

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 03/06/2025
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NAME OF PROVIDER OR SUPPLIER ARBOR GLEN INDEPENDENT & ASSISTED LIVING COMMUNIT	STREET ADDRESS, CITY, STATE, ZIP COD 5202 ST JOE ROAD FORT WAYNE, IN 46835
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00454829 and IN00454937.</p> <p>Complaint IN00454829 - State deficiencies related to the allegations are cited at R0052.</p> <p>Complaint IN00454937 - State deficiencies related to the allegations are cited at R0052.</p> <p>Survey date: March 6, 2025</p> <p>Facility number: 015503</p> <p>Residential Census: 98</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 7, 2025</p>	R 0000		
R 0052 Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense</p> <p>Based on interview and record review, the facility failed to ensure residents were free from sexual abuse for 1 of 3 residents reviewed (Resident M). The deficient practice resulted in the resident having outbursts of anger.</p> <p>Findings include:</p> <p>An incident, reported to the Indiana Department of Health on 3/4/25, indicated a staff member had a sexual relationship with Resident M. The staff member resigned their position, was no longer in contact with the resident and an investigation was on-going.</p>	R 0052	<p>Arbor Glen Independent & Assisted Living: 015503</p> <p>3/6/2025 Complaint Survey: Complaint IN00454829 - State deficiencies related to the allegations are cited at R0052. Complaint IN00454937 - State deficiencies related to the allegations are cited at R0052</p> <p>Plan of Correction</p> <p>The following Plan of Correction is prepared and submitted by Arbor Glen Independent & Assisted Living Community, Fort Wayne, as</p>	03/19/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mary (Kathy) Bolling	Administrator/ED	03/19/2025

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>On 3/6/25 at 12:15 P.M., Resident M's record was reviewed. Diagnoses included seizure disorder, major depressive disorder, chronic post-traumatic stress disorder (PTSD), and anxiety disorder.</p> <p>A Service Plan, dated 1/7/25, indicated Resident M was independent with activities of daily living (ADL). The facility staff were to provide medication administration and management.</p> <p>A progress note, dated 1/6/25 at 2:19 p.m., indicated Resident M had weakness to his left leg and used a cane for ambulation. He indicated he had PTSD and preferred to eat meals in his apartment as he was uncomfortable in crowds. He was pleasant and cooperative, with clear speech and able to make needs known.</p> <p>Progress notes dated 1/6/25 through 2/28/25 indicated Resident M had neither missed nor refused medications, had any behavior issues or concerns nor gone on leave of absence (LOA) other than for a medical appointment.</p> <p>The Medication Administration Record (MAR), dated January 2025, indicated Resident M had neither missed nor refused medications.</p> <p>A progress note, dated 2/1/25 at 12:07 a.m., indicated Resident M left LOA to be with a sick family member. He took his morning medications with him.</p> <p>The MAR, dated February 2025, indicated the resident had been LOA without his medications during the evenings of 2/1, 2/7, and 2/28/25 and morning of 2/8/25.</p> <p>The progress notes dated 2/1/25 through 2/28/25</p>		<p>mandated by the Indiana State Department of Health. However, this response does not constitute agreement with the allegations or citations specified on the Statement of Deficiencies. Arbor Glen Independent & Assisted Living Community, Fort Wayne maintains that the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by applicable regulations. We respectfully request a paper compliance for the following citations.</p> <p>R 052 Resident Rights Offense 1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: a Upon being made aware that the male resident and a female associate were having a relationship both inside and outside the community the resident was interviewed, placed on alert charting, and PCP notified. No POA notified as resident is alert and orientedx3 and his is own person. b The male resident involved was noted to have verbal outbursts on 3/3/25 stating he and the female associate had an argument outside of the building and it then</p>	

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	<p>indicated Resident M went LOA with his medications on 2/5, 2/6, 2/8 (evening), 2/9, 2/12-2/16, and 2/19-2/27/25. Progress notes for February 2025, didn't indicate any behavior issues or concerns.</p> <p>A psychiatric physician note, dated 2/19/24 at 12:30 p.m., indicated the resident had been seen for initial evaluation and treatment. The resident presented with agoraphobia (anxiety disorder that involves intense fear and anxiety of any place or situation where escape might be difficult-National Institute of Mental Health [www.nimh.nih.gov]), obsessive-compulsive disorder and PTSD symptoms. He had received psychiatric services in the past and reported current symptoms of anxiety and depression, fear of being in crowded places and obsessive behaviors which induced anxiety if not performed. He was alert and oriented, depressed and anxious with fair judgement and insight. He had poor sleep and his appetite fluctuated. He had major depressive disorder-currently mild, chronic PTSD, obsessive compulsion disorder and agoraphobia. The plan included the resident be seen every 2 weeks, provided with supportive approaches, and monitoring of his mood and behaviors.</p> <p>A progress note, dated 3/4/25 at 8:13 a.m., indicated the resident had posted a sign on his door reading "no meds, no trash pick up, no meals".</p> <p>A progress note, dated 3/6/25 at 10:13 a.m., indicated Resident M had posted a sign posted on his door reading "Do not knock on my door. I will find you for meds".</p> <p>On 3/6/25 at 9:45 A.M., the Administrator provided written information of the on-going</p>		<p>came inside.</p> <p>c The resident reported that the relationship was consenting and mutual but they "had a falling out". Despite these facts a relationship between a resident and associate is a violation of company policy.</p> <p>d The resident was monitored for psychosocial impact immediately and ongoing with no concerns noted.</p> <p>e An abatement was completed including retraining of staff on abuse/neglect and exploitation. The Executive Director or designee will monitor staff and residents by walking around building routinely, monitoring cameras, and by completing routine interviews on safety and security.</p> <p>2 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>a All staff were retrained on abuse, neglect and exploitation as well as reporting requirements.</p> <p>b Resident interviews were conducted to ensure the same alleged deficient practice did not occur.</p> <p>c The employee involved immediately resigned her position at the time she disclosed the relationship.</p>	

