

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Fort Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE 1649 Spy Run Avenue Fort Wayne, IN 46805	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure medication administration records were complete and accurately documented for 2 of 3 residents reviewed (Resident C and Resident D). Findings include: 1. On 1/20/26 at 2:32 P.M., Resident C's record was reviewed. Diagnoses included Alzheimer's dementia, failure to thrive, and abnormal weight loss. A physician order, dated 12/24/25, indicated to give Morphine Sulfate Concentrate 100 mg/5 ml-give 0.25 milliliters (ml) by mouth every 2 hours as needed for pain or shortness of breath. A Medication Administration Record (MAR), dated December 2025, and Controlled Substance Record, dated December 2025, for Morphine Sulfate concentrate 100 mg/5 ml-give 0.25 milliliters (ml) by mouth every 2 hours as needed, indicated the following incomplete records: -On 12/27/25 at 10:00 a.m. and 12:00 p.m., the MAR indicated Morphine Sulfate had been administered to Resident C. The Controlled Substance Record did not indicate Morphine Sulfate was given on 12/27/25 at 10:00 a.m. or 12:00 p.m. -On 12/28/25 at 8:00 a.m., the MAR indicated Resident C had been administered Morphine Sulfate. The MAR did not indicate any doses of Morphine had been given on 12/28/25. The Controlled Substance Record indicated Morphine Sulfate had been administered on 12/28/25 at 8:00 a.m., 10:00 a.m., and 9:49 p.m. 2. On 1/20/26 at 2:54 P.M., Resident D's record was reviewed. Diagnoses included bladder cancer. A physician order, dated 10/18/25, indicated to give Oxycodone Oral Concentrate 100 mg/5 ml-give 1 ml by mouth every 4 hours as needed for breakthrough pain. A MAR, dated November 2025, and Controlled Substance Record, dated November 2025, for Oxycodone Oral Concentrate 100 mg/5 ml-give 1 ml by mouth every 4 hours as needed for breakthrough pain, indicated the following incomplete records: -On 11/2/25, the Controlled Substance Record indicated at 9:00 p.m., a dose of Oxycodone had been administered to Resident D. The MAR did not indicate Oxycodone had been given on 11/2/25 at 9:00 p.m. -On 11/9/25, the Controlled Substance Record indicated at 3:30 p.m., the resident was administered Oxycodone. The MAR did not indicate Oxycodone had been given on 11/9/25 at 3:30 p.m. -On 11/10/25, the MAR indicated Oxycodone had been administered to Resident D at 4:00 a.m. The Controlled Substance Record did not indicate Oxycodone had been given on 11/10/25 at 4:00 a.m. -On 11/11/25, the Controlled Substance Record indicated at 4:00 a.m., the resident was administered Oxycodone. The MAR did not indicate Oxycodone had been given on 11/11/25 at 4:00 a.m. -On 11/17/25 at 10:45 a.m. and 11/27/25 at 10:53 a.m., the Controlled Substance Record indicated a dose of Oxycodone had been administered to the resident. The MAR did not indicate Oxycodone was given on 11/17/25 at 10:45 a.m. nor given on 11/27/25 at 10:53 a.m. -On 11/27/25 at 10:31 a.m. and 11/29/25 at 3:00 p.m., the Controlled Substance Record indicated a dose of Oxycodone had been administered to the resident. The MAR did not indicate Oxycodone was given on 11/27/25 at 10:31 a.m. or 11/29/25 at 3:00 p.m. On 1/21/26 at 4:19 P.M., Licensed Practical Nurse (LPN) 2 indicated in an interview, whenever a controlled medication like opioids (pain medication) are administered, the dose must be signed off the Controlled Substance Record and documented on the MAR. LPN 2 indicated if a medication was not initialed on the MAR, it</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155266
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Fort Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE 1649 Spy Run Avenue Fort Wayne, IN 46805	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>would mean the medication hadn't been given. A current policy, titled Managing Controlled Substances, was provided by the Director of Nursing on 1/20/26 at 11:30 A.M. which indicated medication administrations were to be documented timely following the administration to the resident. Controlled substances were to be signed out from the descending count sheet and documented on the MAR for each routine and as-needed doses of medication administered. This Citation is related to Intakes 2699670 and 2712821. 3.1 (a)(1)</p>		