

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Heritage Pointe of Fort Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE 5250 Heritage Parkway Fort Wayne, IN 46835	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756</p> <p>Based on observation, interview, and record review the facility failed to ensure enhanced barrier precautions were maintained for 1 of 1 resident reviewed related to infection control (Resident 158).</p> <p>Findings include:</p> <p>During an observation, on 2/4/25 at 2:11 PM, Resident 158's door was closed and had a large rack containing bags of isolation gowns, N-95 masks, and boxes of gloves hanging on the outside of the door. Signage was posted on the door indicating the room was in isolation, provided instructions for application of gowns, gloves and N-95 masks.</p> <p>During an observation, on 2/4/25 at 2:18 PM, Certified Nurse Aide (CNA) 2 approached the door to Resident 158's room, applied a gown, surgical mask and gloves, knocked on the door, entered the room and approached Resident 158.</p> <p>According to CDC face mask guidelines, dated March 1, 2024, surgical masks are not appropriate for protection from the COVID 19 infection.</p> <p>Resident 158's record was reviewed on 2/4/25 at 12:45 PM. Diagnoses included COVID-19 infection and chronic systolic heart failure.</p> <p>Resident 158's current admission Minimum Data Set (MDS) dated [DATE] indicated their Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact).</p> <p>Resident 158's current care plan titled I require isolation . indicated the resident had a positive COVID-19 diagnosis, with a goal date of 2/17/25. Interventions included using transmission based (droplet) isolation precautions.</p> <p>Physician orders dated 2/4/25 indicated transmission- based precautions including an N-95 mask were required to enter the room.</p> <p>In an interview, on 2/4/25 at 2:22 PM, the Assistant Director of Nursing indicated all employees entering a COVID positive room must wear an N-95 mask.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current policy, titled COVID-19 Infection Prevention and Control, dated 3/28/20, provided by the Assistant Director of Nursing on 2/7/25 at 11:11 AM, indicated residents testing positive for COVID-19 require the use of proper personal protective equipment including N-95 masks if available.</p> <p>3.1-18(a)</p>		