STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155798	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ashton Creek Health and Rehabilitation Center	4111 Park Place Drive Fort Wayne, IN 46845

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 37147 Based on observation, interview and record review, the facility failed to provide effective pain management for 1 of 3 residents reviewed for pain (Resident O). Findings include: On 9/10/24 at 10:24 A.M., Resident O's record was reviewed. Diagnoses included fractures of the right arm and right hand, inflammatory arthritis, pain in right shoulder, and muscle weakness. Hospital notes indicated the resident had fallen at home and was later hospitalized due to intractable pain (severe pain that's difficult to manage/treat) prior to being admitted to the facility for rehabilitation. An admission Minimum Data Set (MDS) assessment, dated 9/1/24, indicated she had no cognitive impairments or behaviors. She'd indicated she had pain, rated at an 8, on a 1-10 scale with 10 being the worst pain. She required maximal assistance with her activities of daily living (ADL) and was receiving physical and occupational therapy. Care plans, revised on 9/4/24, indicated the resident had pain due to inflammatory arthritis and fractures and was prescribed opioid medications to treat her pain. Goals were to have her pain managed/controlled without adverse effects from pain medications. Interventions included: give medication as prescribed and monitor side effects. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Ashton Creek Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4111 Park Place Drive Fort Wayne, IN 46845	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/10/24 at 12:09 P.M., Resident O and her family members were interviewed. The family members indicated they were very concerned about her pain, lack of routine treatment, and difficulty with therapy sessions due to the pain. Resident O lived by herself, was independent in caring for her needs, and had goals of returning home following her rehabilitation. She indicated she had severe autoimmune arthritis and was prescribed immune suppressive medications but had chronic joint pain due to the deformities in her hands and joints. She indicated, prior to her fall and hospitalization , her arthritic pain was managed with Aleve but since falling and fracturing bones, she was having tremendous pain which interfered with her ability to do rehabilitation. She was prescribed opioid pain medication, as needed, which she had to request. She alleged when she asked for pain medication, staff would not provide it or not provide it timely and she couldn't stay ahead of the pain. She'd asked staff to give them to her routinely but alleged she was told it was too difficult to get the pain medications ordered to be given on a schedule. Resident O and her family indicated they had just attended a care plan meeting and brought up the issue of her pain, need for regularly scheduled pain medication, and pain medication needed prior to therapy sessions. She requested she be given pain medication prior to being assisted up in the morning and before therapy which was scheduled for 10:30 a.m. each day. Her family members indicated they had been assured by staff at the care plan meeting, the resident would receive her pain medications routinely at her preferred times of 9 a.m., 3 p.m., 9 p.m. and 3 a.m. to allow her pain relief during times of activity like getting up, working with therapy, and going to bed. During an observation on 9/10/24 at 12:09 P.M., Resident O was observed in a hospital gown, wearing a shoulder splint on her right arm/shoulder, seated in a wheelchair. Both her right and left hands were severely arthritic with bony deformities in the joints of her fingers. She was observed to grimace and touch her right upper arm several times, an indicator she was having pain. An admission pain evaluation, dated 8/29/24 at 6:24 p.m., indicated Resident O had bone fractures which could cause her pain. The resident complained of aching pain in her right arm/hand which she rated at a level 7 on a pain scale of 1-10. She'd indicated her pain was relieved by medication and frequent position changes. Her acceptable level of pain on the pain scale of 1-10, was a 2 and the pain medications she was prescribed were effective in relieving the pain. A physician order, dated 8/29/24 and discontinued on 9/10/24, was for Oxycodone-Acetaminophen 10-325 milligrams (mg)-give 1 tablet by mouth every 4 hours as needed for pain. Medication Administration Records (MAR), dated August 2024 and September 2024, indicated the resident had not been administered pain medication every 4 hours as needed. When she was provided, as needed pain medication, her level of pain never decreased to 2 or below which indicated her pain was not adequately relieved. A physician order, dated 9/10/24, was for Oxycodone-Acetaminophen 10-325 milligrams (mg)-give 1 tablet by mouth 4 times per day for pain. A Medication Administration Record (MAR), dated September 2024, indicated the resident was scheduled to be given Oxycodone-Acetaminophen 10-325 milligrams (mg)-give 1 tablet by mouth 4 times per day for pain at 9:00 a.m., 3:00 p.m., 9:00 p.m., and 3:00 a.m. which was to start 9/10/24. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/11/24 at 10:29 A.M., Registered Nurse 5 (RN) was interviewed. RN 5 was standing in the hallway outside Resident O's room with the medication cart. When questioned, she indicated the resident was in the bathroom being washed up. She indicated the resident had not received her Oxycodone at 9:00 a.m., as scheduled, but would be given it after she was done in the bathroom. On 9/11/24 at 12:35 P.M., the Director of Nursing was interviewed. She indicated Resident O hadn't received her pain medication, on this day at 9:00 a.m., as scheduled, but should have. A current facility policy, titled Pain Management indicated the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences .The facility will utilize a systematic approach for recognition, assessment, treatment, and monitoring of pain .In order to help a resident prevent or manage pain, the facility will: a. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated b. Evaluate the resident for pain and the cause upon admission .c. Manage or prevent pain This Citation relates to Complaint IN00442678. 3.1-37(a)