

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Waters of Fort Wayne Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 5544 E State Blvd Fort Wayne, IN 46815	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46156</p> <p>Based on interview and record review, the facility failed to ensure residents were free from abuse for 1 of 3 residents reviewed. (Residents B).</p> <p>Findings include:</p> <p>1. An Indiana report, dated 1/16/24, provided by the facility indicated a staff member had spoken to Resident B in inappropriate words and tone.</p> <p>Resident B's record was reviewed on 2/6/24 at 10:05 AM. Diagnoses included cognitive communication deficit, assault by unspecified means, contracture right knee, contracture left knee, generalized muscle weakness, and other reduced mobility.</p> <p>Resident B's current quarterly Minimum Data Set (MDS), dated [DATE], indicated their Basic Interview for Mental Status (BIMS) score was 14 (cognitively intact). The MDS indicated Resident B had adequate hearing and does not wear hearing aids. The MDS indicated the resident understood others and made himself understood. The MDS indicated the resident used a wheelchair, required supervision to light touch assistance to transfer from a chair/bed, and required partial to moderate assistance with his bathing needs and dressing his lower body.</p> <p>Resident B's current Care plan, revised 7/13/23, indicated the resident had experienced serious trauma during his lifetime related to childhood abuse/mistreatment, neglect, and verbal abuse with a goal the staff would avoid inadvertently acting insensitively towards the resident. Interventions included providing culturally competent, sensitive, trauma informed care in accordance with professional standards accounting for the person's experiences and preferences to eliminate or migrate triggers that may cause re-traumatization in the resident.</p> <p>Certified Nursing Assistant (CNA) 3's statement, dated 1/8/24, indicated she was providing care to Resident B's roommate with CNA 2. Resident B was upset because the room's heat had been turned down and began yelling and arguing with CNA 2. CNA 3 indicated she heard CNA 2 curse at Resident B and felt the interaction was inappropriate and reported the interaction.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident B's statement dated 1/8/24, indicated CNA 2 walked in his room, started swearing how hot his room was, and turned down his heat. The resident indicated he asked that his heat be turned backed up when CNA 2 called him a ret**d, made fun of him that he could not walk, and left the room. Resident B indicated he turned on his call light twice for a staff member to turn the heat back up. CNA 2 returned to the room twice and turned off the call light without acknowledging him. Resident B indicated felt he was being disrespected.</p> <p>In an interview, on 2/6/24 at 10:40 AM, the Administrator indicated CNA 2 was terminated following the completion of the investigation and a CNA Referral Form was sent to the appropriate agency.</p> <p>2. An Indiana report, dated 1/18/24, provided by the facility indicated a staff member had spoken to the Resident B in inappropriate words and tone.</p> <p>Resident C's statement dated 1/12/24 indicated she had an audio recording of CNA 4 speaking inappropriately to Resident B on 12/19/23, but did not report it to the DON until 1/12/24. The Administrator, DON, Assistant Director of Nursing (ADON), and SSD listened to the audio recording. The audio recording confirmed CNA 4 said f**k you to Resident B and urged him to argue with her.</p> <p>In an interview, on 2/6/24 at 10:40 AM, the Administrator indicated CNA 4 was terminated following the completion of the investigation and a CNA Referral Form was sent to the appropriate agency.</p> <p>A current policy titled Abuse Prevention Program, undated, provided the Administrator ,on 2/6/24 at 1:22 PM , indicated the facility would not tolerate resident abuse or treatment by anyone including staff. Abuse included mental abuse defined as, but not limited to, demeaning, humiliating, or harassing residents. The policy indicated all new employees and as well as all staff on a yearly basis would receive education on the sensitivity of resident rights and needs and what constitutes physical, mental, sexual, and verbal abuse.</p> <p>This citation is related to complaint IN00425818 and IN00426133.</p> <p>3.1-27(a)(b)</p>		