

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2024
NAME OF PROVIDER OR SUPPLIER Harbour Manor Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1667 Sheridan Rd Noblesville, IN 46060	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>32663</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 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:</p> <p>A. Reporting to Law Enforcement</p> <p>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.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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 prosecution.</p> <p>C. Reporting To State Agencies And Law Enforcement</p> <p>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.</p> <p>This citation relates to Complaint IN00428301.</p> <p>3.1-28(c)</p>		