

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 07/18/2024
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NAME OF PROVIDER OR SUPPLIER  ARBOR GLEN INDEPENDENT & ASSISTED LIVING COMMUNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 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 IN00436535, IN00437309, IN00438249, and IN00438387.</p> <p>Complaint IN00436535 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437309 - State deficiencies related to the allegations are cited at R0241.</p> <p>Complaint IN00438249 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438387 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 18, 2024.</p> <p>Facility number: 015503</p> <p>Residential Census: 81</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reivew compelted July 19, 2024</p>	R 0000		
R 0241  Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mary Kathryn Bolling	Administrator/ED	07/25/2024

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><b>medication aides.</b></p> <p>Based on interview and record review the facility failed to ensure qualified personnel administered insulin to 11 of 81 residents reviewed (Qualified Medication Aide (QMA) 2 and Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, and Resident K)</p> <p>Findings include:</p> <p>During an interview on 7/18/24 at 10:47 AM, Certified Nurse Assistant (CNA) 3 indicated he observed QMA 2 administer insulin to residents several times. CNA 3 indicated QMA 2 indicated she was not insulin certified to administer insulin.</p> <p>During an interview on 7/18/24 at 10:15 AM, the Administrator indicated a nurse or QMA with certification administered insulin. The Administrator indicated when the QMA was not certified to administer insulin there was always a nurse available to assist with insulin administration.</p> <p>During an interview on 7/18/24 at 11:44 AM, QMA 4 indicated she was not certified to administer insulin. QMA 4 indicated when she worked the nurse administered the insulin ordered to residents. She indicated there was always a nurse available to administer insulin.</p> <p>During an interview on 7/18/24 at 11:42 AM, the Director of Nursing (DON) indicated QMA 2 was hired on 7/31/23 and verbally told the facility she was insulin certified. The DON indicated on 6/27/24 another staff member reported QMA 2 was not insulin certified. The DON indicated she spoke with QMA 2 who indicated she took her insulin certification class through her past job.</p>	R 0241	<p>Arbor Glen Independent &amp; Assisted Living Survey 7/25/2024 Plan of Correction</p> <p>RE: Complaint IN00437309</p> <p>The following Plan of Correction is prepared and submitted by Arbor Glen Independent &amp; Assisted Living Community, Fort Wayne as 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 &amp; 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. Our process has been amended adding more safeguards in reference to people who smoke cigarettes. We respectfully request a paper compliance for the following citations.</p> <p>R241</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the</p>	07/25/2024
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	<p>The DON indicated she spoke with the previous employee then called the certification company utilized. The DON indicated she was told QMA 2 no showed for the start of class on 12/1/23 and 1/4/24. The DON indicated QMA 2 was not insulin certified. The DON indicated upon hire she followed a check list which included verifying licensure and certification through Indiana Professional Licensing Agency (PLA). The DON indicated she failed to verify insulin certification and QMA 2 had administered insulin to residents from 7/31/23 through 6/27/24.</p> <p>PLA verification was provided by the DON on 7/18/24 at 11:55 AM. The documentation indicated QMA 2 was not insulin certified.</p> <p>A list of residents who received insulin was provided by the DON on 7/18/24 at 11:42 AM. The list indicated 11 of 81 residents (Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, and Resident K) received insulin by the nurse or a certified QMA.</p> <p>A policy, dated 10/1/21, titled "Personnel Files," was provided by the Administrator on 7/18/24 at 12:18 PM. The policy indicated "the files for each employee shall contain the following....professional licensure, certification, or registration, including renewals."</p> <p>This citation relates to Complaint IN00437309.</p>		<p>resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>"Based on interview and record review the facility failed to ensure qualified personnel administered insulin to 11 of 81 residents reviewed (Qualified Medication Aide (QMA) 2 and Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, and Resident K)" What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: "Based on interview and record review the facility failed to ensure qualified personnel administered insulin to 11 of 81 residents reviewed (Qualified Medication Aide (QMA) 2 and Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, and Resident K)" Residents care will be provided by licensed employees only. We will be reinforcing our company policy of "ensuring all employees have a professional license, certification, or registration,</p>	

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			<p><b>including renewals as applicable.”</b></p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>In order to ensure that Residents will not be affected by this deficient practice:</p> <p>The Business Office Director, Administrative Assistant, Executive Director, DON and/or Designee has reviewed all current Employee files to ensure that licenses are active as well as renewed appropriately. <b>Employees with correct certifications will provide care that they are certified to provide. Employee Licenses were immediately reviewed and ran in the State of Indiana system to ensure all Licenses were active per their job positions. No other residents were found to be affected.</b></p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: <b>The Business office Director, Administrative Assistant, Executive Director, DON and/or</b></p>	

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			<p><b>Designee will review new Employee files upon hire as well as quarterly to ensure that licenses are active as well as renewed appropriately. We will do this by using a checklist upon Application, running license to ensure the person is licensed for particular position. Employee can't start working in community until this is completed.</b></p> <p><b>DON has made a binder of all Employees licenses in order of month of renewal.</b></p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur?  <b>We will do this by using a New Hire Checklist upon Application Process:</b></p> <p><b>After Interview of a potential Employee and decision is made to hire:</b></p> <p><b>1 Checklist is attached to the Application by DON or Designee.</b></p> <p><b>2 Checklist and Application are given to Business Office Director or Designee to run background check and license verification. Both are attached to Application and Checklist. If this Employee is in good standing they move on to step 3.</b></p> <p><b>3 This packet is then given to the Administrative Assistant or Designee to schedule and</b></p>	

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			<p><b>proceed with Onboarding process then the Employee is scheduled for departmental training. *A copy of the License is given to the DON or Designee to put into the Licensure Binder. Administrator, DON or Designee will monitor this process Bi-Weekly for 3 months; then 1 time per month for 3 months; If all is going well this process will then be monitored Quarterly, which includes checking licenses with the State of Indiana, as an ongoing process.</b></p> <p>By what date the systemic changes will be completed. 7/26/2024</p>	