

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Glenbrook Rehabilitation & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3811 Parnell Ave Fort Wayne, IN 46805	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>44036</p> <p>Based on interview and record review, the facility failed to ensure residents were free from misappropriation of property for 1 of 5 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 4/10/25 at 12:45 PM. Resident B no longer resided in the facility.</p> <p>A report, dated 3/24/25, provided by the Administrator on 4/10/25 at 12:42 PM indicated Certified Nurse Aide (CNA) 3 was suspected of theft.</p> <p>A file was provided by the Administrator on 4/10/25 at 12:42 PM. The file included the following statements:</p> <p>Housekeeping Supervisor's statement, dated 3/25/25, indicated Housekeeping Aide 4 reported an allegation of theft on 3/23/25. The statement indicated Housekeeping Aide 4, on 3/19/25, observed CNA 3 search the pockets of Resident B's clothes, found his wallet and removed \$27 of cash.</p> <p>Housekeeping Aide 4's statement, dated 3/24/25, indicated she observed CNA 3 search the pockets of Resident B's clothes, found a wallet with \$27 of cash. Housekeeping Aide 4 indicated CNA 3 asked if there were any cameras in the laundry room. Housekeeping Aide 4 indicated she was unaware of any cameras. Housekeeping Aide 4 then indicated CNA 3 indicated I can use this money for gas, then observed CNA 3 put the \$27 cash in her pocket.</p> <p>An Administrator and Housekeeper Supervisor statement, dated 3/24/25, indicated CNA 3 was interviewed by the Administrator and the Housekeeping Supervisor on 3/24/25. The statement indicated CNA 3 searched the pockets of Resident B's clothes but denied the allegation of taking Resident B's money out of his wallet.</p> <p>In an interview, on 4/10/25 at 12:38 PM, CNA 2 indicated personal items, including money should be not taken from a resident. CNA 2 indicated when stealing was observed, she reported the incident to the Director of Nursing (DON) and/or the Administrator. CNA 2 indicated if neither the DON or Administrator were available, she would report to the Charge Nurse.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy, undated, titled Abuse: Zero Tolerance, was provided by the Administrator on 4/10/25 at 12:42 PM. The policy indicated taking or borrowing money from a resident was considered a form of abuse. The policy indicated the facility had a zero tolerance of any form of abuse.</p> <p>This finding relates to Complaint IN00456068.</p> <p>3.1-28(a)</p>		