

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Fort Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE 1649 Spy Run Avenue 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure safekeeping of residents' finances for 1 of 1 resident reviewed. (Resident 5) Findings include:Resident 5's record was reviewed on 03/10/2026 at 10:30 AM. Diagnoses included end stage kidney disease, cognitive communication deficit, and dependence on dialysis.A review of Resident 5's current quarterly MDS indicated their BIMS (Basic Interview for Mental Status) score was 13 (normal cognition).A review of the incident report, dated 03/03/2026 at unknown time, indicated Fort [NAME] Police Department were called to make the initial report of Resident 5's money being misappropriated.In an interview, on 03/10/2026 at 11 AM, Resident 5 indicated he gave CNA 5 his card to buy him noodles from the gas station. Soon he found out that multiple charges were on his card for [NAME] Beverage, and purchases at the gas station that were not authorized.In an interview, on 03/12/2026 at 11 AM, the Administrator indicated CNA 5 was responsible for the multiple charges to Resident 5's card. The Administer indicated that abuse education, including financial abuse, was provided at the beginning of the year. Another inservice was completed on 03/03/2026 regarding misappropriation of funds. The administrator also indicated resident interviews were performed, and there were no other residents affected.No current policy was provided for misappropriation of funds.This citation is related to Intake 2794260.410 IAC (Indiana Administrative Code) 16.2 - 3.1-3(a)		

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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