STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	09/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
STORYPOINT FORT WAYNE WEST	611 W COUNTY LINE RD SOUTH FORT WAYNE, IN 46814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00389052 and IN00389188. Complaint IN00389052 - Substantiated. State deficiencies related to the allegations are cited at R0041 Complaint IN00389188- Substantiated. State deficiencies related to the allegations are cited at R0088 Survey date: September 2, 2022 Facility number: 01184 Residential Census: 107 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed September 2, 2022	R 0000	The submission of this Plan of Correction does not indicate an admission by Storypoint Fort Wayne West that the findings and allegations contained herein are an accurate and true representation of the Quality of Care provided to the residents of Storypoint Fort Wayne West. The Community hereby maintains it is in substantial compliance with the requirements of participation for residential health care communities. To this end, the Plan of Correction shall serve as the credible allegation of compliance with all State and Federal requirements governing the operations of this Community. Storypoint Fort Wayne West respectfully requests a desk review for paper compliance.	
R 0041 Bldg. 00	410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals. Based on interview and record review the facility failed to investigate an abuse allegation for 2 of 4	R 0041	1. A reportable was made to the State regarding the allegations	09/30/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

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	residents reviewed. (Resident C, Resident D). Findings include: An incident report, dated 8/27/22 was provided by the Director of Nursing (DON) on 9/2/22 at 10:29 AM. The reported indicated Resident C and Resident D had reported CNA 2 was forceful with care. The report also indicated Resident C had a bruise to her left wrist. In an interview on 9/2/22 at 10:21 AM, the DON indicated morning staff on 8/27/22 reported an abuse allegation from Resident C and Resident D regarding CNA 2's care on 8/26/22 during 3rd shift. The DON indicated she had spoken to the residents involved. The DON indicated she did not talk any other residents or staff members who were working or received care from CNA 2. The DON also indicated she had not completed an abuse in-service with the staff. A current policy, dated 1/18/2019 was received by the DON on 9/2/22 at 11:35 AM. The policy indicated.."the person investigating the incident should take the following actions: interview the resident, accused and all witnesses. Witnesses include: anyone who witnessed or heard the incident, came in close contact with the resident the day of the incident, and employees who worked closely with the accused the day of the incident. If there are no direct witnesses, then the interviews may be expanded . This State citation relates to Complaint IN00389052.		against the CNA. Residents C and D were reassured that the CNA would not be returning to the Community and were safe in the Community. Family members came in to reassure both residents as well. No other residents were affected by the deficient practice. 2. The Community realizes that all residents have the potential to be affected by the deficient practice. 3. The Wellness Director was educated regarding the Investigative Protocol to include interviewing the resident, the accused and all witnesses. In addition interviews should include all residents and staff who came in contact with the accused. An education in-service was provided to staff. The education included but was not limited to the following: Abuse, mistreatment, neglect or misappropriation of resident property. (Please see Attachment A). 4. Any allegations of abuse will be reported immediately to the Executive director/Wellness Director for investigation following the Protocols. All findings will be reviewed monthly at the Quality Assurance meetings for further recommendations/review for the next six (6) months.	

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R 0088 Bldg. 00	410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on interview and record review the facility failed to ensure the Administrator had an active healthcare administrator license. 107 residents resided in the facility. Findings include: Documentation of the Administrator's license was requested from the Director of Nursing (DON) on 9/2/22 at 9:10 AM. In an interview on 9/2/22 at 10: 18 AM, the Administrator indicated she did not have an active healthcare administrator license. In an interview on 9/2/22 at 11:35 AM, the DON indicated the facility did not have a policy regarding administrator licensure. This State citation is related to Complaint IN00389188	R 0088	1. No residents were affected by the alleged deficient practice. 2. The Community realizes that all residents could have the potential to be affected by the alleged deficient practice. 3. A licensed Residential Care Administrator began her employment at Storypoint Fort Wayne West on September 21, 2022. (Please see Exhibits B and C). 4. LTC provider services will be notified within three (3) days of a vacancy in the Administrator position. Recruitment efforts will begin immediately. The Regional Director of Operations will review the Administrator's license has been	09/30/2022

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			renewed every two (2) years by August 31st.	