

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155813	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/13/2015
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NAME OF PROVIDER OR SUPPLIER  VILLAGES AT HISTORIC SILVERCREST THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 OLD VINCENNES ROAD NEW ALBANY, IN 47150
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00172720.</p> <p>Complaint IN00172720 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: May 13, 2015.</p> <p>Facility number: 012619 Provider number: 155813 AIM number: 201238590</p> <p>Census bed type: SNF: 40 SNF/NF:10 Residential: 22 Total: 72</p> <p>Census payor type: Medicare: 31 Medicaid: 4 Other: 37 Total: 72</p> <p>Sample: 3</p> <p>The Villages at Historic Silvercrest was found to be in compliance with 42 CFR</p>	F 000		

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 224 SS=A Bldg. 00	<p>Part 483, Subpart B in regard to the Investigation of Complaint IN00172720. This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN 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 record review and interview, the facility failed to ensure a resident's personal financial materials were safe from theft. This deficient practice affected 1 of 1 resident reviewed for missing property. (Resident #B)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #B on 05/13/15 at 12:44 p.m., indicated the resident had diagnoses which included, but were not limited to, altered mental status, end stage renal disease with dialysis and toxic metabolic encephalopathy.</p> <p>The 5-day Minimum Data Set (MDS) Assessment, dated 04/24/15, indicated</p>	F 224	<p><b>1. Actions accomplished for Resident affected by deficient practice:</b> The employee identified in the allegation was suspended and subsequently terminated. The Director of Social Services evaluated overall mood and well being of resident with no mood issues identified and she expressed appreciation of the follow up action by facility. Resident is aware of options to have a key for her in-room locking drawer and/or resident trust account. <b>2. Prevention and follow up in place for residents that have the potential to be affected by deficient practice:</b> All residents were interviewed for missing items or missing personal financial materials, no findings were identified. <b>3. Systems put into place/systemic</b></p>	06/12/2015

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	<p>the resident had a Brief Interview Mental Status score of 14. This score indicated the resident was alert and oriented with good long- and short-term memory.</p> <p>During an interview on 05/13/15 at 8:50 a.m., the Administrator indicated the resident's family informed her the day before (05/12/15) that upon their visit to the bank, they discovered someone had stolen, forged and cashed, several of Resident #B's personal checks between 04/09/15 and 05/05/15. The family also indicated the resident's debit card number had been stolen with unauthorized purchases made during the same time frame. The bank records showed that the total amount of money stolen in these transactions was \$1592.10. The family further indicated to the Administrator that the resident kept her checkbook and debit card in her room as she liked to sometimes order things from a magazine.</p> <p>The Administrator indicated she immediately suspended the employee, whose name was on the stolen checks, pending an investigation. A meeting was scheduled for 05/12/15 with the employee, but she failed to show. Police were contacted to file a report and Adult Protective Services was notified. Facility staff were informed that the employee was barred from the campus grounds and</p>		<p><b>changes to ensure the deficient practice does not recur:</b> Our current system offering a secured area for personal items has been revised to include initiating a form reviewed with each resident and/or responsible party on admission that includes the option of an in-room locked drawer. All staff were re-educated on the campus abuse policy; including review on theft preventions and misappropriation of resident property. <b>4. Corrective Action will be monitored by:</b> An audit will be conducted by Medical Records with each new admission to ensure offering residents a place where items are safe from theft for three months and will continue until three consecutive months of 100% compliance is reached. The results of this audit will be reviewed by the QA committee and implement action plans if they determine necessary to ensure substantial compliance reached.</p>	

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	<p>that the police were to be notified should she appear.</p> <p>The Administrator indicated she was not aware the resident had the checkbook and debit card in her room. She indicated all residents had a locking drawer in their room that they could use to store things and that all residents were informed of this on admission. She also indicated that, on admission, residents and families were discouraged from keeping such items in their rooms and indicated she would make a better effort in stressing this.</p> <p>Review of the personnel files for 10 new employees in the nursing department hired in the last 6 months, along with the suspended employee's personnel file, indicated all had reference checks and criminal history checks done at hire and all were inserviced on Abuse and Resident Rights at hire. The Certified Nursing Assistant (CNA) certificates were also current for the files that were reviewed.</p> <p>During an interview with the Social Worker on 05/13/15 at 3:50 p.m., she indicated that she was unaware that the resident had her checkbook and debit card in her possession. The Social Worker also indicated, if she had</p>			

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	<p>knowledge of this, she would have encouraged both the family and the resident to have these items sent home, kept locked up in the drawer or placed in the front office for safekeeping.</p> <p>3.1-28(a)</p>			