

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155683	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/19/2016
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NAME OF PROVIDER OR SUPPLIER  B & B CHRISTIAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3208 N SHERMAN DR INDIANAPOLIS, IN 46218
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00207257.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigations of Complaints IN00204590 and IN00204161.</p> <p>Complaint IN00207257 - Substantiated. Federal/State deficiencies related to the allegations are cited at F159.</p> <p>Survey dates: August 15, 16, 17, 18, and 19, 2016</p> <p>Facility number: 011032 Provider number: 155683 AIM number: 200262860</p> <p>Census bed type: NF: 13 SNF/NF: 8 Total: 21</p> <p>Census payor type: Medicaid: 20 Other: 1 Total: 21</p> <p>These deficiencies reflect State findings</p>	F 0000	Please accept this as our credible allegation of compliance.	

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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F 0159 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on August 29, 2016</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and</p>			

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	<p>separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on interview and record review, the facility failed to allow off-hour access to personal funds and failed to manage and safeguard an account that resulted in \$4,340.00 being deposited into facility's account after a resident was discharged for 2 of 3 residents reviewed for management of funds. (Resident #23 and Resident #T)</p> <p>Findings include:</p> <p>1. An interview was conducted with Resident #23 on 8/16/16 at 11:32 a.m. He</p>	F 0159	The money for resident #27 that was erroneously deposited into B&B's bank account was discovered and returned to SSA. A cashier's check in the amount that was deposited was sent to SSA. A system was also put in place to dispense personal funds to residents on the weekends. All residents had the potential of being affected by this deficient practice. No other residents were found to be affected. New policies were put in place for tracking automatic deposits and dispensing of personal funds to residents on the	09/18/2016

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	<p>indicated he can only receive personal funds Monday thru Friday but not on weekends.</p> <p>Resident #23's clinical record, was reviewed on 8/17/16 at 12:00 p.m., and indicated an annual MDS (minimum data set) assessment with a BIMS (brief interview for mental status) score 6 of 15 indicating cognitive impairment.</p> <p>An interview was conducted with the Administrator, on 8/19/16 at 3:31 p.m., and indicated business hours are 8:00 a.m., to 6:00 p.m., Monday thru Friday when the Administrator is at the facility. The Administrator further indicated he is the only staff member with access to personal funds for residents. The Administrator indicated he gives residents enough personal funds during the weekdays where they can utilize it for the weekend for when the Administrator is not in the building.</p> <p>An interview conducted with the Administrator, on 8/19/16 at 3:50 p.m., indicated he does not allow anyone to have access to the personal funds except for himself due to him not trusting other staff members to handle residents personal funds.</p> <p>2. The clinical record was reviewed for</p>		weekends. This will be monitored monthly by the Business Office Manager and the Administrator on an ongoing basis.				

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	<p>Resident #T on 8/17/16 at 11:19 a.m. The record indicated Resident #T was discharged from facility on 9/10/15. The Clinical Record further indicated Resident #T's pay type was Medicaid.</p> <p>A Progress Note, dated 9/10/15, indicated the following, "Resident transferred to [name of other facility]. Resid [resident] cont'd [continued] to be A,O [alert and oriented] to self..."</p> <p>Monthly statements provided by the Administrator, on 8/18/16 at 4:00 p.m., indicated a monthly deposit of \$1,085.00 being deposited into the facility's account on the following days:</p> <p>10/2/15 11/3/15 12/3/15 12/31/15</p> <p>An interview conducted with the Administrator, on 8/19/16 at 10:15 a.m., indicated he was aware of the \$1,085.00 being deposited into the facility's account after Resident #T was discharged. He further indicated it was overlooked and there is no system in place to monitor the direct deposits being deposited into the facility's account. The Administrator indicated he has not attempted to contact the facility where Resident #T resides at</p>			

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	<p>now or the Social Security Administration (SSA) to inform them of the additional four deposits of \$ 1,085.00 received after Resident #T was discharged. He indicated his expectations are for the facility to contact SSA and notify them of resident(s) no longer residing in the building. The Administrator indicated he is responsible for residents personal funds and managing the facility account.</p> <p>A Policy titled Residents Funds Policy and Procedures, undated, was provided by the Administrator on 8/19/16 at 2:18 p.m. The policy indicates the following, "...1. Residents that are able to and wish to manage their own personal needs fund and have expressed desire to do so:...b. Each time a withdraw is made, the resident will sign. The Business Office Manager and a witness signature of the Administrator, Social Services or the nurse will be required for withdrawal...3. Upon discharge or transfer of a resident:...c. However, in the event a resident does have a balance, the balance of monies held in trust shall be paid to the resident of his/her designated representative...."</p> <p>This Federal tag relates to complaint IN00207257.</p>			
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	3.1-6(b) 3.1-6(e)				