STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155255	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Celebrate Senior Living of Fort Wayne	3420 East State Blvd 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44036 Based on interview and record review the facility failed to report a fall with a fracture to the Indiana Department of Health (IDOH) for 1 of 3 falls reviewed (Resident H). Findings Include: A facility reported incident was provided by the Administrator on 10/1/24 at 10:14 AM. The report, dated 9/25/24 at 10:01 AM, indicated Resident H was found on the floor in her room in a pool of blood coming from her nose. The report indicated Resident H was sent to the hospital and was found to have a probable subtle acute nondisplaced bilateral nasal bone fracture. Resident H's record was reviewed on 10/1/24 at 1:33 PM. Diagnosis included chronic pulmonary disease and type 2 diabetes mellitus. A nursing note, dated 9/22/2024 at 3:22 PM, indicated Resident H was found on the floor in her room in a pool of blood. The note indicated Resident H had a hematoma to her head and a swollen/bruised nose. The note also indicated Resident H was sent to the hospital. A nursing note, dated 9/22/24 at 10:19 PM, indicated a nurse spoke with the hospital regarding Resident H. The note indicated the nurse was informed Resident H was admitted for a fall, septal fracture and subdural hematoma. An interdisciplinary team (IDT) note, 9/24/24 at 11:05 AM, indicated a meeting was completed with the IDT team to determine the root cause and result of Resident H's fall. During an interview on 9/24/24 at 1:43 PM, the Administrator indicated Resident H fell on [DATE] with the result of a nasal fracture. The Administrator indicated she reported the incident to the IDOH on 9/25/24. The Administrator indicated she should have reported the fall with fracture within 24 hours of being notified of the fracture. A current policy, last reviewed 3/1/20, titled Abuse, Neglect and Exploitation Policy, was provided by the Administrator on 10/1/24 at 2:24 PM. The policy did not indicate when a fall with fracture should be reported. This citation relates to Complaint IN00444048. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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