

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155327	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/04/2014
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NAME OF PROVIDER OR SUPPLIER  UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for the Investigation of Complaint IN00158955.</p> <p>Complaint IN00158955 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-159 and F-224.</p> <p>Survey dates: December 3 &amp; 4, 2014</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF: 26 SNF/NF: 122 Total: 148</p> <p>Census payor type: Medicare: 19 Medicaid: 110 Other: 19 Total: 148</p> <p>Sample: 14</p> <p>These deficiencies reflects state findings cited in accordance with 410 IAC</p>	F000000	<p>Submission of this plan of correction doesnot constitute an admission by University Heights Health and Living Communityor its management company that the allegations contained in the survey reportare a true and accurate portrayal of the provision of nursing care and otherservices in this facility. Nor does this submission constitute anagreement or admission of the survey allegations.University Heights Health and Living, respectfully request consideration forpaper compliance for this survey.</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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F000159 SS=E	<p>16.2-3.1.</p> <p>Quality review completed on December 08, 2014; by Kimberly Perigo, RN.</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 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</p>			

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	<p>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 record review and interview, the facility failed to ensure the residents' trust funds were managed according to the facility policy to safeguard from misappropriation of funds for 14 of 14 records reviewed for misappropriation of funds. (Resident #B, #C, #D, #E, #F, #G, #H, #J, #K, #L, #M, #N, #P, #Q).</p> <p>Findings include:</p> <p>During an interview with the Administrator on 12/3/14 at 9:35 a.m., he indicated a total of \$3,687.00 could not be accounted for from several residents' trust accounts.</p> <p>The following "Resident Trust Reimbursement" records were reviewed</p>	F000159	<p>1. Corrective Action</p> <p>1. All resident trust histories were printed from the start date of Robin Karr's employment (6/2/14) to current and all withdrawals were matched to signed tickets. Those withdrawals that do not have a signed ticket attached were included on the list of missing funds.</p> <p>2. All checks written from the resident trust account were matched to signed tickets or verified to be legitimate checks written for insurance premiums, resident care cost, phone bills, etc. Those checks written for cash to replenish the petty cash box were matched to signed tickets. Those that did not match were added to the list of missing funds.</p> <p>3. All cash receipt books were audited from the start of</p>	12/12/2014			

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	<p>on 12/3/14 at 10:00 a.m.:</p> <p>The record for Resident #B indicated 3 withdrawals were made from the trust fund account on 7/22/14 for \$20.00, 7/22/14 for \$50.00 and 8/20/14 for \$50.00.</p> <p>The record for Resident #C indicated 1 withdrawal was made from the trust fund account on 9/17/14 for \$20.00.</p> <p>The record for Resident #D indicated 1 withdrawal was made from the trust fund account on 8/16/14 for \$10.00.</p> <p>The record for Resident #E indicated 1 withdrawal was made from the trust fund account on 8/11/14 for \$200.00.</p> <p>The record for Resident #F indicated 1 withdrawal was made from the trust fund account on 9/10/14 for \$20.00.</p> <p>The record for Resident #G indicated 1 withdrawal was made from the trust fund account on 9/17/14 for \$20.00.</p> <p>The record for Resident #H indicated 1 withdrawal was made from the trust fund account on 8/11/14 for \$200.00.</p> <p>The record for Resident #J indicated 2 withdrawals were made from the trust</p>		<p>Robin Karr's employment to current and any receipts showing cash received were verified to be applied to resident accounts. It appears that all cash receipts for resident accounts were posted to the resident accounts. However, there were two cash receipts (\$100, and \$20) that were received for the Alzheimer fund raiser and the cash is nowhere to be found.</p> <p>4. Resident trust statements for the time frame of Robin Karr's employment 6/2/14 to current have been provided to all residents or families for their review on November 3, 2014 with a letter requesting that any discrepancies are brought to our attention immediately and notifying them that a full accounting is available at any time from the Business Office. The last statements were mailed out in July to include 4/1/14 – 6/30/14 so these statements will serve as the third quarter statements.</p> <p>5. Any discrepancies will be reviewed and corrected immediately as they are brought to our attention.</p> <p>2. Other residents potential for impact</p> <p>1. The audit has identified that \$3,687.00 was withdrawn without supporting documentation meaning no one signed for the money. This money has been replenished to the Resident Trust account by University Heights</p>		

