STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155755	A. Building B. Wing	11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Homestead	3136 Goeglein Rd 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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to monitor for adverse side effects of opioid medications with and increased dose for 1 of 3 residents reviewed for pain management. Findings include:A list of recent deaths was provided by the Director of Nursing on [DATE] at 10 AM. The list indicated Resident B passed away on [DATE] at 5:08 AM at the facility.Resident B's record was reviewed on [DATE] at 10:29 AM. Diagnoses included post right hip fracture, Parkinson's, diabetes mellitus, depression and stage 3 chronic kidney disease.Resident B was admitted to the facility on [DATE] for rehab due to a right hip fracture.Active orders included the following for pain:admission order, [DATE] included Hydrocodone- Acetaminophen (Norco) Oral Tablet 5-325 MG - give 1 tablet by mouth every 4 hours as needed for pain.admission order, dated [DATE], indicated give Naproxen Oral Tablet 500 mg - 1 tablet every 12 hours as needed for pain.An order, dated [DATE], indicated to give Oxycodone - Acetaminophen Oral Tablet 5- 325 mg - 1 tablet by mouth every 4 hours as needed for pain/discomfort in right hip.An order, dated [DATE], indicated to give Morphine Sulfate Contin Oral Tablet Extended Release 15 MG - 1 tablet by mouth every 12 hours for pain for 7 Days. There were no orders to monitor the side effects of pain medications.The Mediation Administration Record (MAR), dated [DATE] - [DATE], indicated the following medications were given for pain:[DATE]: Norco at 1:20AM, Norco at 10:04 AM and Oxycodone at 2:41 PM[DATE]: Norco at 9:23AM, Oxycodone at 1:02PM, Norco at 5:22 PM and Oxycodone at 9:43 PM[DATE]: Naproxen at 3:39 AM, Norco at 6:32 AM, Oxycodone at 10:42 AM, Norco at 1:51 PM, Oxycodone at 4:46 PM[DATE]: Norco at 6:20 AM, Oxycodone at 9:53 AM, Norco at 1:04 PM, Oxycodone at 2:12 PM, Oxycodone at 5:10 PM and Morphine at 9:00 PMA nursing note, dated 11/1, indicated Resident B requested to go to the hospital due to increased pain. The note indicated Resident B returned the same day with a new order of Oxycodone - Acetaminophen Oral Tablet 5- 325 mg - 1 tablet by mouth every 4 hours as needed for pain/discomfort in right hip.An admission Minimum Data Set (MDS) Assessment, dated [DATE], indicated Resident B had a BIMS of 9/15 (moderate cognitive impairment).A social service note, dated [DATE], indicated a care plan meeting was held with Resident B, Resident B's power of attorney (POA) and family. There was no documentation of doctor visits or communication requests.A nursing note, dated [DATE], indicated the doctor discontinued as needed Hydrocodone- Acetaminophen (Norco) Oral Tablet 5-325 MG - give 1 tablet by mouth every 4 hours and added an order of Morphine 15 mg every 12 hours twice a day for 7 days. The note indicated Resident B was notified of the orders. The note did not indicate Resident B's POA, nor family were notified of the medication changes.A pain assessment dated [DATE] at 2:37 AM indicated Resident B's morphine medication was effective and pain was at a 3/10.A nursing note, dated [DATE] at 5:20 AM, indicated Resident B was found deceased in her bed.There are no notes or assessments between 2:37 and 5:20 AM.During an interview on [DATE] at 10:05 AM, Resident B's POA indicated Resident B admitted to the facility post right hip surgery for rehabilitation. Resident B's POA indicated she had had a care plan meeting on [DATE], was told the doctor planned to visit the (continued on next page)

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

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident on [DATE]. Resident B's POA indicated she was unable to attend but requested a phone call during the visit. Resident B's POA indicated she did not receive a call from the doctor nor the facility regarding medication changes for Resident B. Resident B's POA indicated on [DATE] evening she visited Resident B, indicated she seemed spicy. Resident B's POA indicated when Resident B seemed spicy, this meant her medications were off. Resident B's POA indicated she requested a printed medication list from the nurse and upon review, she observed a new order of morphine 15 mg to be given every 12 hours, twice a day. Resident B's POA indicated she was not aware of the new order, requested the nurse hold the medication for the evening so she could talk to the doctor in the morning. Resident B's POA indicated she did not want Resident B to receive morphine. Resident B's POA indicated on [DATE] morning, she received a call from the facility indicating Resident B had passed away. Resident B's POA indicated the nurse had indicated Resident B did receive the ordered morphine the night before.During an interview on [DATE] at 11:25AM. The DON, Physical Therapist 4 and Social Service Director (SSD) indicated a care plan meeting was held on [DATE] with Resident B, Resident B's POA and family. The SSD and BOM indicated they did not recall discussion regarding the doctor visit on [DATE]. The SSD indicated if a Resident had BIMS less than 12 the POA would be updated with any changes regarding medications or care. SSD indicated the Doctor or Nurse Practitioner visit new admission residents daily for the first week. The SSD indicated Resident B's POA should have been notified of medication changes. The DON indicated residents are monitored every 2 hours by staff. The DON indicated the staff did not document monitoring completion.During an interview on [DATE] at 1:56 PM, Registered Nurse (RN) 3 indicated she had worked on [DATE] evening shift into [DATE] morning. RN 3 indicated she was not told to hold any orders in report. RN 3 indicated on [DATE] was the first time she had cared for Resident B, but she was alert and orientated. RN 3 indicated she administered morphine as ordered at 9 PM, then checked on the resident around 12 AM and again at 2: 30 AM. RN 3 indicated Resident B's vital signs were within normal range at 12 AM. RN 3 indicated around 5 AM the aide notified the nurse of Resident B's death. RN 3 indicated when family requested medication to be held, she documented the request and notified the doctor. RN 3 indicated after administering pain medications she followed up on the effectiveness within the hour and monitored for adverse side effects.During an interview on [DATE] at 1:35 PM, RN 5 indicated staff monitored for adverse side effects of pain medications. RN 5 indicated new medications, such as morphine, required additional monitoring. RN 5 indicated she completed a vital assessment 30 minutes to 1 hour after the administration of morphine and continued to frequently check on the residents to ensure no adverse side effects occurred. RN 5 indicated resident's POA were notified of medication changes and when a hold request was made, the nurse documented the request. RN 5 indicated she notified the doctor of hold request as well.A policy, last revised [DATE], titled Medication Administration, was provided by the Administrator on [DATE] at 10 AM. The policy indicated to monitor adverse side effects.According to the World Health organization article, dated [DATE], titled opioid overdose, opioids have a long half-life and can build up in the system over time or with concurrent use in combination doses. Risk factors for opioid overdose include using opioids in combination with each other or other substances, and chronic conditions such as liver or kidney disease.This finding relates to Intake 2652223.3.1 - 37 (a)