

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/21/2016
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NAME OF PROVIDER OR SUPPLIER SANDERS GLEN	STREET ADDRESS, CITY, STATE, ZIP CODE 334 S CHERRY ST WESTFIELD, IN 46074
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00201011 and IN00200770.</p> <p>Complaint IN00201011 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00200770 - Substantiated. State deficiency related to the allegations is cited at R0064.</p> <p>Survey dates: July 20 & 21, 2016</p> <p>Facility number: 005657 Provider number: 005657 AIM number: N/A</p> <p>Residential census: 110</p> <p>Sample: 10</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on July 22, 2016.</p>	R 0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement of the facts alleged or conclusions set forth in this statement of deficiencies. The facility maintains that the alleged findings do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The plan of correction and specific corrective actions are prepared and/or executed in compliance with the state and federal laws. Please accept this plan of correction as it constitutes our credible allegation of compliance with all regulatory requirements.	
R 0064 Bldg. 00	<p>410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents '</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident.</p> <p>Based on interview and record review, the facility failed to ensure a resident remained free from misappropriation of property for 1 of 6 residents reviewed for abuse (Resident H).</p> <p>Findings include:</p> <p>The record review of the facility investigation of the misappropriation allegation was completed on 07/19/16 at 2:15 p.m.</p> <p>On 6/24/16, Resident J reported to the Director of Nursing she was missing two five dollar bills from her wallet and was concerned the housekeeper took them. During the facility investigation, on 6/28/16, Resident H's family member indicated Resident H was missing her credit card, driver's license and keys.</p> <p>Resident H's family member received alerts that her credit card had been used for purchases at two gas stations and online on 6/27/16.</p> <p>During an interview on 7/21/16 at 11:00 a.m., the administrator indicated Resident</p>	R 0064	<p>This facility prohibits neglect, mental or physical abuse, including involuntary seclusion and the misappropriation of the property of residents, as illustrated through the actions taken by facility staff in noted finding. <u>Corrective action for identified resident(S)</u>: The Administrator communicated with Resident H's family during the investigation process, keeping them informed and assisting as needed with the replacement of misappropriated items. Resident H's door lock has been changed and additional safeguards, such as a locked cabinet or safe have been offered. Resident H's resident account has been credited for the replacement costs of items. <u>Identification and corrective action for other residents with the potential to be affected</u>: All residents have the potential to be affected. Resident interviews identified one (1) additional resident to be affected in conjunction with facility investigation. Resident J had a lock added to a cabinet as an additional safeguard for her property. <u>Measures to prevent recurrence</u>: Education regarding safeguarding of personal property will continue to be discussed at</p>	08/03/2016

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	<p>J had indicated her apartment door was unlocked on the morning of 6/23/16. This was unusual as Resident J locked her apartment door at all times. The facility began to investigate employees who were scheduled during that time frame. They began to suspect CNA #1 may have had involvement in Resident J's missing money. Subsequently, when Resident H's family member showed the charges from the credit card to the facility, the Administrator and Director of Nursing recognized the name of the town where CNA #1 resided. The police were updated with this information, and they were able to find Resident H's credit card in the possession of CNA #1. Because of this, the facility was able to substantiate the misappropriation allegation regarding Resident H. The investigation of the the allegation regarding Resident J was unable to be substantiated, however her missing money was reimbursed by the facility.</p> <p>A current policy titled "Abuse, Neglect, and Misappropriation of Property," dated August 08, 2013, provided by the Administrator on 07/20/16 at 11:30 a.m., indicated "...The facility will prohibit neglect, mental or physical abuse, including involuntary seclusion and the misappropriation of the property of residents...."</p>		<p>monthly resident meetings. All residents will be offered a locking device installed within their private apartment to utilize as an additional safeguard for property. All staff has been assigned education related to Resident Rights, specifically, which includes misappropriation of property. <u>How will the facility monitor and who is responsible:</u> Administrator or designee will monitor, by interviewing ten (10) residents per week for two (2) months, as a Quality Measure, to ensure resident satisfaction with security and safeguarding of personal property. Findings will be reported to the Quality Assurance Team, Regional Director of Operations and Director of Clinical Services for further action and recommendations as necessary.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	This State tags relates to complaint IN00200770.				