

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  04/24/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>40339</p> <p>Based on interview and record review, the facility failed to complete an investigation of an allegation of verbal abuse for 1 of 3 residents reviewed for abuse. (Resident D)</p> <p>Findings include:</p> <p>During an interview on 4/23/24 at 10:56 a.m., Resident D indicated she had an incident while in an activities group, before a Bingo game. She was seated at a table waiting for another resident to join her and another resident entered the room. She felt the Activities Director (AD) got the idea that Resident D had rejected the resident to sit at her table. The AD began to yell loudly at her that she was not in control and how dare she turn away an old woman. Resident D indicated she was humiliated and embarrassed, and felt very hurt. She cried a lot over the next few days. She indicated the AD had not followed up with her or apologized. She felt that the AD had a bad day, and Resident D had since forgiven the AD and began to attend activities again. Nothing further had been said about the incident.</p> <p>The clinical record for Resident D was reviewed on 4/23/24 at 11:15 a.m. Diagnoses included major depressive disorder and morbid obesity.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 4/16/24, indicated the resident was cognitively intact, had no hallucinations, delusions, and no verbal or physical behaviors. She could make herself understood and could understand others.</p> <p>During an interview on 4/23/24 at 1:20 p.m., Physical Therapy staff (PT) 2 indicated Resident D reported the incident in activities to her, and was extremely upset during the conversation. PT 2 reported the incident to her supervisor and felt it had been reported to the Administrator and/or DON.</p> <p>During a telephone interview on 4/23/24 at 2:36 p.m., PT 3 indicated she had informed the DON regarding the resident's allegation as soon as PT 2 had communicated it to her.</p> <p>During an interview on 4/24/24 at 1:45 p.m., the DON indicated she was unaware of an allegation of verbal abuse regarding Resident D and the Activities Director.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current facility policy, edited 8/2016, titled, SNF Reportable Policy and Procedure, provided by the Corporate Nurse Consultant on 4/24/24 at 1:24 p.m., included the following: Purpose .Administrative staff will immediately report the following incidents to the Indiana Department of Health .1. Any/all alleged violation involving mistreatment, neglect or abuse.</p> <p>This citation relates to Complaint IN00431938.</p> <p>3.1-28(d)</p>		