STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/31/2025

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 IN00461791 and IN00463573. Complaint IN00461791 - No deficiencies related to the allegations are cited. Complaint IN00463573- State deficiencies related to the allegations are cited at R0121. Survey date: July 31, 2024. Facility number: 015503 Residential Census: 98 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed July 31, 2025	R 0000		
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be	R 0121	Arbor Glen Independent & Assisted Living	08/01/2025

	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 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.		Survey 7/31/2025 Plan of Correction RE: Complaints IN00461791 and IN00463573. Complaint IN00461791 - No deficiencies related to the allegations are cited. Complaint IN00463573- State deficiencies related to the allegations are cited at R0121. 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. Our process has been amended adding more safeguards in reference to	

(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.

Based on interview and record review the facility failed to ensure 2 step tuberculosis skin tests were completed for 5 of 5 employees reviewed (QMA 2, QMA 3, CNA 4, CNA 5 and Dietary Director).

Findings include:

Employee tuberculosis skin test (TST) documentation for Qualified Medication Aide (QMA) 2, QMA 3, Certified Nurse Aide (CNA) 4, CNA 5 and Dietary Director was provided by the Director of Nursing (DON) on 7/30/25 at 11:03 AM. The documentation indicated the following:

QMA 2 received a 1 step TST on 6/30/25, untimed and results were read on 7/2/25 at 2 PM. The documentation did not include a 2nd step TST nor proof of a prior TST.

QMA 3 received a 1 step TST on 3/3/25 and read on 3/6/25 but did not receive a 2nd step TST. The documentation did not include proof of a prior TST.

CNA 4 received a 1 step TST on 5/12/25, untimed and results

people who smoke cigarettes.
We respectfully request a paper compliance
for the following citations. I apologize for the late response. I didn't see it on website initially.

R121

410 IAC 16.2-5-1.4(f)(1-4)
Personnel - Noncompliance
(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 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

	were read on 5/15/25, untimed. The documentation did not include a 2nd step TST nor proof of a prior TST. CNA 5 received a 1 step TST on 3/31/25 at 12:15 PM and results were read on 4/3/25, untimed. The documentation did not include a 2nd step TST nor proof of a prior TST. The Dietary Director received a 1 step TST on 2/14/25, untimed and results were read on 2/17/25, untimed. The documentation did not include a 2nd step TST nor proof of a prior TST. During an interview, on 7/30/25 at 12 PM, the DON indicated 2 step TST were administered at the time of hire. The DON indicated a 1 step TST was completed prior to the employee starting work. The DON indicated the time the TST was administered and the results read time should be documented. The DON indicated QMA 2, QMA 3, CNA 4, CNA 5 and Dietary Manager were current employees and had niether proof of a prior TST nor received a 2nd step TST. The DON indicated she was unsure when the 2nd step TST should be administered. A policy, dated 10/2021, titled Mantoux testing, was provided by the DON on 7/30/25 at 11:23		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. This RULE is not met as evidenced by: Based on interview and record review the facility failed to ensure 2 step tuberculosis skin tests were completed for 5 of 5 employees reviewed (QMA 2, QMA 3, CNA 4, CNA 5 and Dietary Director).	

	AM. The policy indicated all employees received a 2 step Mantoux test for tuberculosis at hire and annually. This citation relates to Complaint IN00463573. Based on interview and record review the facility failed to ensure 2 step tuberculosis skin tests were completed for 5 of 5 employees reviewed (QMA 2, QMA 3, CNA 4, CNA 5 and Dietary Director). Findings include: Employee tuberculosis skin test (TST) documentation for Qualified Medication Aide (QMA) 2, QMA 3, Certified Nurse Aide (CNA) 4, CNA 5 and Dietary Director was provided by the Director of Nursing (DON) on 7/30/25 at 11:03 AM. The documentation indicated the following: QMA 2 received a 1 step TST on 6/30/25, untimed and results were read on 7/2/25 at 2 PM. The documentation did not include a 2nd step TST nor proof of a prior TST. QMA 3 received a 1 step TST on 3/3/25 and read on 3/6/25 but did not receive a 2nd step TST. The documentation did not include proof of a prior TST. CNA 4 received a 1 step TST on 5/12/25, untimed and results		1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: We have replaced the form that was being used. It was a 1 step form with questions on it. Using the correct form will aid in ensuring that all employees do receive both steps & monitoring this process. Following the Regulation of: ”The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually 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	

were read on 5/15/25, untimed. The documentation did not include a 2nd step TST nor proof of a prior TST.

CNA 5 received a 1 step TST on 3/31/25 at 12:15 PM and results were read on 4/3/25, untimed. The documentation did not include a 2nd step TST nor proof of a prior TST.

The Dietary Director received a 1 step TST on 2/14/25, untimed and results were read on 2/17/25, untimed. The documentation did not include a 2nd step TST nor proof of a prior TST.

During an interview, on 7/30/25 at 12 PM, the DON indicated 2 step TST were administered at the time of hire. The DON indicated a 1 step TST was completed prior to the employee starting work. The DON indicated the time the TST was administered and the results read time should be documented. The DON indicated QMA 2, QMA 3, CNA 4, CNA 5 and Dietary Manager were current employees and had niether proof of a prior TST nor received a 2nd step TST. The DON indicated she was unsure when the 2nd step TST should be administered.

A policy, dated 10/2021, titled Mantoux testing, was provided by the DON on 7/30/25 at 11:23

be performed one (1) to three (3) weeks after
the first step."

2
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:
In
order to ensure that Residents will not be affected by this deficient practice: All Employees
will receive the 2 Step TB skin test per regulation. This will be monitored by DON, ADON/Nurse Manager
&/or ED.

3
What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not
recur:

**We have corrected this by using the
Correct TB form upon hire, completing the process consistently following the regulation of the 2 step TB skin test.**

**DON, ADON/Nurse Manager or Designee will
monitor this process
Bi-Weekly for 2 months; then**

	AM. The policy indicated all employees received a 2 step Mantoux test for tuberculosis at hire and annually. This citation relates to Complaint IN00463573.		**1 time per month for 2 months; If all is going well this process will then be monitored Quarterly, as an ongoing process.** 4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur? **We have corrected this by using the Correct TB form upon hire, completing the process consistently following the regulation of the 2 step TB skin test.** **DON, ADON/Nurse Manager or Designee will monitor this process Bi-Weekly for 2 months; then 1 time per month for 2 months; If all is going well this process will then be monitored Quarterly, as an ongoing process.**	

			5 By what date the systemic changes will be completed. These changes were effective immediately upon the exit of this complaint survey, 8/1/2025. *Our Annual Survey also looked at this and we were in compliance. Our monitoring process is going well.	

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 SIGNATUREKathy (Mary K) Bolling	TITLEAdministrator/ED	(X6) DATE10/22/2025