STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENNETT PLACE	3928 HORNE AVE, NEW ALBANY, , 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00449895. Complaint IN00449895 - State deficiencies related to the allegations are cited at R0050. Survey date: February 4, 2025 Facility number: 004442 Residential Census: 20 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on February 5, 2025.	R 0000		
R 0050	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(t)(1-10) (t) Residents have the right to manage their personal affairs and funds. When the facility manages these services, a resident may, by written request, allow the facility to	R 0050	The administrator contacted the family of the prior resident that is referenced in the complaint on 2/10/25. The administrator sent the requested documents to the complainant on 2/12/25. All residents have the potential to be affected. No outstanding requests for documents currently noted.	02/12/2025

	execute all or part of their financial affairs. Management does not include the safekeeping of personal items. If the facility agrees to manage the resident ' s funds, the facility must: (1) provide the resident with a quarterly accounting of all financial affairs handled by the facility; (2) provide the resident, upon the resident ' s request, with reasonable access, during normal business hours, to the written records of all financial transactions involving the individual resident ' s funds; (3) provide for a separation of resident and facility funds; (4) return to the resident, upon written request and within no later than fifteen (15) calendar days, all or any part of the resident ' s funds given the facility for safekeeping; (5) deposit, unless otherwise required by federal law, any resident ' s personal funds in excess of one hundred dollars ($100) 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 the resident ' s funds to his or her account (in pooled accounts, there must be a separate accounting for each resident ' s share); (6) maintain resident ' s personal funds that do not exceed one hundred dollars ($100) in a noninterest-bearing account, interestbearing account, or petty		Moving forward Business office staff to log all requests on billing request log and completion date when complete. ED to audit log weekly, indefinitely to ensure all requests have been completed. Systemic changes in effect 2/12/25.	

cash fund;

(7) establish and maintain a system that assures a full, 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;

(8) provide the resident or the resident ' s legal representative with reasonable access during normal business hours to the funds in the resident ' s account;

(9) provide the resident or the resident ' s legal representative upon request with reasonable access during normal business hours to the written records of all financial transactions involving the individual resident ' s funds;

(10) provide to the resident or his or her legal representative a quarterly statement of the individual financial record and provide to the resident or his or her legal representative a statement of the individual financial record upon the request of the resident or the resident ' s legal representative; and (11) convey, within thirty (30) days of the death of a resident who has personal funds deposited with the facility, the resident ' s funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident ' s estate.

Based on interview and record review, the facility failed to ensure the requested financial

information was provided, in a timely manner, for 1 of 3 residents reviewed for resident rights. (Resident B)

Findings include:

The clinical record for Resident B was reviewed on 2/4/25 at 10:40 a.m. The resident's diagnoses included, but were not limited to, anxiety, epilepsy, insomnia and acute pain. The resident was admitted to the facility on 1/31/22 and expired on 10/10/23.

During an interview, on 2/4/25 at 10:17 a.m., the Complainant indicated he had requested Resident B's financial information multiple times, with the last correspondence being on 3/15/24. He was requesting information as to what was paid monthly by the resident for tax return purposes. He had been told the information was unavailable as the previous ownership had filed for bankruptcy and the facility did not have access to that information. Due to not having the information he had to file multiple tax return extensions for 2022 and 2023.

The email copy of the correspondence between the complainant and former Executive Director (ED), dated 3/15/24, was provided by the complainant. The email

indicated that there were multiple emails between the former ED and Complainant. The emails indicated the invoices sent to the Complainant were the only ones that the facility had access to and were limited to August 2023 through October 2023. The facility was no longer under previous ownership and the facility did not have access to any other invoices.

On 2/4/25 at 10:30 a.m., the current ED indicated he had the payment invoices from August 2023 through October 2023 as those occurred under the current ownership. He would have to reach out to the corporate office to see if he could obtain the payment information under the previous ownership. At 11:44 a.m., the current ED provided copies of all the facility payment invoices from February 2022 through July 2023. The current Executive Director indicated he called the corporate office today and they downloaded the invoices into a file and sent the file to him.

This Citation relates to Complaint IN00449895

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE