

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Byron Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1661 Beacon Street 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure adequate supervision was in place to prevent residents from leaving the facility unsupervised for 1 of 3 residents reviewed (Resident B). Resident B was unsupervised, walked approximately 3 miles across heavily traveled streets. Resident B's unsupervised wandering could result in death.</p> <p>The Immediate Jeopardy began on 6/15/25 when the facility failed to prevent Resident B from leaving the facility unsupervised. The Executive Director (ED) and Assistant Administrator were notified of the Immediate Jeopardy on June 17, 2025, at 12:34 PM. The Immediate Jeopardy was removed on June 18, 2025, but noncompliance remained at the lower scope and severity of no actual harm with potential for more than minimal harm that is not Immediate Jeopardy.</p> <p>Findings include:</p> <p>An investigation file was provided by the ED on 6/17/25 at 9:15 AM. The file included an incident report, dated 6/15/25 at 12:56 PM, indicating Resident B was brought back to the facility by the local police department. The police indicated Resident B was found at an apartment complex on [NAME] Street (approx. 3 miles from the facility and having to cross heavy traffic). The report indicated Resident B indicated she went to her old apartment complex to check on the repairs needed.</p> <p>The file included statements of the following:</p> <p>The Chief Financial Officer (CFO)'s statement indicated she was working in the lobby on 6/15/25 and interacted with Resident B multiple times. The CFO indicated she observed Resident B exit the front door at 9:40 AM, returned at 9:45 AM, exited again at 9:55 AM, and returned at 9:55 AM. CFO indicated she observed Resident B exit again at 10:03 AM with no return after camera footage review. CFO indicated at 12:49 PM she received a call from Resident B's friend, who indicated Resident B was at her former apartment on [NAME] Street and the police told her friend they were going to bring the resident back to the facility. CFO indicated she notified Nursing Supervisor 4 who indicated Resident B had returned to the facility with the police.</p> <p>According to Google earth, Resident B would have crossed 2 main highly traveled streets from the facility to reach her prior residence at an apartment complex.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Byron Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1661 Beacon Street 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Resident B's record was reviewed on 6/17/25 at 9:54 AM. Diagnosis included: unspecified mental disorder due to known physiological condition and chronic obstructive pulmonary disease. Resident B resided on the unsecured [NAME] neighborhood (facility unit)</p> <p>Resident B's care plan, dated 5-16-25, did not include the resident's ability to exit the facility alone or interventions for wandering. The care plan did not indicate how often the resident's whereabouts should be checked.</p> <p>Resident B's physician's orders, dated 5/16/25, indicated Resident B could go out on leave of absence (LOA) with family/friends.</p> <p>Resident B's Brief Interview for Mental Status (BIMS), dated 5/22/25, indicated Resident B had a BIMS score of 3/15 -severely impaired cognition. The resident was independently mobile, her mood scores did not indicate sadness or was seeking to go home. There were no exit seeking behaviors indicated on the MDS. She did have pacing behaviors indicated.</p> <p>Resident B's admission assessment, dated 5/16/25, indicated Resident B's reason for admission was due to memory issues.</p> <p>Resident B's wandering assessments, dated 5/16/25, 5/19/25 and 6/3/25, indicated Resident B was at high risk for wandering. The assessments did not address the risk for elopement.</p> <p>No elopement risk assessments were completed.</p> <p>A nursing note, dated 6/11/25, indicated Resident B was wandering around another neighborhood (unit within the facility) and reported she was lost. Staff directed the resident back to her room.</p> <p>A nursing note, dated 6/12/25, indicated Resident B was wandering and pacing around other neighborhoods (units throughout the facility). The note indicated Resident B told staff she was moving out of the facility and did not need to be at the facility.</p> <p>A nursing note, dated 6/15/25 at 1:45 PM, indicated Resident B was brought back to the facility by the local police department. The police officer indicated Resident B was at her old apartment approximately 3 miles away from the facility. The note indicated Resident B left without signing out, having a friend or family accompanying her, or alerting staff. Resident B told staff she left the facility a couple days ago, returned today but was unsure who brought her back. Resident B indicated she went to her old apartment to check on the work that was completed.</p> <p>There were no other notes to indicate Resident B wandered or felt lost between 6/12/15 and 6/15/25.</p> <p>An LOA form was provided by the ED on 6/17/25 at 1 PM. The LOA form indicated Resident B signed out with family/friends on 5/26/25 and 5/31/25. The LOA form did not include a signature for an outing on 6/15/25 related to Resident B's absence.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Byron Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1661 Beacon Street 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview, on 6/17/25 at 9:07 AM, Licensed Practical Nurse (LPN) 6 indicated Resident B resided on the [NAME] Neighborhood, an unsecured unit within the facility. The resident left the facility on 6/15/25 without notifying staff or signing out of the LOA book. LPN 6 indicated Resident B was brought back to the facility by the local police department around 12:40 PM. LPN 6 indicated prior to Resident B exiting the facility, she had last seen her around 9 AM and was at her baseline. LPN 6 indicated she did not know Resident B had left the facility.</p> <p>During an interview, on 6/17/25 at 9:15 AM, Certified Nurse Aide (CNA) 7 indicated she last saw Resident B on 6/15/25 around 9 AM. CNA 7 indicated Resident B was in the main lobby area. Resident B usually ambulated independently and wandered the facility but never exited the facility without family/friends. The resident was fairly alert and cared mostly for herself. She indicated the resident usually ate lunch in the main dining room rather than on the neighborhood (facility unit), so she did not miss the resident at lunchtime. CNA 7 indicated she did not know Resident B had exited the facility.</p> <p>During an interview, on 6/17/25 at 9:25 AM, Nursing Supervisor 4 indicated she was notified Resident B was dropped off by the local police department on 6/15/25 at 12:46 PM. Nursing Supervisor 4 indicated she completed an assessment and talked to Resident B upon return. Nursing Supervisor 4 indicated Resident B was confused compared to baseline. Nursing Supervisor 4 indicated Resident B indicated she had walked to her old apartment to check in on the landlord repairs. Nursing Supervisor 4 indicated Resident B thought she had been away from the facility for the past 3 days and returned on 6/15/25 but was unsure who brought her back to the facility.</p> <p>During an interview, on 6/17/25 at 9:34 AM, the CFO indicated she was working in the lobby on 6/15/25. She indicated she had witnessed Resident D exit the building unsupervised prior to 6/15/25, but the resident always returned in a few minutes independently. The CFO indicated she had received a call from Resident B's friend, who indicated Resident B was picked up by the police at her old apartment and the police were headed back to the facility.</p> <p>The CFO took no action on 6/15/25 between 10:03 AM and 12:49 PM to ensure Resident B's safety.</p> <p>During an interview, on 6/17/25 at 12:47 PM, Resident B's son indicated he was not in the area on 6/15/25. He indicated Resident B had moved to the facility due to memory issues. She was unable to recall short-term memory items i.e. repetitive notes regarding the same issue, dates and times. He indicated prior to moving to the facility, Resident B lived in an apartment alone about 3 miles away from the facility. Resident B's son indicated on 6/15/25 the facility notified him Resident B had walked to her old apartment. He indicated the facility staff indicated the local police department brought Resident B back to the facility.</p> <p>During an interview, on 6/17/25 at 1:09 PM, Registered Nurse (RN) 5 indicated Resident B often wandered throughout the other neighborhoods (facility unit). RN 5 indicated Resident B was not safe to leave the facility alone due to her confusion. RN 5 indicated on 6/12/25 Resident B reported she was leaving the facility but was redirected. RN 5 indicated she did not know Resident B had exited the facility on 6/15/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Byron Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1661 Beacon Street 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview, on 6/18/25 at 10 AM, Resident's B former neighbor indicated the resident walked from the facility to the her prior residence at an apartment complex on 6/15/25. She indicated the resident had indicated she was coming home. Resident B's former neighbor indicated the resident had dementia. Resident B's former neighbor indicated a police officer had asked her if she knew the resident. She indicated the resident had told the police it took her 3 days to walk to her apartment complex. The neighbor indicated she called the facility and asked if the resident was missing. Staff indicated the resident was not missing and staff had seen resident recently.</p> <p>During an interview, on 6/18/25 at 9:50 AM, the ED indicated Resident B went to the her prior residence at an apartment complex on 6/15/25 either by walking or bus. The ED indicated the police were working outside the apartment complex and the resident went up to the police officer with a map to her apartment. The ED indicated Resident B asked the police officer for assistance to her apartment and the police officer called the landlady. The landlady indicated Resident B no longer lived at the apartment complex, she had moved to the facility. The police brought the resident back to the facility.</p> <p>During an interview, on 6/18/25 at 10:05 AM, the Social Services Director (SSD) indicated Resident B had a BIMS score of 3/15 (severely impaired) and was at high risk of wandering. SSD indicated during the admission assessment, Resident B refused to answer multiple questions which resulted in a BIMS of 3. SSD indicated the admission, 72 hour and 1 month wandering assessment included Resident B's dementia diagnosis, independent ambulation without a device, frequently walked around the facility and low BIMS score. This indicated resident was at risk for unsafe wandering. The SSD indicated interventions in place included to engage in activities. The SSD indicated Resident B did not exhibit exit seeking behaviors, was alert to place and person with mixed clarity and became confused at times. The SSD indicated residents who are at risk for wandering are not monitored at specific timeframes but are encouraged to participate in activities for connection.</p> <p>During an interview on 6/18/25 at 11:04 AM, LPN 8 indicated she assisted Resident B on 6/11/25. LPN 8 indicated Resident B indicated her son had stolen her apartment and then indicated her apartment was getting repaired. Resident B also indicated she would be back to her house in a couple days. LPN 8 indicated Resident B was easily redirected.</p> <p>A policy, dated 7/20, titled Missing Resident/Elopement, was provided by the ED on 6/17/25 at 1 PM. The policy indicated staff should attempt to prevent residents from elopement through assessment and interventions. The policy indicated an elopement risk assessment should be completed upon return to the facility.</p> <p>A policy, last revised 5/13/25, titled Care Plan - Comprehensive, was provided by the ED on 6/17/25 at 1 PM. The policy indicated resident's comprehensive care plans are designed to reflect the resident's current standards of practice for problem areas and conditions.</p> <p>The Immediate Jeopardy that began on 6/15/25 was removed and the deficient practice corrected on 6/18/25 when the facility re-educated all staff on facility policies for unsafe wandering and elopement, assessments and appropriate interventions but will remain at the lower scope and severity of no actual harm with potential for more than minimal harm that is not Immediate Jeopardy.</p> <p>This citation relates to Complaint IN00461523.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Byron Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1661 Beacon Street 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3.1-45(a)</p>