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	<p>fund account on 7/22/14 for \$10.00 and 9/17/14 for \$25.00.</p> <p>The record for Resident #K indicated 2 withdrawals were made from the trust fund account on 7/22/14 for \$10.00 and 7/22/14 for \$25.00.</p> <p>The record for Resident #L indicated 1 withdrawal was made from the trust fund account on 7/22/14 for \$20.00.</p> <p>The record for Resident #M indicated 1 withdrawal was made from the trust fund account on 8/20/14 for \$200.00.</p> <p>The record for Resident #N indicated 1 withdrawal was made from the trust fund account on 7/22/14 for \$90.00</p> <p>The record for Resident #P indicated 3 withdrawals were made from the trust fund account on 7/22/14 for 40.00, 7/22/14 for 50.00 and 9/17/14 for \$25.00.</p> <p>The record for Resident #Q indicated 5 withdrawals were made from the trust fund account on 8/28/14 for \$1,000.00, 9/10/14 for \$300.00, 9/26/14 for \$200.00, 10/6/14 for \$602.00, and 10/15/14 for \$500.00.</p> <p>During an interview with the Administrator on 12/3/14 at 10:00 a.m.,</p>		<p>Health &amp; Living corporate account on November 3, 2014 with an additional \$2313.00 in case other funds turn up missing.</p> <p>3. What measures</p> <p>1. Administrator, Director of Nursing, Assistant Business Office Manager and Accounts Payable Coordinator were in-serviced on 11.05.14 on procedures for verifying documentation for signing petty cash checks. Business Office staff will be required to have two staff members verify cash received and placed in the safe for deposit and cash received for the petty cash box.</p> <p>2. Resident Trust Policy updated to comply with F 159 and F 224. Underscore is the portion added to the Resident Trust Policy "An employee can NEVER sign for resident's money to be withdrawn from a Residents account. <u>However, if a resident can only make an X or a mark then an employee must witness the residents X or mark.</u> <u>Further, if a resident cannot make an X or a mark then two employees are required to witness the resident verbal consent to the withdraw and both witnesses signatures are required on the withdraw ticket. These witnesses (facility employees) must be designees of the facility Administrator."</u></p> <p>4. Monitored- Quality assurance- Monthly Audit to be completed by</p>				

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	<p>he indicated the resident or someone authorized to withdraw money from the trust account must first sign a "Resident Funds Account" ticket.</p> <p>The records lacked any signed "Resident Funds Account" tickets for withdrawing personal funds.</p> <p>On 12/3/14 at 1:45 p.m., the Administrator provided the undated "Resident Trust Policy &amp; Procedures" and indicated the policy was the one being used during the time of the misappropriation of the residents' trust fund accounts.</p> <p>The policy indicated: "... Withdrawals - Petty Cash Any money disbursed from the resident trust petty cash box must be signed for by the Resident or the Resident's POA or Guardian. ... An employee can NEVER sign for resident's money to be withdrawn from a Residents account. Shopping-If someone is going shopping for a resident then the resident or responsible party (POA or Guardian) must sign the ticket ... If the resident is unable to sign AND there is no responsible party then Social Services can authorize withdrawal and the Administrator must witness the transaction. The person doing the shopping can NOT sign for the resident's</p>		<p>Administrator or designee of all withdraws from the resident trustfund. Audit report submitted monthly to Continuously Quality Improvement Committeeand CarDon Director of Accounts Receivable for further follow up andintervention. 5.Compliance date 12.12.14</p>	

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F000224 SS=E	<p>money. Receipts-Receipts from shopping and all withdrawal tickets ... should be kept in a monthly file folder ..."</p> <p>This Federal tag relates to Complaint IN00158955.</p> <p>3.1-6(b)</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION</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 record review and interview, the facility failed to implement their current facility policy to prevent misappropriation of residents' trust funds for 14 residents reviewed for misappropriation of trust funds. (Resident #B, #C, #D, #E, #F, #G, #H, #J, #K, #L, #N, #P, #Q)</p> <p>Findings include:</p> <p>During an interview with the Administrator on 12/3/14 at 9:35 a.m., he</p>	F000224	<p>1. Corrective Action</p> <p>1. All resident trust histories were printed from the start date of Robin Karr's employment (6/2/14) to current and all withdrawals were matched to signed tickets. Those withdrawals that do not have a signed ticket attached were included on the list of missing funds.</p> <p>2. All checks written from the resident trust account were matched to signed tickets or verified to be legitimate checks written for insurance premiums, resident care cost, phone bills, etc. Those checks</p>	12/12/2014			

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	<p>indicated a total of \$3,687.00 could not be accounted for from several residents' trust accounts.</p> <p>The following "Resident Trust Reimbursement" records were reviewed on 12/3/14 at 10:00 a.m.:</p> <p>The record for Resident #B indicated 3 withdrawals were made from the trust fund account on 7/22/14 for \$20.00, 7/22/14 for \$50.00 and 8/20/14 for \$50.00.</p> <p>The record for Resident #C indicated 1 withdrawal was made from the trust fund account on 9/17/14 for \$20.00.</p> <p>The record for Resident #D indicated 1 withdrawal was made from the trust fund account on 8/16/14 for \$10.00.</p> <p>The record for Resident #E indicated 1 withdrawal was made from the trust fund account on 8/11/14 for \$200.00.</p> <p>The record for Resident #F indicated 1 withdrawal was made from the trust fund account on 9/10/14 for \$20.00.</p> <p>The record for Resident #G indicated 1 withdrawal was made from the trust fund account on 9/17/14 for \$20.00.</p>		<p>written for cash to replenish the petty cash box were matched to signed tickets. Those that did not match were added to the list of missing funds.</p> <p>3. All cash receipt books were audited from the start of Robin Karr's employment to current and any receipts showing cash received were verified to be applied to resident accounts. It appears that all cash receipts for resident accounts were posted to the resident accounts. However, there were two cash receipts (\$100, and \$20) that were received for the Alzheimer fund raiser and the cash is nowhere to be found.</p> <p>4. Resident trust statements for the time frame of Robin Karr's employment 6/2/14 to current have been provided to all residents or families for their review on November 3, 2014 with a letter requesting that any discrepancies are brought to our attention immediately and notifying them that a full accounting is available at any time from the Business Office. The last statements were mailed out in July to include 4/1/14 – 6/30/14 so these statements will serve as the third quarter statements.</p> <p>5. Any discrepancies will be reviewed and corrected immediately as they are brought to our attention.</p> <p>2. Other residents potential for impact</p>				

