STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT ELKHART	1129 PARKWAY AVENUE, ELKHART, , 46516

(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 466684 . Intake 466684 - State deficiencies related to the allegations are cited at R0214. Survey dates: March 5 and 6, 2026 Facility number: 014916 Census Bed Type: Residential: 91 Total: 91 Census Payor Type: Other: 91 Total: 91 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-5.	R 0000		

	Quality Review completed on 3/12/2026			
R 0214	Evaluation - Deficiency 410 IAC 16.2-5-2(a) (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on record review and interviews, the facility failed to ensure a licensed nurse evaluated the nursing needs of a resident after a fall for 1 of 3 residents reviewed for falls. (Resident B) Finding includes: A record review completed on 3/5/2026 at 10:44 A.M. indicated Resident B's diagnoses included, but were not limited to, unspecified dementia and hypertension. A Nursing Progress Note indicated Resident B was found on the floor in her bedroom on 12/2/2025 at 7:35 A.M. The resident had complained of hip pain but was able to stand and was transferred to a chair by	R 0214	Resident B no longer resides at community. Staff was in-serviced regarding Medical Emergency policy. The alleged deficient practice had the potential to affect all residents. Health Care Director and/or designee will in-service all newly hired staff upon hire and annually regarding properly handling residents with “medical emergencies.” Healthcare Director and/or designee will update assessments for any major change of resident condition to incorporate new care needs. Executive Director and/or designee will review incidents weekly, and ongoing, to ensure compliance.	04/06/2026

	QMA (Qualified Medication Aide) 2 and QMA 3. The note indicated after Resident B's family, the physician and the Health Care Director (HCD) were notified, the QMA was directed to send the resident to the emergency room. During an interview on 3/6/2025 at 10:08 A.M., the HCD indicated there was not a nurse in the building at the time the resident was found and staff should not have moved the resident before an assessment by a nurse or Emergency Medical Services (EMS) was completed. During an interview on 3/6/2026 at 10:51 A.M., QMA 2 recalled she and QMA 3 had found Resident B on the floor and had gotten her up (to a standing position) . QMA 2 verified that an assessment by a nurse had not been done before getting the resident up from the floor.			

	During an interview on 3/6/2026 at 10:57 A.M., QMA 3 recalled Resident B's fall and indicated she remembered assisting her up to her wheelchair. QMA 3 indicated there was not a nurse in the building to assess the resident and they usually called the HCD or ED regarding resident falls. She could not remember she had notified the HCD or the ED regarding Resident B's fall. On 3/6/2026 at 10:19 A.M. the ED provided a current policy, dated March 2025 and titled, "Responding to Medical Emergencies." The policy indicated, "...1. Team members will follow the guidelines: a. Team members will not move a resident if any of the following are present unless they are in immediate danger: i. obvious injury such as a broken bone.. v. Severe pain...." This citation relates to Intake 466864.			

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 SIGNATURETara Carney	TITLEExecutive Director	(X6) DATE03/23/2026