

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

PRINTED: 02/28/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155381		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/16/2024	
NAME OF PROVIDER OR SUPPLIER  HARBOUR MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1667 SHERIDAN RD NOBLESVILLE, IN 46060			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00428301.</p> <p>Complaint IN00428301 - Federal/state deficiencies related to the allegations are cited at F609.</p> <p>Survey date: February 16, 2024</p> <p>Facility number: 000551 Provider number: 155381 AIM number: 100267400</p> <p>Census Bed Type: SNF/NF: 114 SNF: 12 Residential: 47 Total: 173</p> <p>Census Payor Type: Medicare: 12 Medicaid: 87 Other: 27 Total: 126</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 21, 2024.</p>			F 0000	<p><b>Submission of this plan of correction in no way constitutes an admission by Harbour Manor Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law.</b></p> <p><b>This plan of correction is also Harbour Manor Health &amp; Living Community's credible allegation of compliance. We allege substantial compliance on March 1st, 2024. We are respectfully requesting paper compliance for this survey.</b></p>		
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect,</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jacob Atkinson

Executive Director

02/27/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview the facility failed to report allegations of sexual abuse to one or more law enforcement and adult protection agencies for 1 of 1 resident reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>Review of a State reportable, dated 2/12/24, indicated Resident B reported an allegation of staff to resident sexual abuse.</p> <p>Review of the facility investigation of the allegation, the investigation lacked documentation of law enforcement notification and/or adult</p>			F 0609	<p>F690</p> <p><b>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Police called immediately following survey exit. APS notified.</p> <p><b>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective</b></p>		03/01/2024

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	<p>protection agency.</p> <p>During an interview on 2/16/24 at 12:29 p.m., Resident B indicated during incontinent care, CNA 1 touched them inappropriately. The resident indicated they felt the interaction was sexual abuse.</p> <p>During an interview on 2/16/24 at 2:55 p.m., the Administrator and Director of Nursing indicated the law enforcement agency was not called due to the family's request to not call the police.</p> <p>During an interview on 2/16/24 at 3:00 p.m., a family member of Resident B indicated they did not request the police not to be called.</p> <p>During an interview on 2/16/24 at 3:06 p.m., the Corporate Consultant indicated the facility did not call the police.</p> <p>A current policy, dated 10/14/2014, titled "Abuse, Neglect, and Misappropriation Prohibition and Prevention Policy" was provided by the Administrator on 2/16/24 at 2:08 p.m. The policy indicated the following: ".... A. Reporting to Law Enforcement 1. Under the Elder Justice Act. Any individual who has the reasonable suspicion that a resident in one of our Communities has been the victim of a crime, they must report that suspicion to local law enforcement or, if reporting the chain of command, ensure that others have contacted local law enforcement. 2. Any individual who fails to ensure a report to law enforcement of knowledge or suspicion of a crime against a resident may be subject to consequences including loss of employment, loss of professional licensure, registration or certification, a monetary penalty, or criminal</p>				<p><b>action(s) will be taken.</b></p> <p>Residents alleging sexual abuse have the potential to be affected by this deficient practice and have been audited to ensure no other allegations of sexual abuse which require notification of law enforcement.</p> <p><b>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p>Administrator and DON will be educated on sexual abuse policy.</p> <p><b>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; and</b></p> <p>Administrator or designee will audit 5 residents with sexual abuse allegations to ensure law enforcement and APS have been notified. Audits will occur weekly x 6 weeks, then monthly for 6 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be adjusted as needed if compliance is below 100%. Ongoing frequency and duration will be</p>		

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	prosecution. .... C. Reporting To State Agencies And Law Enforcement .... 2. Allegations of mistreatment, neglect, or injury of unknown source that do not result in serious injury will be reported within a reasonable amount off time not to exceed 24 hours to the State licensing/certification agency through the approved method of reporting, Adult Protective Services by fax, and local law enforcement by telephone. ...."  This citation relates to Complaint IN00428301.  3.1-28(c)				determined by the Quality Assurance Committee		