

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 05/17/2024
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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</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 vision concerns were addressed for 1 of 1 residents reviewed (Resident 23).</p> <p>Findings include:</p> <p>An interview on 5/14/24 at 10:06AM Resident 23 indicated she was blind. She was sitting in a wheelchair within 5 feet of the speaker and indicated she was unable to see the face of the person speaking. Resident 23 indicated the facility was aware.</p> <p>Resident 23's record was reviewed on 5/15/24 at 9:52AM. Resident 23's current diagnoses included heart failure, myocardial infarction, end stage renal disease, type 2 diabetes, and hypertension. There were no diagnoses of macular degeneration or blindness.</p> <p>A history and physical from Lutheran Hospital on 11/17/23 did not indicate vision difficulties as past medical history on the problem list.</p> <p>A medical appointment at vision care ophthalmology on 1/16/24 indicated the diagnosis of macular degeneration and myopia (nearsightedness). The report requested a consultation with a low vision specialist due to geographic atrophy (chronic progression of macular degeneration).</p> <p>The appointment with the low vision center was made for 4/3/24 at 12 noon. There was an order note to indicate the appointment was cancelled. The appointment was rescheduled for 4/16/24. Resident 23 was in the hospital on 4/16/24 and therefore unable to attend the appointment. There were no other appointments made.</p> <p>Resident 23's current care plan was reviewed. There were no problems, goals, or interventions related to impaired vision.</p> <p>Resident 23's current comprehensive MDS (Minimum Data Set) assessment dated [DATE] was reviewed, and the following were identified:</p> <p>Section B: Hearing, Speech, and Vision B. 1000 0. Adequate</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Section C: Cognitive Patterns BIMS (Brief Interview for Mental Status) Score 15 indicated no cognitive decline.</p> <p>Section I. Active Diagnosis: Vision is not checked. (cataracts, glaucoma, macular degeneration) And under other the following were listed (none were vision related)</p> <p>Left ventricular failure.</p> <p>Muscle weakness</p> <p>Chronic respiratory failure</p> <p>Insomnia</p> <p>Presence of heart device</p> <p>Patent foramen ovale</p> <p>Other symptoms and signs involving the nervous system.</p> <p>Dysphagia, oropharyngeal</p> <p>Difficulty in walking</p> <p>In an interview 5/15/24 at 12:14 PM the DON (Director of Nursing) indicated none of Resident 23's history and physicals included the diagnosis macular degeneration or nearsightedness. The DON further indicated the facility had scheduled a follow up appointment with the low vision center for Resident 23 for 8/6/24. The DON indicated Resident 23 missed her appointment on 4/16/24 due to being in the hospital and it should have been rescheduled then. The DON indicated her impaired vision should have been care planned, on the MDS, and listed as a diagnosis. The DON indicated Resident 23 did not complain to staff or the medical team about her vision.</p> <p>A policy titled, Vision and Hearing Assistive Devices, dated reviewed 9/8/23 indicated to ensure residents receive proper treatment and assistive device to maintain vision and hearing abilities.</p> <p>3.1-38(a)(1)</p>		