

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP 6006 BRANDY CHASE COVE 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 F 0691	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to develop a plan of care related to ostomy care for 1 of 1 residents reviewed (Resident T). Findings include: On 8/25/20 at 11:43 A.M., Resident T's record was reviewed. Diagnoses included, but were not limited to, [MEDICAL CONDITION] with [MEDICAL TREATMENT] and muscle weakness. The resident had an [MEDICAL CONDITION] (stoma constructed by bringing a part of the small intestine out onto the surface of the skin) but there was no [DIAGNOSES REDACTED]. An admission MDS (Minimum Data Set) assessment, dated 7/1/20, indicated the resident had a BIMS (Brief Interview Mental Status) score of 15 which signified she had no cognitive impairment. The assessment indicated she had an ostomy and required limited assistance from 1 staff member for toileting. A CAA (Care Area Assessment), dated 7/1/20, indicated the resident was at risk for self-care deficit related to presence of a [MEDICAL CONDITION] and required some assistance with ADL's (Activities of Daily Living). Resident T emptied her [MEDICAL CONDITION] but required nursing staff to change the bags. A Care Plan, dated 6/24/20 and revised 7/22/20, indicated the resident was at risk for elimination complications related to presence of a [MEDICAL CONDITION] for bowel elimination. She was able to empty the [MEDICAL CONDITION] but required staff to change the collection bag as needed. The resident continued to pick at the [MEDICAL CONDITION] bag when a new bag was placed which would leak, then she would call her family member and tell them that she couldn't get a new bag. Interventions included: Staff to continue to adjust seal on [MEDICAL CONDITION] if leakage is noted; staff to continue to educate resident as needed; document each incident when behavior noted (7/22/20), Notify MD/NP as needed (6/24/20), and Staff to provide care for [MEDICAL CONDITION] as ordered (6/24/20). 8/26/20 at 12:51 P.M., Resident T's family member was interviewed by phone. During the interview, he indicated the resident had moved to this facility from an assisted living facility due to requiring assistance with her [MEDICAL CONDITION]. He indicated she'd had the [MEDICAL CONDITION] for years and had always been able to care for it herself but was no longer able to do so and had to move to a nursing home. He indicated, during a care plan meeting with the facility upon admission, he had told the facility that the [MEDICAL CONDITION] was the resident's biggest concern due to the discomfort and danger of infection and they wanted to make sure the facility was going to change the [MEDICAL CONDITION] bag whenever needed and in a timely manner. The family member alleged staff refused to provide care of the [MEDICAL CONDITION] because it took more than an hour to do and staff would tell the resident that they were out of [MEDICAL CONDITION] bags. Resident Progress Notes indicated the following: -6/30/20 at 10:46 a.m., Resident T was able to make her needs known to staff and others; care conference scheduled with family member later this afternoon. -7/1/20 at 2:08 p.m., resident reports she will call for assistance with clothing management during toileting; cares for her own [MEDICAL CONDITION]. -7/6/20 at 4:18 p.m., resident returned from [MEDICAL TREATMENT] and indicated she needed her [MEDICAL CONDITION] bag changed due to a tear in it. Resident has had [MEDICAL CONDITION] bag changed out on Saturday, Sunday, and Monday morning due to 'holes' in the [MEDICAL CONDITION] bags-did remind her that [MEDICAL CONDITION] bags were not to be changed daily. (resident name) stated 'That's why I am here and if they have a hole then I get a new one'. Encouraged resident to not touch, finger play with, or tamper with the [MEDICAL CONDITION] once nursing places it. -7/8/20 at 7:16 p.m., resident returned from [MEDICAL TREATMENT]. Before she left, her [MEDICAL CONDITION] bag had been changed; upon returning and receiving a shower, she complained that the bag needed changed due to leaking. The [MEDICAL CONDITION] bag was replaced. At 7:00 p.m., the resident complained the bag needed changed due to a tear; changed as requested; 3 total [MEDICAL CONDITION] bags. -7/10/20 at 9:59 p.m. and 7/13/20 at 9:10 p.m., the resident's [MEDICAL CONDITION] bag was changed per her request. -7/19/20 at 4:00 p.m., resident's family member called the facility and indicated he was frustrated that he was getting calls from his family member who said her [MEDICAL CONDITION] bag needed changed and no one would do it. He was told the bag had been changed that morning on day shift. The nurse then went and changed the resident's bag where a hole was taped up. -7/22/20 at 1:34 p.m., resident visited with the DON (Director of Nursing) on this day and requested different clips for her [MEDICAL CONDITION] bags. The resident was to be provided with extra clips to calm her nerves. -7/26/20 at 1:36 p.m., resident put on her call light and asked the nurse if she would put tape on her bag. The nurse replied she would put tape on the bag but it didn't need it. -7/28/20 at 8:00 a.m., resident asked the nurse to check her bag for any loose tape. The resident was assured that the tape was secure and her bag was not leaking. On 8/27/20 at 11:05 A.M., the Unit Manager (UM) who had cared for Resident T was interviewed. During the interview, she was asked specific questions about the type of [MEDICAL CONDITION] collection bag used and wafer barrier placed against the resident's skin and over the stoma. The UM indicated the resident would pick at the wafer and constantly say it was coming off. The resident expressed concern and anxiety about the bag coming off or leaking. The UM indicated she believed picking was a habit of the resident's but not really a behavior. The UM was asked if staff had spoken with the resident about her usual [MEDICAL CONDITION] care. The UM indicated not that she'd been aware of. The resident's care plan did not indicate specific information about how the resident wanted the [MEDICAL CONDITION] cared for, how often the collection bag should be emptied, products used, skin issues related to the stoma site and adherence of wafers to her skin, or usual collection bag changes. [MEDICAL CONDITION] Care, retrieved on 8/27/20 from the United Ostomy Associations of America at ostomy.org indicated the following [MEDICAL CONDITION] care guidelines: There's no one way to take care of an [MEDICAL CONDITION]. Just as ileostomies differ, so does how to take care of them. The best pouching system is a very personal matter and is important to be properly fitted. A successful pouching system should provide security with a good leakproof seal ([MEDICATION NAME] for 3-7 days), odor resistant, provide skin protection, be inconspicuous and unnoticeable, and easy to apply and to remove. There are several factors that can influence how long the pouch will stay sealed including weather, skin condition, scars, weight changes, diet, activity, body shape near the stoma and nature of the [MEDICAL CONDITION] output. perspiration during summer months will shorten the number of days a pouching system can be worn as does moist, oily skin. Diet may influence the seal of the pouch-foods that cause watery discharge may prevent a long [MEDICATION NAME] seal. Emptying the pouch when it 1/3 full will prevent bulging and possibility of a leak-consider comfort and convenience. Use the right size and type of pouch and skin barrier opening. An opening that is too large exposes the skin to irritation This Federal tag relates to Complaint IN 304. 3.1-47 (a)(3)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.