

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2012
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F0000	<p>This visit was for the Investigation of Complaint IN00108203</p> <p>Complaint IN00108203 Substantiated. Federal/state deficiencies related to the allegations are cited at F 224.</p> <p>Survey dates: 5/21/2012</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Survey team: Linn Mackey, RN-TC Shelly Reed, RN Julie Call, RN Virginia Terveer, RN</p> <p>SNF: 9 SNF/NF: 69 Total: 78</p> <p>Medicare: 9 Medicaid: 63 Other: 6 Total: 78</p> <p>Sample: 7</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F0000	<p>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. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</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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	16.2. Quality review completed on May 24, 2012 by Bev Faulkner, RN				

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F0224 SS=A	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRI ATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record and interview, the facility failed to ensure residents were free from misappropriation of property for 1 of 1 residents reviewed in a sample of 7 (Resident B)</p> <p>1. Resident B's clinical record was reviewed on 5/21/12 at 3:30 p.m.</p> <p>Resident B's diagnoses included, but were not limited to, dysphagia (difficulty swallowing), end stage Alzheimer's disease, diabetes, weight loss., hypertension, and esophageal cancer.</p> <p>2. A review of a 4/3/12 facility "Fax/Incident Report" titled, "Indiana State Department of Health Incident Report Form," received from the Administrator on 5/21/12 at 11:30 a.m., indicated the following:</p> <p>Resident B's granddaughter stated to staff on 3/31/12, the daughter of the resident had taken the debit card out of the resident's purse without her</p>	F0224	<p>1. Resident B's safety was maintained during the investigative process and the resident was monitored for psychological harm. Resident B no longer resides at the facility. The CNAs involved in the incident have been terminated. 2. All other residents have the potential to be affected. Residents have been interviewed in regard to safe keeping of any credit/debit cards/ monies/ checkbooks in their possession to ensure there has been no other misappropriation unbeknownst to administrative staff and the residents were offered a manner in which to secure the same in an effort to prevent potential diversion from staff, visitors, or other residents. All employees had criminal background checks and reference checks at the time of hire and employees were rechecked after the incident. All employees had received abuse prevention training at the time of hire and periodically thereafter..</p> <p>3. The facility followed the policy and procedure for the investigation of abuse. Facility staff have received inservice</p>	05/22/2012			

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	<p>consent. The granddaughter indicated that the bank and police were notified by the family. The facility completed a mental anguish assessment on the resident. Resident B was advised that all valuables can be in locked in business office or a lock box can be provided.</p> <p>A review of a 4/20/12 facility "Fax/Incident Report" titled, "Indiana State Department of Health Incident Report Form," received from the Administrator on 5/21/12 at 11:30 a.m., indicated the following:</p> <p>A detective from the local police department brought in pictures of 2 employees, unrelated to the resident, using the missing bank card belonging to Resident B. The detective asked that the facility not notify the employees until the police had time to arrest the employees. The facility had both time cards placed in the front office so they would not be able to work in the building. The employees did not work any time after the facility was notified by the police.</p> <p>The facility inserviced the employees on 4/23/12 on abuse prohibition including but not limited to, misappropriation of funds. Alert residents were interviewed using a</p>		<p>training in regard to abuse prohibition, including but not limited to, misappropriation of resident funds. The facility will continue to complete reference checks and criminal background histories on new employees. Abuse training for staff will continue to be completed at the time of hire and periodically throughout the year. Residents will be informed upon admission and monthly at resident council meetings of means available for safe-keeping of valuable, money, etc. The Administrator will continue to monitor all allegations of abuse and report to the appropriate agencies as indicated. 4. These investigation outcomes will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan adjusted accordingly.</p>		

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	<p>document titled Resident Abuse Questionnaire. A letter was sent to resident families on 4/23/12. Residents were interviewed in regard to safe keeping of any credit/debit cards, check books and monies in their possession to ensure that there had been no other misappropriation of resident property. No concerns were voiced by the residents.</p> <p>3. The facility followed its policy and procedure for the investigation of abuse which was included but not limited to:</p> <p>A. All employees had criminal background checks and reference checks at the time of hire and employees were rechecked after the incident.</p> <p>B. All employees had received abuse prevention training at the time of hire and annually or more frequently.</p> <p>C. Resident safety was maintained during the investigating process.</p> <p>D. Resident B was monitored for psychological harm.</p> <p>E. Current facility personnel were re-inserviced regarding abuse prohibition following the event.</p> <p>An Interview with the Nurse Consultant on 5/21/12 at approximately 2:00 p.m., indicated the CNA registry and the</p>				

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	Attorney General's office were aware of the incident. 3.1-28(a)				