

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2024
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 11911 DIEBOLD ROAD FORT WAYNE, IN 46845
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 20 and 21, 2024.</p> <p>Facility number: 013687</p> <p>Residential Census: 37</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reivew completed May 22, 2024</p>	R 0000		
R 0356 Bldg. 00	<p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance</p> <p>(i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following:</p> <p>(1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth.</p> <p>(2) The resident ' s hospital preference.</p> <p>(3) The name and phone number of any legally authorized representative.</p> <p>(4) The name and phone number of the resident ' s physician of record.</p> <p>(5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death.</p> <p>(6) Information on any known allergies.</p> <p>(7) A photograph (for identification of the resident).</p> <p>(8) Copy of advance directives, if available.</p>	R 0356	1. Resident number 3's	05/31/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tyler Weillbaker		05/28/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>Based on interview and record review the facility failed to ensure complete and accurate emergency files were maintained for 1 of 5 residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>Resident 3's record was reviewed on 5/20/24 at 11:12 AM. Diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and unilateral primary osteoarthritis.</p> <p>Resident 3's current emergency file was not located in the facility's Missing Resident/Elopement Resident Information Book -Emergency (Emergency File Binder).</p> <p>In an interview on 5/20/24 at 11:31 AM the Director of Nursing (DON) indicated Resident 3 was admitted on 3/24/24 and the resident's emergency information should had been in the Emergency File Binder within one week and it was not in the binder.</p> <p>A current policy titled "Resident Emergency Information File", undated, provided by the DON on 5/20/24 at 11:47 AM, indicated each resident's information should be accessible in the Resident Emergency Information File in case of emergency.</p>		<p>Emergency Information file was corrected and updated with the most current information. All required information according to policy and regulation was added in the file.</p> <p>2. Facility will review all residents emergency files to determine if there any other deficiencies. All deficiencies will be corrected and noted for future monitoring. Director of Nursing and Administrator will conduct binder audits for these.</p> <p>3. Facility will add a reminder to new admission process to make sure residents information is added to Emergency Information file. Nurse staff will be educated on process and policy for Emergency information File. Education will be conducted by the Director of Nursing.</p> <p>4. In order to ensure compliance, monthly checks for a year will be conducted with the quality assurance team. Quality Assurance form will be used to ensure surveillance and compliance. Form will be kept with the Quality assurance binder and any deficiencies found will be corrected.</p> <p>5. The changes will be completed by May 31, 2024.</p>	