

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 09/04/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45243</p> <p>Based on interview and record review, the facility failed to follow physician orders regarding weight monitoring for 2 of 16 residents reviewed (Resident 10 and Resident 6).</p> <p>Findings include:</p> <p>1) Resident 10's record was reviewed 8/29/24 at 12:28 PM. Her diagnoses included cellulitis of left lower limb, diabetes, speech difficulties, dementia, acquired absence of left toes, acquired absence of right great toe, and heart failure.</p> <p>Resident 10's MDS (Minimum Data Set) Section C -Cognitive Patterns indicated a score on the Brief Interview of Mental Status (BIMS) of 10. A score of 10 indicated moderate cognitive decline.</p> <p>Resident 10's current care plan indicated a focus on nutrition with a goal of not having signs or symptoms of dehydration through next review. An intervention was monitoring weights and intakes dated 7/1/2021.</p> <p>Resident 10's physician orders, dated 5/20/22, included an order specific for heart failure; to obtain a daily weight after voiding and before breakfast/medications with same clothes each day. The order indicated to notify the doctor any of 2 lb weight gain within 1 day and/or 4 lb weight gain in 5 days.</p> <p>The MAR, dated July 2024, indicated no weights were documented on the following dates:</p> <p>2, 3, 7, 9, 13, 18, and 19. 7 of 24 weights ordered for July 2024 had not been completed.</p> <p>Progress notes indicated Resident 10 went to the hospital on 7/24/24 where she was admitted until 8/10/24.</p> <p>Resident 10's vitals sheets, dated August 2024, indicated the following:</p> <p>On 7/12/24 a weight of 203 lbs was recorded. The next weight of 210.3 lbs (a 7.3 lbs weight gain in 2 days) was recorded on 7/14/24. No physician notification was completed as ordered.</p> <p>On 7/15/24 a weight of 209 lbs was recorded. The next weight of 215 lbs (a 6 lbs weight gain in 2 days) was recorded on 7/17/24.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician Progress Note, dated 7/16/24 at 4:55 PM, indicated Resident 10's vital signs were stable. No concerns were voiced by nursing staff. Nurse Practitioner (NP) 9 did not address the weight gain of 7.3lbs on 7/14/24 or lack of weight taken on this date.</p> <p>A Nurse Progress Note, dated 7/17/24 at 9:25 AM, indicated the floor nurse notified the Nurse Practitioner of Resident 10's weight gain, rhonchi (Low pitched snore like sounds that can be heard with a stethoscope. Their presence means an obstruction, or an increased number of secretions is in the airway) noted on posterior lobes throughout and informed the NP Resident 10 was short of breath at times.</p> <p>A Physician Progress Note, dated 7/18/24 at 7:24 PM, indicated Resident 10 was seen for weight gain. The resident had gained roughly 12 lbs in the last 4 days. Nurse Practitioner 9 increased diuretics.</p> <p>A Nurses Note, dated 7/18/24 at 4:18 PM, indicated new fluid restrictions due to water weight gain were begun. The resident weighed 215lbs this week. Lung sounds were rhonchi.</p> <p>A Nurse Note, dated 7/23/24 at 2:47 PM, indicated the staff reported a 7.5 weight gain in 1 day to the NP and had received orders for Lasix 80mg.</p> <p>A Nurse Note, dated 7/23/24 at 6:57 AM, indicated Lasix 80mg for edema had been given.</p> <p>A Nurse Note, dated 7/24/24 indicated the edema remained to bilateral lower extremities. Her legs felt hard and had pitting. Resident 10 reported discomfort to bilateral lower extremities often and pain medications were given as needed.</p> <p>A Nurse Note, dated 7/24/24 indicated Resident 10 had red hard edema in right abdominal area, bilateral thigh edema presented as tight and hard. The nurse received an order to send Resident 10 to the emergency room for evaluation and treatment.</p> <p>A Nurse Note, dated 7/24/24 at 8:10 AM, indicated two emergency medical transport picked up Resident 10 for transport to the hospital where she was admitted .</p> <p>In an interview, on 8/30/24 at 9:42 AM, the DON (Director of Nursing) indicated when a weight was was off from a previous weight the resident would require a reweigh. When a resident refused, a note was expected in the progress notes to indicate the refusal. The DON indicated residents had weigh daily physician orders for heart failure, edema, fluid restriction, and other diagnosis or cases deemed medically necessary. The DON indicated the weights done as prescribed by the provider was important because it was one of the first signs something acute was happening with the resident.</p> <p>44531</p> <p>2. A record review for Resident 6 began on 9/30/2024 at 9:56 AM. Diagnosis included, Paraplegia, other chronic osteomyelitis.</p> <p>A review of physician orders, dated 7/11/2024, indicated to record weekly weight every day shift every Thursday for monitoring.