STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155381	A. BUILDING 00 B. WING	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HARBOUR MANOR HEALTH & LIVING COMMUNITY	1667 SHERIDAN RD NOBLESVILLE, IN 46060

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00448256, IN00449955, and IN00450213. Complaint IN00448256 - Federal/State deficiencies related to the allegations are cited at F600 and F607. Complaint IN00449955 - Federal/State deficiencies related to the allegations are cited at F656. Complaint IN00450213 - Federal/State deficiencies related to the allegations are cited at F656. Survey date: January 2, 2025 Facility number: 000551 Provider number: 155381 AIM number: 100267400 Census Bed Type: SNF/NF: 107 SNF: 10 Residential: 46 Total: 163 Census Payor Type: Medicare: 10 Medicaid: 80 Other: 27 Total: 117 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed January 9, 2025.	F 0000	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. This plan of correction is also Harbour Manor Health & Living Community's credible allegation of compliance. We allege substantial compliance on January 22nd, 2024. We respectfully request paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jacob Atkinson	Executive Director	01/21/2025

Any defiencystatement 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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F 0600 SS=G Bldg. 00	483.12(a)(1) Free from Abuse and Neglect Based on interview and record review, the facility failed to protect the resident's right to be free from staff-to-resident abuse perpetrated by RN 2 when the nurse held the hands of a cognitively impaired resident and administered medications while the resident was screaming for 1 of 3 residents reviewed for abuse. (Resident B) Using the reasonable person concept, this abuse could result in Resident B feeling dehumanized and anxious related to their hands being physically restrained and being forced to take oral medications. Findings include: Resident B's clinical record was reviewed on 1/2/25 at 9:13 a.m. Diagnoses included encephalopathy, anemia, hypertension, cerebrovascular disease, dysphagia, stage 4 chronic kidney disease, pain, and memory deficit. The most recent admission Minimum Data Set (MDS) assessment, dated 11/29/24, indicated the resident was severely cognitively impaired. An 11/30/24 at 8:20 p.m. progress note authored by RN 2 indicated, while attempting to administer medications to Resident B, the resident became combative. The note indicated RN 2 sat on the resident's bed, held the resident's hands, and put the medication in the resident's mouth while she was screaming. The resident spat the medications and applesauce out of their mouth. RN 2 wiped the applesauce off the bed and out of her hair. CNA 1 was present in the room. During an interview on 1/2/25 at 2:19 p.m., the	F 0600	F600 **what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** Resident B has discharged from facility per plan of care. **how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.** Residents refusing medications have the potential to be affected by the alleged deficient practice and have been audited to ensure resident's right to refuse medications is being maintained and residents remain free of abuse. **what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.** Licensed nurses and QMAs will be educated on the abuse policy including residents' rights to refuse medications. Education will occur upon hire and annually.	01/22/2025

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	Director of Nursing (DON) indicated she received a phone call from the facility on 11/30/24 (at an unspecified time). During the call, CNA 1 indicated RN 2 was involved in an incident of poor customer service and had abused Resident B. The DON immediately went to the facility to ensure Resident B was safe and to initiate an investigation into the incident. RN 2 was not in the facility when she arrived. The DON called RN 2 for an interview and RN 2 indicated she was "tired" and did not feel the facility was the place for her. RN 2 submitted her resignation during that conversation. The DON indicated Resident B required a calm approach due to her behaviors. The resident had a history of combative behaviors since admission to the facility. One-to-one observation was initiated due to the resident's unsafe and combative behaviors. The facility felt Resident B was not safe to be left alone. During an interview on 1/2/25 at 3:35 p.m., CNA 1 indicated, on 11/30/24, she was providing one-to-one observation for Resident B. While in the resident's room, she witnessed RN 2 providing poor customer service to Resident B. The poor customer service was described as RN 2 performed multiple attempts to administer medications to Resident B while the resident was fighting the nurse. CNA 1 felt that RN 2 should have just stopped trying to administer the medication. Resident B was yelling and saying no. The resident was already agitated and combative. RN 2 was escalating her behavior. The incident happened quickly and CNA 1 did not intervene or try to protect the resident, but she did call the Administrator to report the incident afterwards. During an interview on 1/2/25 at 3:55 p.m., the Administrator indicated, during his notification on		**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** DON or Administrator will interview 5 licensed associates and QMAs to ensure abuse policy is being followed including residents' rights to refuse medications. Audits will occur daily x 30 days, weekly x 12 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 determined by the Quality Assurance Committee	

