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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br>09/29/2022 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>NOBLE SENIOR LIVING AT FORT WAYNE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>300 E WASHINGTON BLVD<br>FORT WAYNE, IN 46802 |
|---|--|

| (X4) ID PREFIX TAG     | SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETION DATE |
|------------------------|---|---------------|--|----------------------|
| R 0000<br><br>Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00389752.</p> <p>Complaint IN00389752 - Substantiated. State deficiency related to the allegation is cited at R0064</p> <p>Survey date: September 29, 2022</p> <p>Facility number: 012288</p> <p>Residential Census: 83</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 3, 2022.</p>   | R 0000        |  |                      |
| R 0064<br><br>Bldg. 00 | <p>410 IAC 16.2-5-1.2(hh)<br/>Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review, the failed to ensure residents were free of exploitation for 1 of 3 residents reviewed. (Resident B).</p> <p>Findings include:</p> <p>An incident report, dated 9/6/22, was provided by the Business Office Manager (BOM) on 9/29/22 at 2:35 P.M. The report indicated, on 9/6/22, Resident B reported that Receptionist 2 had requested to</p> | R 0064        | <p>1.Administrator was notified 9/6/2022 of the allegation of abuse. Facility reported incident to ISDH on 9/7/2022. Receptionist 2 was terminated 9/7/2022 as a result of the investigation.</p> <p>2.No other residents were found to be affected through an audit that was completed on 9/7/2022.</p> | 09/30/2022           |

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

TITLE

(X6) DATE

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>borrow money a week prior (around 9/1/22 or 9/2/22) from the resident. He loaned the receptionist \$35 (dollars) cash and the receptionist indicated she would pay Resident B back on 9/6/22. Resident B indicated Receptionist 2 paid him \$15 on 9/6/22, but owed him \$20. The facility initiated an investigation and found that the event occurred. The report indicated the staff educated Resident B to not loan money, keep his door locked/shut and any similar concerns should be reported. The staff were educated regarding the facility's abuse policy and Receptionist 2 was terminated.</p> <p>An investigation file was provided by the Assistant Director of Nursing (ADON) on 9/29/22 at 3:40 P.M. The file indicated the BOM spoke with Receptionist 2 on 9/7/22 at 1:01 P.M. The documentation indicated Receptionist 2 stated she borrowed \$35 the week prior and would pay him back on 9/6/22. Resident B was interviewed on 9/7/22 at 2:10 P.M. Receptionist 2 asked Resident B for a \$40 loan and Receptionist 2 would pay him back on 9/6/22. Resident B indicated he loaned her \$35 and Receptionist 2 had paid him \$15 on 9/6/22 and owed him \$20.</p> <p>A list of interviewable resident was provided by the Social Service Director (SSD) on 9/29/22 at 1:56 P.M. The list indicated Resident B was interviewable.</p> <p>In an interview on 9/29/22 at 1: 2:08 P.M., Resident B indicated Receptionist 2 had requested to borrow \$35. The receptionist indicated he would be paid back on 9/6/22. The receptionist only paid \$15 back on 9/6/22, so the resident reported the incident to the front desk.</p> <p>In an interview on 9/29/22 at 2:45 P.M., the BOM</p> |                     | <p>3. Staff were in-serviced on 9/7/2022 by the Administrator and/or designee on the facility's:<br/>1.) Abuse/Neglect/Exploitation Reporting Guidelines and 2.) Resident Rights policy &amp; procedures.</p> <p>4. The Social Service Coordinator/Case Manager for the facility, with oversight from the Administrator, will complete monthly audits by conducting independent interviews of residents and staff to ensure both residents and staff are aware of the facility's abuse/neglect/exploitation reporting policy and that staff are not allowed to ask or borrow money from residents. The findings from the audits will be reviewed during the facility's monthly QAPI meeting until there is 100% compliance. Once 100% compliance is achieved, then the monthly audits will no longer be conducted.</p> |                            |

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

PRINTED: 10/26/2022

FORM APPROVED

OMB NO. 0938-039

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|                          | <p>indicated she had contacted Receptionist 2 and the receptionist stated she had asked Resident B for money. The receptionist was terminated.</p> <p>In an interview on 9/29/22 at 2:53 P.M., the ADON indicated money was not to be requested from residents and residents should not give staff gifts or money.</p> <p>In an interview on 9/29/22 at 2:16 P.M., Certified Nurse Aide (CNA) 3 indicated if a resident reported a staff member requested to borrow money, she would report the incident to the Director of Nursing (DON), Executive Director and ADON.</p> <p>In an interview on 9/29/22 at 2:40 P.M., CNA 4 indicated money was not to be requested from residents.</p> <p>A policy, untitled and undated, was provided by the SSD on 9/29/22 at 1:56 PM. The policy indicated the following resident rights are ensured and protected by all facility staff:..."right to be free from abuse, neglect, and exploitation."</p> <p>This State Finding relates to Complaint IN00389752.</p> |                     |  |                            |