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	<p>The record for Resident #H indicated 1 withdrawal was made from the trust fund account on 8/11/14 for \$200.00.</p> <p>The record for Resident #J indicated 2 withdrawals were made from the trust fund account on 7/22/14 for \$10.00 and 9/17/14 for \$25.00.</p> <p>The record for Resident #K indicated 2 withdrawals were made from the trust fund account on 7/22/14 for \$10.00 and 7/22/14 for \$25.00.</p> <p>The record for Resident #L indicated 1 withdrawal was made from the trust fund account on 7/22/14 for \$20.00.</p> <p>The record for Resident #M indicated 1 withdrawal was made from the trust fund account on 8/20/14 for \$200.00.</p> <p>The record for Resident #N indicated 1 withdrawal was made from the trust fund account on 7/22/14 for \$90.00</p> <p>The record for Resident #P indicated 3 withdrawals were made from the trust fund account on 7/22/14 for 40.00, 7/22/14 for 50.00 and 9/17/14 for \$25.00.</p> <p>The record for Resident #Q indicated 5 withdrawals were made from the trust fund account on 8/28/14 for \$1,000.00,</p>		<p>1.The audit has identified that \$3,687.00 was withdrawn without supporting documentation meaning no one signed for themoney. This money has been replenishedto the Resident Trust account by University Heights Health &amp; Livingcorporate account on November 3, 2014 with an additional \$2313.00 in case otherfunds turn up missing.</p> <p>3.What measures</p> <p>1.Administrator, Director of Nursing, Assistant Business Office Manager and Accounts PayableCoordinator were in-serviced on 11.05.14 on procedures for verifyingdocumentation for signing petty cash checks. Business Office staff will be required to have two staff members verifycash received and placed in the safe for deposit and cash received for thepetty cash box.</p> <p>2.ResidentTrust Policy updated to comply with F 159 and F 224. Underscore is the portionadded to the Resident Trust Policy "Anemployee can NEVER sign for resident's money to be withdrawn from a Residentsaccount. <u>However, if a resident canonly make an X or a mark then an employee must witness the residents X ormark.</u> Further, if a resident cannot <u>makean X or a mark then two employees are required to witness the resident verbalconsent to the withdraw</u></p>		

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	<p>9/10/14 for \$300.00, 9/26/14 for \$200.00, 10/6/14 for \$602.00, and 10/15/14 for \$500.00.</p> <p>During an interview with the Administrator on 12/3/14 at 10:00 a.m., he indicated the resident or someone authorized to withdraw money from the trust account must first sign a "Resident Funds Account" ticket.</p> <p>The records lacked any signed "Resident Funds Account" tickets for withdrawing personal funds.</p> <p>On 12/3/14 at 1:45 p.m., the Administrator provided the undated "Resident Trust Policy &amp; Procedures" and indicated the policy was the one being used during the time of the misappropriation of the residents' trust fund accounts.</p> <p>The policy indicated: "... Withdrawals - Petty Cash Any money disbursed from the resident trust petty cash box must be signed for by the Resident or the Resident's POA or Guardian. ... An employee can NEVER sign for resident's money to be withdrawn from a Residents account. Shopping-If someone is going shopping for a resident then the resident or responsible party (POA or Guardian) must sign the ticket ... If the resident is</p>		<p><u>and both witnesses signatures are required on the withdraw ticket. These witnesses (facility employees) must be designees of the facility Administrator."</u></p> <p>4. Monitored- Quality assurance- Monthly Audit to be completed by Administrator or designee of all withdraws from the resident trustfund. Audit report submitted monthly to Continuously Quality Improvement Committee and CarDon Director of Accounts Receivable for further follow up and intervention.</p> <p>5. Compliance date 12.12.14</p>	

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	<p>unable to sign AND there is no responsible party then Social Services can authorize withdrawal and the Administrator must witness the transaction. The person doing the shopping can NOT sign for the resident's money.</p> <p>Receipts-Receipts from shopping and all withdrawal tickets ... should be kept in a monthly file folder ..."</p> <p>This Federal tag relates to Complaint IN00158955.</p> <p>3.1-28(a)</p>						