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	11/30/24 following the event, the incident was reported as abuse involving Resident B and RN 2. The DON entered the facility to initiate the investigation upon notification of the incident on the evening of 11/30/24. RN 2 was not available for interview during the survey on January 2, 2025. A current policy, dated 10/4/2014, titled "Abuse, Neglect, and Misappropriation Prohibition and Prevention Policy" was provided by the DON on 1/2/25 at 10:55 a.m. The policy indicated the following: " .... III. Preventing Resident Abuse 1. Preventing resident abuse is a primary concern for this Community. It is our goal to achieve and maintain an abuse free environment. 2. Our abuse prevention program includes, but is not limited to, the following: .... c. Rotating staff working with difficult or abusive residents; ensuring staff on each shift is sufficient numbers to meet the needs of the residents and assuring that the staff assigned has knowledge of individual resident care needs. This citation relates to Complaint IN00448256. 3.1-27(a)			
F 0607 SS=D Bldg. 00	483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies Based on record review and interview, the facility failed to implement their abuse policy when a staff member (CNA 1) failed to intervene when witnessing the abuse of a cognitively impaired resident (Resident B) by a staff member (RN 2) for 1 of 3 residents reviewed for abuse.	F 0607	F607 **what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.**	01/22/2025

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	Findings include: A facility reportable indicated on 11/30/24, CNA 1 reported that RN 2 displayed poor customer service with Resident B. RN 2 was suspended pending investigation and immediately left the facility. Resident B's clinical record was reviewed on 1/2/25 at 9:13 a.m. Diagnoses included encephalopathy, anemia, hypertension, cerebrovascular disease, dysphagia, stage 4 chronic kidney disease, pain, and memory deficit. The most recent admission Minimum Data Set (MDS) assessment, dated 11/29/24, indicated the resident was severely cognitively impaired. An 11/30/24 at 8:20 p.m. progress note authored by RN 2 indicated, while attempting to administer medications to Resident B, the resident became combative. RN 2 sat on the resident's bed, held the resident's hands, and put the medication in the resident's mouth while she was screaming. The resident spat the medications and applesauce out of their mouth. RN 2 wiped the applesauce off the bed and out of her hair. CNA 1 was present in the room. During an interview on 1/2/25 at 2:19 p.m., the DON indicated she received a phone call from the facility on 11/30/24 (at an unspecified time). During the call, CNA 1 indicated RN 2 had been involved in an incident of poor customer service and had abused Resident B. The DON immediately went to the facility to ensure Resident B was safe and to initiate an investigation into the incident. RN 2 was not in the facility when she arrived. The called RN 2 for an interview and RN 2 indicated she was "tired" and did not feel the		Resident B has discharged from facility. **how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.** Residents residing in the facility have the potential to be affected by the alleged deficient practice and have been audited to ensure residents rights are being maintained. **what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.** Associates will be educated on the abuse policy including the steps to protect residents from abuse. Education will occur upon hire and annually. **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** DON or Administrator will interview 5 associates to ensure associates are knowledgeable regarding the abuse policy including steps to	

