STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY NURSING AND REHABILITATION CENTER	2827 NORTHGATE BLVD FORT WAYNE, IN 46835

(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
F000000	This visit was for the Investigation of Complaint IN00158857. Complaint IN00158857 - Unsubstantiated due to lack of evidence. Unrelated deficiency is cited. Survey Dates: November 5 & 6, 2014 Facility number: 000275 Provider number: 155656 AIM number: 100290930 Survey team: Angela Strass, RN Census bed type: SNF/NF: 105 Total: 105 Census payor type: Medicare: 6 Medicaid: 85 Other: 14 Total: 105 Sample: 3 This deficiency also reflects a state finding in accordance with 410 IAC	F000000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. We respectfully request a desk review. We have included our re-education and monitoring tools for your convenience. Please feel free to contact Maya Kaczmarek at 260-580-6025 should you need additional information to assist you with your consideration.	

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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	16.2-3.1. Quality review completed on November 7, 2014 by Randy Fry RN.			
F000224 SS=E	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 review of resident trust fund accounts, the facility failed to prevent the misappropriation of resident funds for 23 of 71 residents with money in trust accounts at the facility. Findings include: On 11/6/14 at 12:45 p.m. interview with the administrator indicated the facility had reimbursed approximately $5,000.00 to 23 resident trust accounts after discovering money had been stolen from the accounts. Interview with	F000224	The POC must contain the following: · what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; o In regards to the alleged misappropriation of resident property the facility has replaced all funds that showed suspicious tendencies evident by unusually resident trust activity & Unverifiable resident or POA signatures. · how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; o 100 percent audit of all resident trust accounts was completed by Extendicare	11/21/2014

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	the administrator indicated on 10/9/14, during a care plan meeting with a resident's family member, the family member had questioned withdrawals from the resident's trust account. The Administrator indicated she went to the staff who worked on the hall where the resident resided and questioned them if the resident was able to go to the front office to withdraw money. The administrator indicated staff told her the resident had declined and did not come out of her room by herself anymore. The administrator then went to the business office and compared signatures of receipts the resident had made finding they did not appear to match. On 10/9/14, employee #1, who worked in the business office and assisted residents with withdrawing money from their accounts was suspended pending investigation. Further interview with the administrator on 11/6/14 indicated the Corporate Office sent in auditors who audited resident trust accounts comparing signatures of residents to the signatures on the withdrawal slips and also audited for unusual patterns of times and		Financial Analyst of accounts from Feb 2014-October 2014 · what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; o 100 Education to be completed for all team members who handle resident trust and check signers on the Extendicare Check Signer policy and Resident Trust procedure. o The individual who handled the resident funds no longer employeed by Canterbury Nursing and Rehab. o Five times a week audit by Administrator or Designee of RT Account. · How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes will be completed. o Results for five times a week audits will be reviewed by the quality assurance team monthly for one year. · The last completion date on an acceptable POC will be considered the date the facility has alleged compliance. November 21, 2014	

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	amounts of money withdrawn. The accounts were audited from January 2014 through October 2014 with discrepancies noted to start in February 2014. Observation of the audited accounts indicated money was reimbursed to the residents accounts. Interviews with 4 residents, who were noted to be alert and oriented indicated they had received letters from the Administrator and their accounts had been reimbursed. The Administrator indicated all residents affected and/or their POA (Power of Attorney) were notified by letter of the reimbursement of money into their accounts. 3.1-28(a)			