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current care plan indicated a focus dated 2/9/23 related to care declines. Resident 6 often preferred to decline care/ treatment/ recommendations offered .Interventions dated 6/14/2019 indicated to inform the physician as needed regarding refusals.</p> <p>A review of vital signs indicated the following weights:</p> <p>7/18/24- no weight was documented</p> <p>7/25/24 104.6 lbs</p> <p>8/3/24 104.6 lbs</p> <p>8/4/24 104.6 lbs</p> <p>8/8/24- no weight was documented</p> <p>8/15/24- no weight was documented</p> <p>8/22/24- no weight was documented</p> <p>8/29/24 104.2 lbs</p> <p>A review of the Medication Administration Record (MAR), dated August 2024, indicated to record a weekly weight every day shift every Thursday for monitoring start date 7/11/2024. For the dates August 1, 8, 15, and 22 there were no indications of refusal or if the weight had been attempted.</p> <p>A review of the progress notes, dated August 2024, indicated there was no documentation Resident 6 refused weights or the physician was informed the weights were not completed or had been refused.</p> <p>The following policies were provided by the Regional Nurse consultant on 9/3/2024 at 10:13 AM:</p> <p>A policy, titled Clinical Nutrition, Weights, dated 4/2017, indicated .the facility will have a systematic and interdisciplinary approach for obtaining and monitoring weights .the facility will designated a trained staff member to obtain all weights .Weights will be obtained upon admission, readmission to facility, then weekly x 4 weeks, then monthly unless otherwise ordered .Monthly weights are to be obtained no later than the 5th of each month with re-weights obtained by the 7th .Nursing will notify the dietitian or designees of any significant weight changes .Significant weight change refers to percentage of body weight not related to an explainable event such as resolution of edema, paracentesis, etc .A reweights will be obtained and recorded for all significant weight changes .A facility designee will promptly record the weights and any re-weights in to the MAR .</p> <p>A policy titled Guidelines for Physician orders-following physician orders, dated 6/18/23, indicated: it is the policy of the facility follow the orders of the physician</p> <p>3.1-37</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>44531</p> <p>Based on interview and record review, the facility failed to monitor side effects of antipsychotic medication for 1 of 5 residents reviewed. (Resident 20).</p> <p>Findings include:</p> <p>A Record review began on 8/29/2024 at 12:30 PM. Resident 20's diagnosis included, unspecified dementia, bipolar disorder and anxiety.</p> <p>A review of the physician orders indicated to give a medication of Abilify (aripiprazole) tablet 5 milligrams (mg), 5 mg by mouth one time a day for bipolar disorder with a start date of 5/21/2024.</p> <p>There were no physician orders to monitor side effects for this medication.</p> <p>A review of care plans indicated the following: A focus dated 6/23/2024, indicated Resident 20 had depression related to bipolar depression, anxiety and had orders for psychotropic medications to treat mental illness. The interventions dated 6/23/2024 indicated to administered medications as ordered, monitor for adverse side effects and effectiveness</p> <p>A review of the Medication Administration Record (MAR), dated August 2024, indicated Resident 20 received the medication Abilify tablet 5 mg, one time a day each day for the dates 1 through 30. There was no documentation to indicate the side effects were monitored for this medication in the MAR or progress notes.</p> <p>In an interview on 8/30/2024 at 1:12 PM, the Director of Nursing (DON) indicated there should have been a physician order to monitor side effects.</p> <p>A current facility policy, Guidelines for Psychotropic medication, was provided by the DON on 8/30/2024 at 9:49 AM. The policy indicated . based upon each individual resident's comprehensive assessment, the facility will ensure that residents who have not previously been on a psychotropic drug(s) are not given theses med's unless the medication is necessary to treat a specific condition/diagnosis, that is documented in the medical record by the physician. Residents will not receive psychotropic medications unless other types of interventions have been attempted to meet the resident's targeted behavioral goals and have failed. These include behavioral programming, by a trained behavioral therapist, environment changes, and/or other non-pharmacological interventions. The facility will monitor any ordered and administered psychotropic medication for the following: d) evidence that the efficacy/effectiveness of the drug is being monitored .e) adverse consequences/reactions .f) identifying and addressing any adverse consequence/reactions</p> <p>3.1-48(a)(1)-(6)</p>		