

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2016
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NAME OF PROVIDER OR SUPPLIER HILLCREST VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPARKS AVE JEFFERSONVILLE, IN 47130
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00200095.</p> <p>Complaint IN00200095 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited. F224</p> <p>Survey dates: June 09, 2016.</p> <p>Facility number: 000110 Provider number: 155203 AIM number: 100271120</p> <p>Census bed type: SNF: 13 SNF/NF: 102 Total: 115</p> <p>Census payor type: Medicare: 16 Medicaid: 76 Other: 23 Total: 115</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Please find the enclosed plan of correction for the survey ending 6/9/16. Submission of this plan of correction does not constitute admission or agreement to the 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 Please accept this plan of correction as our credible allegation of compliance Due to the low scope and severity of the finding, please find sufficient documentation providing evidence of compliance. Thus the facility is respectfully requests the granting of paper compliance TITLE If continuation</p>	
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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 0224 SS=D Bldg. 00	<p>Quality review completed by 34233 on June 13, 2016.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE</p> <p>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 interview and record review the facility failed to ensure effective monitoring and interventions to prevent the theft of personal items and money for 1 of 1 resident reviewed for missing items (Resident # E).</p> <p>Findings include:</p> <p>On 06/09/16 at 9:00 a.m., the review of the Admission MDS (Minimum Data Set) assessment, dated 04/28/16, indicated a BIMS (Brief Interview of Mental Status) score of 10 (moderately impaired). Diagnosis included but was not limited to anxiety.</p> <p>On 06/09/16 at 9:40 a.m., the DON Director of Nursing) provided a copy of the Incident Report for Resident # E, indicated "6/1/16 Resident reportedwas missing 89 dollars andglasses case. Resident reportedwent to the</p>	F 0224	<p>F224 1) What correction action will be accomplished for those residents found to have been affected by the deficient practice? Resident #E reported to SSD on 6/1/16 of the missing money Investigation began and Police and appropriate authorities notified On 6/1/16 Resident #E had a lock installed on his nightstand and a request was submitted to replace missing money. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will taken? All residents have the potential to be affected by this alleged deficient practice. All residents were interviewed utilizing the QIS questionnaire by their customer care representatives on 6/20-6/23/16 and no other residents reported missing money . All staff have been in-serviced on the abuse prohibition policy with emphasis on misappropriation of resident property by the CEC on 6/24/16 .</p>	06/24/2016

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	<p>hospital on Friday the 27th and whenreturned that same day, the glasses case and the money was missing. Social services verified with the floor nurse and CNA that there was in fact money in the glasses case. Nurse and CNA reported that they saw resident's roommate on resident's side of the room."</p> <p>The review on 06/09/16 at 9:40 a.m., of the RESIDENT/FAMILY CONCERN GRIEVANCE FORM, written by the Social Services Director and dated 05/27/16, indicated "When res [resident # E] returned from apt [appointment] on Friday 5-27-16 noticed 89 missing, Res [resident] believes it to be stolen, waited to report becausewanted to be sure it was gone/admin [administrator] out on holiday." The Department Head review and action taken was "Reported to ISDH and police department. searched room and completed investigation. No money found. Gave resident lock & key for drawers will reimburse for money."</p> <p>On 06/10/16 at 8:15 a.m., the review of the Social Services Director's investigation, on 06/01/16, indicated 6 residents were interviewed. One of the resident's was the roommate of Resident # E. The roommate denied taking the resident's money. The roommate gave written permission to search their</p>		<p>(3)What measures will be put into place or what systemic changes will be made to ensure the deficient practice doesn't not recur ? Locks will be installed by the maintenance director on all resident nightstands by 6/24/16 . Customer Care Representatives will educate resident and families regarding safe keeping of items of value in the locked drawer by before 6/24/16 Upon admission, during quarterly MDS assessments and if concerns arise the social services will reeducate the resident of the availability of the locked drawer on nightstand for safekeeping of items of value (4) How the corrective action will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be utilized? The ED or designee will complete the Abuse Prohibition CQI tool weekly for 4 weeks and monthly ongoing. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved and action plan will be developed to ensure compliance</p>		

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	<p>belongings and no money was found.</p> <p>The review of the Resident Progress Note, documented by the Social Services Director on 06/01/16 at 1:52 p.m., indicated "Follow up with resident r/t recent incident. Resident reported some money stolen. Gave resident a lock and key for bedside drawer and encourage to keep all belongings in drawer and/or open a personal account with business office."</p> <p>On 06/10/16 at 9:00 a.m., the review of the Police Report, provided by the DON, indicated a theft occurred 05/27/16 of cash in unknown increments. The report was filed with the police department on 06/01/16, indicating Resident # E as the victim.</p> <p>During an interview on 06/10/16 at 8:45 a.m., Resident E indicated he went out to the hospital and left glasses in a case with money in it on his bed side stand. The resident indicated 2-3 people knew the money was in the case. The resident notified the Social Service Director after returning from the hospital about the glass case and money missing. The resident indicated the staff never suggested a lockbox before this incident happened, but had one now.</p> <p>During an interview with the Social</p>			

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	<p>Services Director on 06/10/16 at 9:10 a.m., she indicated the resident cashed a check, with the assistance of a friend or family member, and told LPN # 1, CNA # 1, and someone from the Therapy department of the presence of the money in the case. The Social Services Director indicated it would be a month before the Optometrist would come back into the facility to exam Resident # E for new glasses.</p> <p>During an interview with the DON on 06/10/16 at 9:28 a.m., she indicated on admission it was suggested the residents keep their personal belongings in their room. She also indicated it was hard to know when a resident brought money into the facility.</p> <p>On 06/09/16 at 9:31 a.m., the DON provided a copy of the ABUSE PROHIBITION, REPORTING, AND INVESTIGATION POLICY AND PROCEDURE which indicated, but was not limited to, the following: "...Misappropriation of Resident Funds or Property-the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. Note: Residents' property includes all residents' possessions regardless of their apparent value since it may hold intrinsic</p>			

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	value to the resident..." 3.1-28(a)				