

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 07/07/2020
NAME OF PROVIDER OF SUPPLIER ASHTON CREEK HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate hygiene for 5 of 5 residents reviewed (Resident C, Resident D, Resident E, Resident H and Resident L). Findings include: 1. On 7/6/20 at 11:18 A.M., Resident C's record was reviewed. [DIAGNOSES REDACTED]. Resident C was NPO (nothing by mouth) and received continuous enteral tube feedings for his nutritional needs. A quarterly MDS (Minimum Data Set) assessment, dated 6/16/20, indicated the resident required extensive assistance from 2 staff members with his personal hygiene. The resident's care plan did not specifically address the need for assistance with personal hygiene. CNA (Certified Nurse Assistant) documentation in the resident's electronic medical record, indicated he was to receive personal hygiene every shift. On 7/6/20 at 10:08 A.M., Resident C was observed seated in his w/c (wheelchair) in his room. His hair was long and he was unshaven with several days growth observed. His fingernails were uncut and approximately 1/2 inch long. Resident C's left arm/hand was flaccid and his left hand sat on his lap curled into his palm. His lips were dry and when he opened his mouth to respond to questions, he was observed to have thick, white, pasty debris around and on his teeth and gums and in the corners of his mouth. On 7/6/20 at 1:22 P.M., Resident C's POA (Power of Attorney) was interviewed by phone. During the interview, the POA indicated concerns with the resident's personal hygiene. They indicated, during window visits, they observed the resident's fingernails to be long. They alleged the resident hadn't received oral care and he would frequently bring up mucous and would remove it with his fingers and have nowhere to place it other than on his blankets. The POA alleged the resident was shaved maybe once every 3 - 4 weeks. On 7/6/20 at 2:33 P.M., Resident C was observed lying in bed. When he attempted to speak, his mouth and teeth were observed to remain coated with white pasty debris around his teeth, gums, and tongue. When questioned if he had received mouth care on this day, he shook his head no. He remained unshaven and his fingernails uncut. On 7/7/20 at 2:51 P.M., Employee 5 was interviewed. During the interview, Employee 5 indicated that personal hygiene provided to residents included oral care, shaving, and nail care and was to be completed every shift. On 7/7/20 at 12:30 P.M., the ADON (Assistant Director of Nursing) provided a current copy of the facility policy titled Personal Hygiene. She indicated staff were expected to follow the policy and provide personal hygiene 2 times daily, in the morning and before bed. The policy stated: Purpose: To ensure residents receive necessary care and assistance for personal hygiene tasks .Policy .1. Personal hygiene will be performed 2 times daily, in the morning and before bed .3. Nail care will be provided as needed. Diabetic nail care must be performed by a licensed nurse or podiatrist. 4. Personal hygiene may include, but is not limited to: Oral care .Shaving 2. A Plan of Care, dated 11/12/19 and revised on 2/10/20, indicated the resident needed assistance with his ADL's (Activities of Daily Living). A Plan of Care, dated 11/11/19, indicated Resident C had specific choices with the goal of honoring those choices/preferences. Interventions included, but were not limited to, prefers showers, and prefers to have showers twice weekly in the mornings. A Hall Shower Sheet indicated Resident C was scheduled to receive showers on Tuesday and Friday mornings on first shift. Review of shower sheets and ADL documentation completed by CNA's (Certified Nurse Assistants) for May and June 2020, indicated the resident did not receive showers on 5/22, 5/26, 5/29, 6/5, 6/12, 6/19, and 6/26/20. 3. On 7/6/20 at 12:07 P.M., Resident D's record was reviewed. [DIAGNOSES REDACTED]. A Plan of Care, dated 5/17/19, indicated the resident needed assistance with his ADL's due to muscle weakness, low back pain, and foot drop. A Plan of Care, dated 5/6/19, indicated the resident had specific choices with the goal of honoring those choices/preferences. Interventions included, but were not limited to, prefers bedbaths, and to receive them 2 times per week in the morning. A Hall Shower Sheet indicated Resident D was scheduled to receive bedbaths on Tuesday and Friday mornings on first shift. Review of shower sheets and ADL documentation completed by CNA's for May, June, and July 2020, indicated the resident did not receive bedbaths on 5/16, 5/23, 5/26, 5/29, 6/9, 6/12, 6/16, 6/19, 6/23, 6/26, 6/30, and 7/3. 4. On 7/6/20 at 12:14 P.M., Resident E's record was reviewed. [DIAGNOSES REDACTED]. A Plan of Care, dated 11/20/18 and updated 5/21/19, indicated the resident needed assistance with her ADL's due to dementia, falls, and weakness. A Plan of Care, dated 5/21/19, indicated Resident E had specific choices. Interventions included, but were not limited to, she preferred to have showers on Monday and Thursday mornings with bedbaths other days. A Hall Shower Sheet indicated Resident E was scheduled to receive showers on Monday and Thursday mornings on first shift and bedbaths on Tuesday, Wednesday, Friday, Saturday, and Sunday. Review of shower sheets and ADL documentation completed by CNA's for May, June, and July 2020, indicated the resident did not receive showers on 5/7, 5/11, 5/14, 5/25, 6/1, 6/4, 6/8, 6/11, 6/15, 6/18, 6/25, 6/29, and 7/2/20. 5. On 7/6/20 at 1:00 P.M., Resident H's record was reviewed. [DIAGNOSES REDACTED]. A Plan of Care, revised on 3/6/20, indicated the resident required assistance with her ADL's due to a fracture and weakness. A Plan of Care, dated 9/18/19, indicated Resident H had specific choices with a goal of honoring those choices/preferences. Interventions included, but were not limited to, she preferred showers and would receive them two times per week after breakfast. A Hall Shower sheet indicated the resident was scheduled to have showers on Monday and Thursdays on first shift. Review of shower sheets and ADL documentation completed by CNA's for May, June, and July 2020, indicated the resident did not receive showers on 5/7, 5/11, 6/1, 6/4, 6/15, 6/18, 6/25, 6/29, and 7/2. 6. On 7/7/20 at 11:52 A.M., Resident L was interviewed. The facility had identified the resident as being interviewable. Resident L indicated they had not been receiving their showers as scheduled. They were to receive them in the mornings on Tuesday, Friday, and Sundays. The resident indicated they had issues with their skin and had frequent skin infections which worsened when they were not bathed as scheduled. A Hall Shower sheet, provided by the ADON (Assistant Director of Nursing), on 7/6/20 at 3:16 p.m., indicated Resident L was scheduled to have showers on the day shift on Tuesday, Friday, and Sundays. On 7/6/20, during a confidential interview, Employee 2 alleged it was difficult to get showers completed on the hall due to low staffing. They indicated several residents required extensive care and assistance of 2 staff members to provide care. On 7/6/20, during a confidential interview, Employee 3 indicated it was challenging to get all the resident's care completed during the shift due to staff call in's. Employee 3 indicated they would be fully staffed according to the schedule but then agency staff would call off or just not show up which made it difficult to get showers completed. Employee 3 indicated if they were unable to complete a residents shower on their scheduled day, they would try to do it the following day but this was not always possible to do. On 7/7/20 at 12:30 P.M., the ADON provided a current copy of the facility policy titled Personal Hygiene. She indicated staff were expected to follow the policy and provide showers/bed baths at least 2 times per week and according to resident's preferences. The policy stated: Purpose: To ensure residents receive necessary care and assistance for personal hygiene tasks .Policy .2. Resident will be offered a shower/full bath at a minimum of 2 times a week. Resident preferences will be honored This Federal tag relates Complaint IN 717. 3.1-38(a)(3)(C)(D)(E)</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.