STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155755	A. Building B. Wing	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Homestead	3136 Goeglein Rd 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on observation, interview, and record review the facility failed to assess mobility for 1 of 4 residents reviewed. (Resident 35) Findings include:During an observation, on 07/30/2025 at 9:59 AM, Resident 35 was in a wheelchair. [NAME] her feet were not resting on foot rest and her chin was tucked with her head tucked sharply to the right and her fists were clenched. During an observation, on 07/31/2025 at 9:50 AM, Resident 35 was sitting in a specialized chair in front of a fireplace with her chin tucked and feet on a footrest. Resident 35's head was all the way to her right and out of the head rest. Resident 35's record was reviewed on 7/31/25 at 11:52am. Her diagnoses included Parkinson's, type 2 diabetes, and unspecified dementia. The record indicated a Minimum Data Set (MDS) assessment (section GG) was completed on 7/11/25 with no impairment to upper extremities.The care plan, dated 7/11/25, was without a specific plan for contractions of upper or lower body. In an interview, on 08/01/2025 at12:56 PM, the MDS coordinator indicated she should have coded hands and shoulder impairment on the assessment. The MDS Coordinator indicated she would do a modification to that assessment. The MDS Coordinator indicated she would also ensure the contractures were in Resident 35's care plan. A policy titled, Accurate Reporting of Functional Performance-MDS Section GG was provided by the Administrator on 8/4/25 at 10:36AM. The policy indicated, .4. The resident's self-care and mobility performance will be based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care team members, or family and documented in the resident's medical record during the assessment period. 7. Functional goals will be incorporated into each resident's care plan.Not in state rules.

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