STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN INDEPENDENT & ASSISTED LIVING COMMUNITY	5202 ST JOE ROAD, FORT WAYNE, , 46835

(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 Complaints IN00384272 and IN00386299. Complaint IN00384272 - Substantiated. State deficiencies related to the allegations are cited at R0045. Complaint IN00386299 - Unsubstantiated due to lack of evidence. Survey date: August 25, 2022 Facility number: 015503 Residential Census: 46 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 25, 2022.	R 0000		
R 0045	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(6-9)	R 0045	Arbor Glen Independent & Assisted Living Community	09/08/2022

	(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record.		Sept. 7, 2022 Plan of Correction The following Plan of Correction is prepared and submitted by Arbor Glen Independent & 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 & 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 citation. R045 410 IAC 16.2-5-1.2(r)(6-9) Residents' Rights - Deficiency (6) Before an interfacility transfer or discharge occurs, the	

	(C) Include in the notice the items described in subdivision (9). (7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge; (D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or (E) a resident has not resided in the facility for thirty (30) days. (9) For health facilities, the written notice specified in subdivision (7) must include the following: (A) The reason for transfer or discharge. (B) The effective date of transfer or discharge. (C) The location to which the resident is transferred or discharged. (D) A statement in not smaller than		facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only) v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4) (C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record. (C) Include in the notice the items described	

12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .

(E) The name of the director and the address, telephone number, and hours of operation of the division.

(F) A hearing request form prescribed by the department.

(G) The name, address, and telephone number of the state and local long term care ombudsman.

(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

Based on interview and record review, the facility failed to

in subdivision (9). (7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge; (D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or (E) a resident has not resided in the facility for thirty (30) days. (9) For health facilities, the written notice specified in subdivision (7) must include the following: (A) The reason for transfer or discharge. (B) The effective date of transfer or discharge. (C) The location to which the resident is transferred or discharged. (D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s

	ensure required notice prior to discharge was provided to 1 of 3 residents reviewed for transfer-discharges (Resident B). Findings include: On 8/25/22 at 11:18 A.M., Resident B's record was reviewed. The resident had a fall and had been transported to the hospital for complaints of pain where she was found to have a compression fracture in her back. She was discharged from the hospital and admitted to a skilled nursing facility for rehabilitation. Following therapy, Resident B had planned to return to the facility.		decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " . (E) The name of the director and the address, telephone number, and hours of operation of the division. (F) A hearing request form prescribed by the department. (G) The name, address, and telephone number of the state and local long term care ombudsman. (H) For health facility residents with	

On 8/25/22 at 10:47 A.M., Resident B's family member was interviewed. The resident completed her therapy and was ready to return to the facility when family was told Resident B could not return due to her need for continued skilled care. The family member indicated the skilled facility had determined skilled services were no longer needed and the resident was safe to return to assisted living level of care. Resident B had resided in the facility for the past 3 years and considered it her home. Niether the resident nor family were provided with a Transfer-Discharge notice or opportunity to appeal the discharge.

During an interview, on 8/25/22 at 1:54 P.M., the Director of Nursing and Administrator indicated Resident B had not been given a Transfer and Discharge notice but should have received one.

A current facility policy, titled "Involuntary Transfer-Discharge" provided by the Administrator on 8/25/22 at 11:30 A.M., stated the following: "Inter-facility transfer and discharge means the movement of a resident to a bed outside of the licensed facility...Documentation necessary for the Inter-facility Transfer-Discharge: Notify the resident of the transfer or

developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission. This RULE is not met as evidenced by: Based on interview and record review, the facility failed to ensure required notice prior to discharge was provided to 1 of 3 residents reviewed for transfer-discharges (Resident B).

Findings include: Resident B had not been given a Transfer and Discharge notice but should have received one.

What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident “B” was not given the Transfer & Discharge notice prior to discharge. Training and monitoring, outlined below, to ensure that this process is being followed at all times.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: In order to

	discharge and the reasons for the move in writing and in a language and manner the resident understands...The health facility must place a copy of the notice in the resident's clinical record and transmit a copy to: The resident, a family member, legal representative if known, and the local long term care Ombudsman program (for involuntary relocations or discharges only)...The notice of transfer or discharge must be made by the facility at least 30 days before the resident is transferred or discharged...The written notice must include: the reason for the transfer or discharge; effective date of transfer or discharge; a statement in not smaller than 12-point bold type that reads 'You have the right to appeal the health facility's decision to transfer you'...." This State Residential tag relates to Complaint IN00384272. Based on interview and record review, the facility failed to ensure required notice prior to discharge was provided to 1 of 3 residents reviewed for transfer-discharges (Resident B). Findings include: On 8/25/22 at 11:18 A.M., Resident B's record was		prevent any other Residents from being affected-The facility DON & clinical team was educated, on or before 9/8/2022, on the Transfer & Discharge Form, Regulation 045 & Policy related to this regulation. That it is their responsibility to oversee that this form is given to any Resident that is sent out to ER, goes to Hospital or Rehab for any reason. A copy of the signed Transfer & Discharge form will be given to the Resident & whomever else noted due to circumstance then also place a copy in the Residents' medical record. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** The DON & ED have established a monitoring system to ensure that this form is being used consistently & correctly. This entails training and monitoring of the process. DON, ED or Designee will follow the audit/monitoring to ensure ongoing compliance also ensuring this does not occur	

	reviewed. The resident had a fall and had been transported to the hospital for complaints of pain where she was found to have a compression fracture in her back. She was discharged from the hospital and admitted to a skilled nursing facility for rehabilitation. Following therapy, Resident B had planned to return to the facility. On 8/25/22 at 10:47 A.M., Resident B's family member was interviewed. The resident completed her therapy and was ready to return to the facility when family was told Resident B could not return due to her need for continued skilled care. The family member indicated the skilled facility had determined skilled services were no longer needed and the resident was safe to return to assisted living level of care. Resident B had resided in the facility for the past 3 years and considered it her home. Niether the resident nor family were provided with a Transfer-Discharge notice or opportunity to appeal the discharge. During an interview, on 8/25/22 at 1:54 P.M., the Director of Nursing and Administrator indicated Resident B had not been given a Transfer and Discharge notice but should have received one. A current facility policy, titled		again. **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: -** The DON, ED, designee will audit the records weekly for 6 weeks, bi-weekly for 2 months, monthly for 2 months and then quarterly to ensure ongoing compliance. The DON, ED &/or designee will evaluate the audits and develop an action plan if necessary. **Compliance date:** 9/8/2022	

	"Involuntary Transfer-Discharge" provided by the Administrator on 8/25/22 at 11:30 A.M., stated the following: "Inter-facility transfer and discharge means the movement of a resident to a bed outside of the licensed facility...Documentation necessary for the Inter-facility Transfer-Discharge: Notify the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner the resident understands...The health facility must place a copy of the notice in the resident's clinical record and transmit a copy to: The resident, a family member, legal representative if known, and the local long term care Ombudsman program (for involuntary relocations or discharges only)...The notice of transfer or discharge must be made by the facility at least 30 days before the resident is transferred or discharged...The written notice must include: the reason for the transfer or discharge; effective date of transfer or discharge; a statement in not smaller than 12-point bold type that reads 'You have the right to appeal the health facility's decision to transfer you'...." This State Residential tag relates to Complaint IN00384272.			

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 SIGNATURE	TITLE	(X6) DATE