tool, dated 9/12/24, indicated Resident 10's pre dialysis weight was 319 pounds. Resident 10's post dialysis weight was 312.4 pounds.</p> <p>A Dialysis Center Communication Tool, dated 9/17/24, indicated Resident 10's pre dialysis weight was 320.5 pounds. Resident 10's post dialysis weight was 312.4 pounds.</p> <p>A Dialysis Event, dated 9/24/24 at 9:47 PM, indicated appropriate paperwork was sent with the Resident 10 to dialysis. The event indicated return paperwork was not reviewed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave 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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 9/24/24 at 9:49 PM, indicated Resident 10 had returned from dialysis. Resident 10 had been transferred to bed with a mechanical lift. Resident 10's dressing to their left arm was dry and intact. Resident 10 had taken their medications and were on 2 liters of oxygen. The note did not indicate Resident 10 had been weighed.</p> <p>A Dialysis Event, dated 9/26/24 at 10:53 AM, indicated appropriate paperwork had been sent with Resident 10 to dialysis. The event indicated return paperwork had been reviewed for new orders and any required follow-up. Resident 10's record did not include return paperwork, or a Dialysis Center Communication Tool dated 9/26/24. Resident 10's record did not include a progress note dated 9/26/24. Resident 10's record did not include a pre or post dialysis assessment dated [DATE].</p> <p>A Dialysis Event, dated 9/28/24 at 2:26 PM, indicated appropriate paperwork had been sent with Resident 10 to dialysis. The event indicated return paperwork was not reviewed. Resident 10's record did not include return paperwork, or a Dialysis Center Communication Tool dated 9/28/24. Resident 10's record did not include a progress note dated 9/28/24. Resident 10's record did not include a pre or post dialysis assessment dated [DATE].</p> <p>A Dialysis Event, dated 10/1/24 at 2:26 PM, indicated appropriate paperwork had been sent with Resident 10 to dialysis. The event indicated return paperwork had been reviewed for new orders and any required follow-up. Resident 10's record did not include return paperwork, or a Dialysis Center Communication Tool dated 10/1/24. Resident 10's record did not include a progress note dated 10/1/24. Handwritten documentation, dated 10/1/24, noted at the bottom of a Dialysis Center Communication Tool, dated 9/17/24, indicated Resident 10's pre dialysis weight had been 319 pounds, and their post dialysis weight had been 312.4 pounds.</p> <p>Resident 10's record did not include a Dialysis Event dated 10/5/24. Resident 10's record did not include a Dialysis Center Communication Tool dated 10/5/24. Resident 10's record did not include a progress note dated 10/5/24. Resident 10's record did not include a pre or post dialysis assessment dated [DATE].</p> <p>A progress note, dated 10/7/24 at 4:46 PM, indicated Resident 10 had reported a productive cough. The resident was on 2 liters of oxygen and their oxygen level was 90 percent (90 to 100 is normal). Wheezes were heard throughout Resident 10's lungs. Resident 10's Covid-19 test had been negative.</p> <p>A progress note, dated 10/7/24 at 4:53 PM, indicated Resident 10's physician ordered a chest x-ray, breathing treatments and cough syrup.</p> <p>A progress note, dated 10/8/24 at 9:35 AM, indicated Resident 10's oxygen levels had been decreasing and they had been transferred to the emergency department for slightly labored breathing.</p> <p>A progress note, dated 10/9/24 at 8:00 AM, indicated Resident 10 had been admitted to the hospital due to fluid overload and was currently intubated (a tube placed in the airway to provide mechanical breaths).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave 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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/10/24 at 2:15 PM, the Regional Nurse Consultant indicated a pre and post dialysis assessment should be obtained for each dialysis treatment. The Regional Nurse Consultant indicated the dialysis treatment center performed post dialysis assessments. The Regional Nurse Consultant indicated the facility was responsible for communication with the dialysis treatment center. The Regional Nurse Consultant indicated the facility should have requested documentation from the dialysis treatment center.</p> <p>A current facility policy, dated 11/17, provided by the Administrator, on 10/10/24 at 2:10 PM, indicated the facility would provide ongoing assessment and monitoring for complications before and after dialysis. The policy indicated the facility would maintain ongoing collaboration and communication with the dialysis treatment center. The policy indicated the facility recommended dialysis residents should be kept on alert charting to monitor complications such as signs of fluid overload, pain, change in condition and access site.</p> <p>3.1-37(a)</p>