

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Grey Stone Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10445 Dupont Oaks Blvd Fort Wayne, IN 46845	
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)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents were free from abuse for 1 of 3 residents reviewed (Resident B). Findings include: An incident report, dated 7/20/26, was provided by the Administrator on 7/29/26 at 12 PM. The report indicated someone reported to the Administrator Certified Nursing Assistant (CNA) 2 posted videos on social media while working at the facility. The report indicated one of the videos posted briefly showed the face of Resident B. Resident B's record was reviewed on 7/29/26 at 3:15 PM. Diagnoses included generalized anxiety disorder and depression. An admission Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident B had a Brief Interview of Mental Status (BIMS) score of 06/15 (severely impaired). In an interview, on 7/29/26 at 10 AM, the Administrator indicated someone reported a video posted on tiktok (social media) by CNA 2. The video posted included the complaints about the facility and included the face of Resident B. The Administrator indicated he observed the video and confirmed the video posted consisted of CNA 2 complaining about her work assignment, including the facility hallways and Resident B's face. The Administrator indicated he attempted to reach out to CNA 2 multiple times and was unsuccessful. The Administrator indicated staff should not take or post videos or pictures of residents or the facility as it is a violation on privacy and resident rights. In an interview, on 7/30/26, Qualified Medication Aide (QMA) 3 indicated it was a violation of abuse, privacy and resident rights to take pictures or videos of residents and post them on social media. QMA 3 indicated personal phones were only utilized during break hours in the break room or outside the facility. A policy, titled Abuse Prohibition, Reporting and Investigation, last revised 3/2026, was provided by the Director of Nursing (DON) on 7/29/26 at 3:10 PM. The policy indicated photos or recordings taken of residents was a form of exploitation and a form of abuse. This citation relates to Intake 3105761.410 IAC (Indiana Administrative Code) 16.2-3.1-27(a)(b)		

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