Jina Babani

PRINTED: 01/23/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/23/2024		
	PROVIDER OR SUPPLIE	R		300 E V	ADDRESS, CITY, STATE, ZIP COD VASHINGTON BLVD VAYNE, IN 46802		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000							
Bldg. 00	This visit was for the Investigation of Complaints IN00437649, IN00448201, and IN00449376. Complaint IN00437649 - No deficiencies related to the allegations are cited.		R 00	00			
	the allegations are Complaint IN0044	9376 - State deficiencies related					
	to the allegations a Survey date: Decer						
	Facility number: 0	12288					
	Residential Census	: 99					
	This State Resident accordance with 41	tial Findings is cited in 10 IAC 16.2-5.					
	Quality review con	npleted December 23, 2024					
R 0053 Bldg. 00	410 IAC 16.2-5-1 Residents' Rights	, .					
J	failed to ensure res	and record review the facility idents were free of verbal sidents reviewed (Resident B).	R 00	53	1. QMA 2 was separated from employment 12/19/24.		01/10/2025
	provided by the Ad 11:27 AM. The rep reported he had req	incident, dated 12/15/24, was dministrator on 12/23/24 at oort indicated Resident B had quested medications from on Aide (QMA) 2 on 12/15/24			2. An Audit was completed by the Case Manager on 1/9/2025 through independent resident interviews to assess the treatm of residents by facility staff. A concerns identified through the	nent ny	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Administrator

01/09/2025

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING		00	COMPLETED	
			B. WING			12/23/2024	
				CTD FFT A	ADDRESS OF A STATE SID COD		
NAME OF P	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
CDAND	MADOLIIC TUE				VASHINGTON BLVD		
GRAND I	MARQUIS, THE			FURIV	VAYNE, IN 46802		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG				TAG	DEFICIENCY)		DATE
	at 5:40 PM. The rep	port indicated Resident B's			audit that was completed were	•	
	interaction with QMA 2 led to cursing, profanity				addressed at that time.		
	and throwing the re	sident's medication pack			1		
	towards Resident B.				3.		
					-All Staff were in-serviced by t	he	
	Resident B's grieva	nce form, dated 12/15/24 was			Administrator on 1/9/2025 on	the	
	provided by the Administrator on 12/23/24 at				facility's Abuse Policy, specific	to,	
	11:27 AM. The form	m indicated Resident B went to			Resident Rights.		
	get his medication from QMA 2 around 5:40 PM				-All Staff were in-serviced by t	he	
		equest led to arguing and			DON on 1/10/2025 on commo		
		Resident B indicated QMA 2			mental health conditions and		
	called him a "punk b**** and other names."				de-escalation of behavior		
					techniques.		
	Resident B's record	review was completed on					
	12/23/24 at 10:49 A	AM. Diagnosis included bipolar			4.The DON and Case Manage	∍r,	
	disorder, post traun	natic stress disorder, and major			with oversight from the		
	depressive disorder				Administrator, will conduct		
					monthly audits through		
	_	ed 12/15/24, indicated			independent Resident intervie	ws to	
		d to the nursing station for his			ensure Residents Rights are		
		resident was upset at QMA 2.			upheld, to include, Residents	are	
	The note also indicated words were exchanged				being treated with Respect an	d	
	between QMA 2 and Resident B.				Dignity. The findings from the		
					audits will be reviewed during		
	_	v, on 12/23/24 at 11:16 AM,			facility's quarterly QAPI meetii	-	
		ed on 12/15/24 he went to the			until there is 100% compliance	∍.	
		is medication. Resident B					
		ad requested his weight 3 or 4					
		B refused. Resident B also					
		ndicated "I don't f****ing					
	care" and "you're a	f****ing punk b****."					
		10/00/04 - 10 - 5 - 5					
	_	v on 12/23/24 at 10 AM, the					
		eated Resident B was					
		Administrator indicated					
		d on 12/15/24 that QMA 2 had					
	cursed at him.						
	A video with audio, time stamped 12/15/24 at 4:55						
	PM, was provided b	by the Administrator on					

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED			
		B. WING		12/23/2024				
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE			STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	DROWIDERIC DLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION		
TAG	REGULATORY OF			CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	41E	DATE		
	12/23/24 at 11:52 A	AM. The video showed Resident						
	B went to the nurse	's station and requested his						
	medication from Q	MA 2. The video showed						
	Resident B indicate	d he was upset with QMA 2						
	for not providing hi	s medication the previous few						
	nights. The video sl	howed QMA 2 hand Resident						
	B his medication ar	nd Resident B indicated "don't						
	throw my medication	on at me." The video showed						
	Resident B walked	away from the nurse's station						
	and QMA 2 follow	ed, cursing at the resident. The						
	video showed QMA	A 2 indicated Resident B was a						
	"f***ing idiot" and "punk b****." The video							
	then showed while	Resident B walked towards the						
	stairs; QMA 2 indicated "I don't give a f****,							
	b****, a** go dow	nstairs."						
	"Abuse, Neglect an by the Administrate policy indicated ver written or gestured included disparaged residentsregardles comprehend or disa	st reviewed 3/1/2020, titled d Exploitation," was provided or on 12/23/24 at 12:13 PM. The rbal abuse was the use of oral, language that willfully d and derogatory terms to s of their age, ability to ability.						
	This citation is related to complaint 11400447570.							

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