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	<p>investigation. The investigation indicated the following:</p> <ul style="list-style-type: none"> -An email to the Administrator, dated 3/2/25 at 10:49 p.m., from Resident M requesting an appointment to meet with her the week of 3/3/25. -A written statement by Staff Member 5, dated 3/4/25. The statement indicated on 1/31/25 at an unknown time, Staff Member 5 entered Resident M's room and sexual contact occurred between the two. The sexual relationship continued for several weeks at Staff Member 5's home where the resident would travel to via Uber rides. Staff Member 5 indicated the relationship ended when the two had an argument. Staff Member 5 had begun to deny the resident's sexual advances and the resident had become angry and made threatening statements to the staff member. -Staff Member 5 resigned their position on 3/4/25 after speaking with the Administrator about the sexual relationship which she acknowledged was inappropriate. -Staff Member 5 provided a written account of the events to the Administrator on 3/5/25. -Interviews with resident's didn't indicate any issues with Resident M such as inappropriate behaviors/contact. <p>On 3/6/25 at 1:25 P.M., the Administrator was interviewed. She had received an email from Resident M on 3/2/25 asking to meet with her the week of 3/3/25. She met privately with him on 3/3/25 at 9:00 a.m. During their meeting, he expressed concerns about medical issues and his medications but had not spoken about Staff Member 5. Following the meeting, the resident spoke with the Administrator and Staff Member 5 several times throughout the day. On 3/3/25, in the evening, the Administrator was notified, Resident M was very agitated, angry and upset, following Staff Member 5 throughout the</p>		<p>3 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> a All employees were re-trained on Abuse, Neglect & Exploitation, which includes Residents Rights & inappropriate relationships with Residents. b All residents receive a copy of their resident rights upon admission and will continue to do so. c An Audit Form will be followed, ensuring that all Residents are free from Abuse/Neglect/Exploitation and that their Resident Rights are not being violated. d The Administrator or Designee will perform routine audits, to ensure that these items are completed. <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <ul style="list-style-type: none"> a The Administrator &/Or Designee will complete audit, monitoring staff & residents, 3 times per week for 3 months. This will be by walking around the building, monitoring cameras and interviewing staff and residents. With questions about safety & security. b Following 3 months of audit, 	
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	<p>hallways. He called the police department 3 times between 7:00 p.m. and 8:30 p.m. When police arrived, he expressed fear of Staff Member 5 who'd left the facility and notified the Administrator of the relationship. On 3/4/25, Staff Member 5 came to the facility, met with the Administrator, tendered her resignation and left the building. The Administrator began an investigation, spoke with residents and staff, none of whom indicated issues with Resident M. The Administrator indicated the resident was being monitored for psychosocial effects of the inappropriate relationship and had an angry outburst on 3/5/25. He had been observed and overheard on his phone, walking in the hallway, yelling at someone on the phone and calling nursing staff vulgar names. Resident M reported to her and provided a copy of a protective order, filed 3/6/25, against Staff Member 5 who was not to come into the facility. The Administrator indicated, as of 3/6/25, the staff had been re-trained on abuse, neglect and exploitation as well as appropriate relationships with residents as they came in to work. She had begun monitoring by interview with staff and residents daily. Over the next 6 months, she was going to monitor staff and residents for safety and/or security issues by walking the building, monitoring cameras and conducting interviews with residents and staff.</p> <p>A current facility policy, titled "Reporting Unusual Occurrences", was provided on 3/6/25 at 2:13 P.M. by the Administrator, which stated: "All associates are responsible to immediately report to a Leadership Team Member or the Executive Director any unusual occurrence which is unexpected, unintended, undesirable or which departs from the routine operation of the community...Unusual occurrences must be reported by every team including but not limited</p>		<p>the Administrator &/or designee will complete audit, monitoring staff & residents, 2 times per week for 2 months. This will be by walking around the building, monitoring cameras and interviewing staff and residents. Asking questions about safety and security.</p> <p>c Following the 2 months noted above, the administrator &/or designee will complete the audit, monitoring staff & residents, a minimum of 1 time per week, for 1 month then also ongoing. This will be walking around the building, monitoring cameras and interviewing staff and residents. Asking questions about safety and security.</p> <p>d The Administrator &/or Designee will evaluate the audits and develop an action plan if necessary.</p> <p>4. Compliance date: 3/19/2025</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>to...Sexual abuse is sexual harassment, coercion or assault, including but not limited to: non-consensual sexual contact with a resident by another resident or other individual, associate to resident sexual contact and sexual contact involving a resident who lacks the ability to give consent...."</p> <p>This Citation relates to Complaints IN00454829 and IN00454937.</p>				