

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Celebrate Senior Living of Fort Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45243</p> <p>Based on interview and record review the facility to ensure assessment for elopement risk was completed for 1 of 5 residents reviewed. (Resident 53)</p> <p>Findings include:</p> <p>A record review began on 5/29/24 at 10:41 AM. Resident 53 diagnoses include, unspecified dementia, severe with psychotic disturbance and generalized anxiety disorder.</p> <p>A MDS (minimum data set) assessment, dated 4/8/24, indicated Resident 53 had a BIMS (brief interview mental status) 3 of 15, indicated Resident 53 had severe cognitive impairment.</p> <p>Resident 53's care plan, titled Elopement, dated 4/8/24 indicated Resident 53's focus was high risk for elopement related to dementia. Due to his cognition and poor safety awareness resident would reside on the secure memory care unit. Resident 53's goal was to remain safe within the facility unless accompanied by staff or other authorized persons through the review date. Resident 53's interventions included, but were not limited to: assess, record, and report to physician, risk factors for potential elopement such as wandering, repeated requests to leave facility, statements such as I'm leaving, I'm going home., and/ or attempts to leave facility. Complete an Elopement Risk Assessment per facility protocol, and every quarter, to make changes as needed. Encourage Resident 53 to participate in an activities program to divert attention and meet needs for social, cognitive stimulation. Supervise closely and make regular compliance rounds whenever Resident 53 is wandering around.</p> <p>The following assessments indicated elopement risk:</p> <p>-Dated 5/16/23, quarterly, Elopement Risk decision: the resident presently appears to be at risk to elope and should be placed on the elopement risk protocol, a care plan for elopement was indicated. Resident 53 resided on the secure memory unit.</p> <p>-Dated 12/28/23, Elopement Risk decision: the resident presently appears to be at risk to elope and should be placed on the elopement risk protocol, a care plan for elopement was indicated. Resident 53 resided on the secure memory unit.</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:  155255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Celebrate Senior Living of Fort Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Date 3/27/24, quarterly, Elopement Risk decision: the resident presently appears to be at risk to elope and should be placed on the elopement risk protocol, a care plan for elopement was indicated. Resident 53 resided on the secure memory unit.</p> <p>A quarterly elopement risk assessment was not completed between August - October 2023.</p> <p>A quarterly Social Services Progress note, dated 8/15/23, indicated Resident 53 had not wandered, and wandering behavior had not been exhibited. There was no other question in the assessment to pertain to elopement, and or wandering.</p> <p>A review of Resident 53's census list, indicated Resident 53 had an unpaid hospital leave from 10/1/23 and returned on 10/3/23. No other leaves had occurred.</p> <p>In an interview on 5/31/24 at 10:12 AM, the Memory Care Coordinator indicated elopement assessments were present only as elopement risk-not barred in another assessment. She indicated she would look into the resident's missing risk assessment.</p> <p>In an interview 05/31/24 at 10:38 AM, the Memory Care Coordinator and Social Worker indicated the resident did not have an elopement risk assessment done. They were unsure why the assessment had not been completed.</p> <p>A currently facility policy, Elopement management, dated 10/2018, was provided by the Memory Care Coordinator. The policy indicated . Upon admission and re-admissions, resident will be assess for elopement risk by completion of the elopement risk user defined assessment (UDA) in the electronic medical record in conjunction with the nursing admission data collection set .Following admission, residents are evaluated for elopement risk quarterly, annually and with significant change of condition or status using the Elopement Risk (UDA) and the Resident Assessment instrument process (RAI) .Care plan interventions are individualized to the resident and are based on the assessed risk of elopement</p> <p>3.1-45(a)</p>		