

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/23/2025	
NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS, L.L.C.		STREET ADDRESS, CITY, STATE, ZIP CODE 7833 W JEFFERSON BLVD, FORT WAYNE, , 46804					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intake 446504. Intake 446504: Deficiencies related to the allegations are cited at R0064. Survey date: December 23, 2025 Facility number: 5846 Residential Census: 73 This State Residential Finding are cited in accordance with 410 IAC 16.2-5. Quality review completed December 24, 2025	R 0000					
R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for	R 0064	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; CNA 2 employment was terminated. Resident and family			01/21/2026	

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investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident.

Based on interview and record review the facility failed to ensure freedom from misappropriation for 1 of 3 residents reviewed (Resident B).

Findings include:

In an interview, on 12/23/25 at 11:08 AM, Resident B's son who was Power of Attorney (POA), indicated on 12/4/25, he contacted the facility administrator reporting he had received a fraud alert from the credit card company. He indicated the credit card company had rejected an attempted charge for \$240.75 at JD Sports (a sporting goods store in the local shopping mall) due to suspicious activity. Upon review of the credit card statement, the POA discovered a fraudulent charge of \$35.17, dated 11/4/25, from a local gas station. He indicated upon discussing the situation with Resident B, the resident indicated CNA 2 had been providing haircare for her for \$30 per occasion on several occasions. She indicated on each occurrence, she had given CNA 2 access to a locked drawer in her apartment where she stored her wallet. The wallet

aware and bank notified of fraudulent charges. No psychosocial distress displayed by resident.

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

All residents have the potential to be affected by the deficient practice. No other residents identified. All staff re-education on resident rights policy, abuse policy and reporting, and gifts/gratuities and business courtsey policy by 1/21/26.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

All residents have the potential to be affected by the deficient practice. No other residents identified. All staff re-education on resident rights policy, abuse policy and reporting, and gifts/gratuities and business courtsey policy by 1/21/26. All new hires receive education on resident rights, abuse and reporting and gifts/gratuities and business courtsey policies.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what

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held cash and credit cards. The POA indicated after his initial contact with facility

Administration, he discovered additional fraudulent credit card activity on two other credit card accounts totaling over \$1600.

In an interview, on 12/23/25 at 11:10 AM, Resident B indicated CNA 2 had been providing hair care for her for \$30 each occurrence. She indicated she had given CNA 2 the key to a locked drawer in her kitchen and allowed her to take the money from her wallet. She indicated she was not aware her cards had been taken until her POA brought it to her attention. She indicated she never gave any permission to use any of her credit cards at any time. She indicated she did not allow any other person to use her key or to access her wallet.

In an interview, on 12/23/25 at 1:30 PM, The Administrator indicated Resident B's POA contacted her on 12/4/25 reporting an allegation of fraudulent credit card charges on Resident B's account. She indicated the POA also reported financial transactions for hair care between Resident B and CNA 2, during the time CNA 2 had access to Resident B's wallet containing her credit cards. The POA indicated he was not aware of any other individual having access to the

quality assurance program will be put into place

An abuse policy monitoring tool that includes misappropriation will be completed monthly x 4 months; then bi-monthly x 2. Monitoring tool will be completed by Executive Director/Designee if 100% threshold not met disciplinary action and new action plan will be completed.

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locked drawer where Resident B's cards were kept. The police were contacted and provided the control number 25A043759. The Administrator indicated she reviewed facility camera footage and identified a time CNA 2 had been in Resident B's room unnecessarily when Resident B was not present. The Administrator indicated she explained the allegations to CNA 2 over the phone. CNA 2 denied wrongdoing, did not come to the facility for a formal interview and did not complete a statement as requested by the facility. CNA 2 did not respond to any other attempts at phone contact. The Administrator indicated on 12/19/25 a police detective came to the facility, showed Resident B pictures of a female obtained by video surveillance depicting one a fraudulent credit card transaction. The Administrator indicated Resident B identified the female in the picture as CNA 2.

Resident B's record was reviewed on 10/23/25 at 10:46 AM. Diagnoses included kidney failure, hypertension and adjustment disorder.

A review of Resident B's current service plan dated 7/11/25 indicated Resident B received staff assistance with bathing and dressing.

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An attempt was made to reach CNA 2 by phone, but resulted in a message stating the phone number was no longer in service.

A current inservice, titled Resident Rights/Abuse Training Post Test, provided by the Administrator on 12/23/25 at 1:28 PM included handwritten test responses from CNA 2, dated 9/24/25. CNA 2's handwritten response to a test question indicated taking money from a resident and using their credit cards was an example of financial exploitation of a resident and was a form of abuse.

A current undated education, titled Resident Abuse and Neglect, provided by the Administrator on 12/23/25 at 1:28 PM, indicated taking or borrowing money from a resident even when they offered the monies freely was a form of abuse and prohibited behavior. The policy was signed and dated indicating understanding and agreement by CNA 2 on 9/24/25.

A current policy titled Gifts, Gratuities, and Business Courtesies, dated 12/24, provided by the Administrator on 12/23/25 at 1:20 PM, indicated staff should never accept cash from a resident.

This citation is related to Intake 466504.

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FORM APPROVED

OMB NO. 0938-0391

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURERhonda Owens		TITLEExecutive Director		(X6) DATE01/12/2026