STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGETOWN PLACE	1717 MAPLECREST ROAD, FORT WAYNE, , 46815

(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 467369. Intake 467369- Deficiencies related to the allegations are cited at R0116 and R0121. Survey date: January 29, 2026 Facility number: 013463 Residential Census: 133 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed January 30 2026	R 0000		
R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made	R 0116	R-0116-Staff Member who was identified as having no references will be completed and in his/her file, no later than 2/28/206. The company portal (UKG) outside source will be monitored	

	for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on interview and record review, the facility failed to ensure employee references were obtained upon hire. for 1 of 5 employee files reviewed. Findings include: Employee records were reviewed on 1/29/26 at 1:38 PM. Qualified Medication Aide (QMA) 3's record indicated their hire date was 12/12/25. QMA 3's employee record did not include prior employment references upon hire. A human resource (HR) document, created 11/13/25 and completed on 11/20/25, indicated the employment reference verification had been flagged due to numerous attempts to reach the listed references had been unsuccessful. In an interview, on 1/29/26 at 1:58 PM, the Assistant Director of Nursing (ADON) indicated new hire references were verified by an outside source. The ADON indicated the facility required 2 references upon hire. In an interview, on 1/29/26 at 3:20 PM, the Administrator and		on all new hires by Assistant Director of Nursing, Wellness Director, Executive Director and Senior Business Office Director to ensure compliance of completed references (2) before there start date. If the references are not completed in the UKG system, ED, ADON, Wellness Director and SBD will be responsible to notify references and complete on paper reference form for his/her file. An audit tool is in place for all files for completion of references and obtain retroactively any of those that were not completed by Wellness Director, ADON, SBD by 2/28/206. Audit tool is in place for new hire orientation to note completed before orientation begins.	

	the Director of Nursing indicated they were unaware of HR not being able to obtain references for QMA 3. A current facility policy, dated 8/26/25, indicated all employees will have a pre-hire background check that may include employment verification. This citation relates to Intake 467369 Based on interview and record review, the facility failed to ensure employee references were obtained upon hire. for 1 of 5 employee files reviewed. Findings include: Employee records were reviewed on 1/29/26 at 1:38 PM. Qualified Medication Aide (QMA) 3's record indicated their hire date was 12/12/25. QMA 3's employee record did not include prior employment references upon hire. A human resource (HR) document, created 11/13/25 and completed on 11/20/25, indicated the employment reference verification had been flagged due to numerous attempts to reach the listed references had been unsuccessful. In an interview, on 1/29/26 at 1:58 PM, the Assistant Director			

	of Nursing (ADON) indicated new hire references were verified by an outside source. The ADON indicated the facility required 2 references upon hire. In an interview, on 1/29/26 at 3:20 PM, the Administrator and the Director of Nursing indicated they were unaware of HR not being able to obtain references for QMA 3. A current facility policy, dated 8/26/25, indicated all employees will have a pre-hire background check that may include employment verification. This citation relates to Intake 467369			
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually	R 0121	R0121-Both the Wellness Director and Assistant Wellness Director of Nursing are licensed to give tuberculin skin tests that are required per policy for each employee prior to resident contact. The Wellness Director and ADON will re-administer all employees that have not been time stamped or missing the second two step by 2/28/2026. An audit was completed on all current employees by the Wellness Director and ADON on 2/9/2026, to confirm compliancy that each staff member received	

	thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.		a TB, or staff provided a current document stating a TB was given and read within 3 months of hire. And the second step TB completed 1-3 weeks after the initial first step. Currently in compliance. Moving forward prior to the first day of work, TBs completed and read on all new hires for the 1st step (or chest x-ray) and 2nd step conducted 1-3 weeks after. TB tracking sheet has been instituted to track due dates and for reading TB skin tests that were administered and also tracking 2nd step TB testing for employees. This tracking tool will have a second audit by the Wellness Director on a weekly basis beginning 2/28/2026. The Wellness Director and ADON will maintain TB testing per corporate policy and ensuring the two-step testing is accurate and in compliance for all new hires, reviewed by the Wellness Director beginning immediate. The Wellness Director and ADON will audit 4 employee files weekly for 4 weeks beginning March 1 2026.	

Based on interview and record review, the facility failed to ensure an employee was screened for tuberculosis (TB) before resident contact for 1 of 5 employee files reviewed.

Findings include:

Employee records were reviewed on 1/29/26 at 1:38 PM. Qualified Medication Aide (QMA) 3's record indicated their hire date was 12/12/25. QMA 3's employee record did not include a screening for TB.

In an interview, on 1/29/26 at 1:54 PM, the Administrator indicated QMA 3 had provided resident care for approximately 3 weeks, then had been terminated. The Administrator indicated the facility had not screened QMA 3 for TB due to QMA 3 having agreed to provide their TB screening from their other job. The Administrator indicated they were aware all employees were to be screened for TB prior to resident contact.

In an interview, on 1/29/26 at 1:58 PM, the Assistant Director of Nursing (ADON) indicated QMA 3 had planned to bring their current TB screening from their other job but had failed to do so. The ADON indicated they were aware all employees were to be screened for TB prior to resident contact.

A current facility policy, dated 4/17/23, indicated each staff member must be assessed for TB upon hire.

This citation relates to Intake 467369

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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 SIGNATURERenee Kreienbrink	TITLEExecutive Director	(X6) DATE02/24/2026