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	facility was the place for her. RN 2 submitted her resignation during that conversation. During an interview on 1/2/25 at 3:35 p.m., CNA 1 indicated, on 11/30/24, she was providing one to one observation for Resident B. While in the resident's room, she witnessed RN 2 providing poor customer service to Resident B. The poor customer service was described as RN 2 performed multiple attempts to administer medications to Resident B while the resident was fighting the nurse. CNA 2 felt that RN 2 should have just stopped trying to administer the medication. The incident happened too quickly and she did not intervene or try to protect Resident B. During an interview on 1/2/25 at 3:55 p.m., the Administrator indicated, during a facility phone call on the evening of 11/30/24, the caller indicated there had been an incident of abuse involving Resident B and RN 2. Upon investigation it was determined that CNA 1 witnessed the alleged abuse and did not, but should have, intervened on behalf of the dependent resident. RN 2 was not available for interview during the survey on January 2, 2025. A current facility policy, dated 10/4/2014, titled "Abuse, Neglect, and Misappropriation Prohibition and Prevention Policy" was provided by the DON on 1/2/25 at 10:55 a.m. The policy indicated the following: " .... VI. Reporting: ....6. Any individual observing an incident of resident abuse or suspecting resident abuse must promptly report such incident to the Administrator, or designee, only after he/she ensures the resident involved is safe from the alleged incident...."		protect residents from abuse. Audits will occur daily x 30 days, weekly x 12 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 determined by the Quality Assurance Committee	

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	Cross reference F600. This citation relates to Complaint IN00448256. 3.1-28(a)			
F 0656 SS=D Bldg. 00	483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan Based on interview and record review, the facility failed to follow a care plan intervention of providing care with staff pairs to protect the resident from anxiety related to allegations of inappropriate care for 1 of 3 residents reviewed for abuse. (Resident C) Findings include: During an interview on 1/2/25 at 9:35 a.m., Resident C indicated, on 12/26/24 during the night shift, CNA 3 touched him inappropriately during incontinence care. The resident reported the incident to other facility staff. Resident C's clinical record was reviewed on 1/2/25 at 9:39 a.m. Diagnoses included multiple sclerosis, pain, abdominal aortic aneurysm-without rupture, type 2 diabetes mellitus with diabetic polyneuropathy and hyperosmolarity, depressive disorder, and dysphagia following cerebral infarction. Review of the most current quarterly Minimum Data Set (MDS) assessment, dated 11/5/24, indicated the resident was cognitively intact. A current "CNA Assignment Sheet," care plan dated 4/28/23, indicated an intervention for care in pairs, initiated 11/7/23 due to resident behaviors	F 0656	F656 **what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** Resident C care plans were reviewed and updated. **how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.** Residents residing in the facility who are care planned for care in pairs have the potential to be affected by the alleged deficient practice and have been audited to ensure the care plan interventions are being followed. **what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.**	01/22/2025

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	as evidenced by making false accusations against staff members. During an interview on 1/2/25 at 10:52 a.m., CNA 4 indicated staff provided care to Resident C in pairs due to his behaviors. During an interview on 1/2/25 at 11:02 a.m., CNA 5 indicated Resident C required two staff members when care was provided. This intervention was listed on the CNA Assignment Sheet. During an interview on 1/2/25 at 2:26 p.m., the DON indicated Resident C came to her to report being physically assaulted by CNA 3. The facility initiated an investigation and sent the resident to the hospital for evaluation. The DON indicated CNA 3 had provided care alone while another CNA was in the hallway. The DON indicated CNA 3 did not follow the intervention to provide care in pairs. Review of a written statement, dated 12/27/24, CNA 3 indicated they did provide care to Resident C on 12/26/24. CNA 3 did not indicate if there had been another staff member present while care had been provided. CNA 3 was not available for interview during the survey on January 2, 2025. This citation relates to Complaint IN00449955 and IN00450213. 3.1-35(b)(1)		Associates will be educated on following care plan interventions for care in pairs. Education will be provided upon hire and annually. **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** DON or Administrator will audit residents with care plan interventions for care in pairs to ensure care plan interventions are being followed. Audits will occur daily x 30 days, weekly x 12 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 determined by the Quality Assurance Committee	