STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155480	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKVILLE HEALTHCARE CENTER	11049 SR 101 BROOKVILLE, IN 47012

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F0000	This visit was for the Investigation of Complaint IN00109321. Complaint IN00109321 -- Unsubstantiated due to lack of evidence. Unrelated deficiency is cited. Survey Dates: June 27 and 28, 2012 Facility number: 000550 Provider number: 155480 AIM number: 100286110 Survey team: Penny Marlatt, RN Census bed type: SNF/NF: 76 Total: 76 Census payor type: Medicare: 9 Medicaid: 51 Other: 16 Total: 76 Sample: 3 This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.	F0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under state and federal law. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality review completed 7/1/12 Cathy Emswiller RN			

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F0224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure residents were free from misappropriation of property, as evidenced by Resident #A having jewelry missing and unfound and Resident #B having money borrowed by a facility staff member for 2 of 3 residents reviewed for misappropriation of property in a total sample of 3. (Residents #A and #B) Findings include: 1. Resident #A's clinical record was reviewed on 6-28-12 at 3:35 p.m. Her most recent Minimum Data Set (MDS) assessment, dated 5-29-12, indicated she was cognitively intact. She was identified by the facility as being alert, oriented and reliably interviewable. A document entitled, "Elder Justice Report Log," provided by the facility on 6-28-12 at 12:30 p.m. by the Administrator indicated, "[Name of Resident #A] states that 3 rings are missing from her lock box. States she got	F0224	F224 Requires the facility to ensure residents are free from misappropriation of property. The facility will ensure this requirement is met through the following:1. Resident A and B were not harmed. An investigation was conducted to inquire if the missing property could be found and the Franklin County Police Department was contacted as well. The facility did report both incidents to the State Board of Health per the regulatory requirement.2. All residents have the potential to be affected. All residents who were alert and oriented were interviewed to ensure no further items were missing.3. The abuse/missappropriation of the resident's fund policy and procedure was reviewed with no changes made. (Seeattachment A). The staff was interviewed on the above procedure.4. The Social Service will weekly interview all alert and oriented residents to ensure that all residents are free of misappropriation of property. If the residents report any item missing then an investigation	07/09/2012

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	her watch out of it this am [morning] & the rings were there. She then went on an outing with the act. [activities] dept [department] & when she returned & put her watch back in, 3 of 4 rings were missing. Her key was in her dresser. They left at 8:45 a.m. & returned approx [approximately] 1:15 p.m." This document indicated this information was provided to the county Sheriff's department on 6-25-12 at 2:10 p.m. by the Director of Nursing (DON). A copy of the Indiana State Department of Health's (ISDH) Incident Report Form was provided by the Administrator at the same time, in which it indicated the same information. It also indicated the Administrator, the resident's physician and family, as well as the sheriff's department were notified of the incident. In interview with Resident #A on 6-28-12 at 9:30 a.m. indicated on the morning of 6-25-12 she had obtained her watch from her lockbox, located in the closet, next to her bed. She indicated the lockbox is bolted down into the closet. She indicated she kept the key in a separate location, hidden in her bedside table. She indicated she had brought four rings into the facility on 6-22-12, but did not declare them on her personal inventory form. She indicated upon return from an outing on 6-25-12, she went to return her watch to		will be initiated and the State Board of Health will be notified. The audits will be conducted weekly times eight weeks, then every two weeks times two months, then quarterly thereafter. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly.5. The above corrective measures will be completed on or before July 9, 2012.	

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	the lockbox at after that, the DON and the Assistant Director of Nursing also searched her room without finding the rings. She indicated the sheriff's department was notified of the incident, but no one from that department came to take a statement from her or to investigate. She indicated, "I don't blame the nursing home at all. They can't keep track of everybody who comes and goes." 2. The clinical record of Resident #B was reviewed on 6-28-12. His most recent MDS assessment, dated 6-1-12, indicated he was cognitively intact. In interview with the Housekeeping and Laundry Supervisor on 6-28-12 at 11:23 a.m., he indicated Resident #B "[Name of Resident #B] indicated [name of Housekeeper #2) had borrowed money from him. First he said she'd borrowed $300 and had no intentions of paying it back. Then, he changed his story the next day and said it was $100. She was called in by the facility on her day off. I asked her if she'd borrowed money off of [name of Resident #B]. She hemmed and hawed and said she had borrowed about $100 and had paid back all of it except about $20 or $25. I asked why she did it. She said she thought they were friends. She, to me, did not seem to understand why she couldn't do this because they were			

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	friends...She didn't seem to understand as an employee [of the facility] she couldn't do these things." In interview with Resident #B on 6-28-12 at 4:15 p.m., he indicated, "The lady that use to work in the laundry told me her husband was a gambler and they needed their truck worked on. I told her I'd be happy to help her. I gave her $200. I don't mind helping anybody. She's never paid any of it back. I found out later the workers here aren't suppose to borrow any money off the people who live here. She got fired over it." In interview with the Administrator on 6-28-12 at 4:50 p.m., she indicated Resident #B "Was having a casual conversation with the ADON [on 5-24-12] when he happened to mention he had let [name of Housekeeper #2] borrow some money. It was obvious from the manner he was talking that he didn't think it was a big deal." In interview with the ADON on 6-28-12 at 4:50 p.m., she indicated the resident's general voice tone and attitude "Was that it was not a big deal to him. He is very sweet and is the kind of man that would give you the shirt off of his back." She indicated she immediately reported this to the DON and Administrator and an investigation was begun.			

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	A document entitled, "Report of Concern, " was provided by the Administrator on 6-28-12 at 12:30 p.m. It indicated the resident reported that [name of Housekeeper #2] had borrowed $200.00 from him a few weeks ago with his consent and never paid it back." This document indicated the incident was reported to ISDH and the sheriff's department, as well as encouraging the resident not to allow staff to borrow money from him. This document was signed by the Administrator and dated 5-24-12. The Administrator provided a copy of the Indiana State Department of Health's (ISDH) Incident Report Form on 6-28-12 at 12:30 p.m.. It indicated the resident's physician and family were also informed of the incident. It indicated in facility interview of Housekeeper #2 that she indicated she had paid Resident #B $75 on 5-21-12, but the resident denied receiving the payment. It indicated the staff member was immediately terminated. In a document entitled, "Employee Termination Report," provided by the Administrator on 6-28-12 at 12:30 p.m. It indicated, "Employee terminated due to failure to comply with policy and procedures...after having sit thru [sic] an abuse ins [inservice] on 5-22-12." This document was dated 5-24-12 and signed by the ADON.			

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	A document entitled, "Abuse Prohibition, Reporting and Investigation Policy and Procedure," was provided by the Administrator on 6-27-12 at 3:08 p.m. The policy indicated, "It is the policy of [name of facility corporation] that reports of abuse will be communicated to and thoroughly investigated by the correct authority. [Name of facility corporation] will not permit residents to be subjected to abuse by anyone...will ensure that all alleged violations, including mistreatment, neglect, abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility. Violations of the aforementioned will be reported to other officials in accordance with state law...will report all unusual occurrences, which includes abuse, within 24 hours of discovery to the Long Term Care Division of the Indiana State Department of Health." 3.1-28(a)			