

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|-------------------------------------------------|--|
| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTIONS   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                      |                                                                                                                                                                                                                                               | (X2) MULTIPLE<br>CONSTRUCTION<br><br>A. BUILDING<br><br>B. WING |  | (X3) DATE SURVEY<br>COMPLETED<br><br>12/01/2023 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>PARK PLACE II, LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP<br>CODE<br><br>4411 PARK PLACE DR, FORT WAYNE, ,<br>46845 |                                                                                                                                                                                                                                               |                                                                 |  |                                                 |  |
| (X4) ID<br>PREFIX TAG                                  | SUMMARY STATEMENT OF<br>DEFICIENCIES...                                                                                                                                                                                                                                                                                                                                                                                                                      | ID PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION...                                                                                                                                                                                                              |                                                                 |  | (X5)<br>COMPLETION<br>DATE                      |  |
| R 0000                                                 | <p>INITIAL COMMENTS</p> <p>This visit was for the<br/>Investigation of Complaint<br/>IN00421665</p> <p>Complaint IN00421665 - State<br/>deficiency related to the<br/>allegations are cited at R0064.</p> <p>Survey date: December 1, 2023.</p> <p>Facility number: 012582</p> <p>Residential Census: 148</p> <p>This State Residential Finding is<br/>cited in accordance with 410<br/>IAC 16.2-5.</p> <p>Quality review completed<br/>December 4, 2023</p> | R 0000                                                                                     |                                                                                                                                                                                                                                               |                                                                 |  |                                                 |  |
| R 0064                                                 | <p>Residents' Rights- Noncompliance</p> <p>410 IAC 16.2-5-1.2(hh)</p> <p>(hh) The facility shall exercise<br/>reasonable care for the protection<br/>of residents ' property from loss<br/>and theft. The administrator or his<br/>or her designee is responsible for</p>                                                                                                                                                                                    | R 0064                                                                                     | <p><b><i>What corrective actions will<br/>be accomplished for those<br/>residents found to have been<br/>affected by the finding:</i></b></p> <p>During the initial investigation,<br/>the employee was immediately<br/>suspended pending</p> |                                                                 |  | 01/05/2024                                      |  |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident.

Based on interview and record review the facility failed to ensure residents were free from misappropriation of property for 1 of 7 residents reviewed. (Resident B).

Findings include:

During an interview on 12/1/23 at 10:21 AM, Resident B indicated she had received her October monthly debit card statement. On the statement there were fraudulent charges for various companies and various amounts. Resident B indicated initially she called the company of the first charge, "Waiter on the Way" (food delivery). Resident B indicated she explained what happened. The representative provided the ordering name and delivery address. Resident B indicated the ordering name provided was Home Health Aide (HHA) 2. Resident B indicated she then reported the information to facility staff. Resident B also indicated HHA 2 had supervised her care in the past, especially during showers.

A resident roster was provided by the Assistant Executive Director (AED) on 12/1/23 at 10:47 AM. The roster indicated

investigation. Writer assisted resident making the initial police report and POA was notified. After the investigation was completed, the employee was terminated due to findings. The employee never returned to the community. Writer and floor nurse provided emotional support, which is ongoing.

***How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken:***

During the investigation, 3 additional residents were interviewed to determine if it was isolated incident. No other residents claimed to have anything stolen or staff assisting with ordering things online. A notice was published around the community encouraging residents and/or legal representatives to communicate with the ED and or AED if there were any concerns about misappropriation of funds. No additional concerns were communicated.

***What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:***

Resident B was interviewable.

A facility reported incident was provided by the AED on 12/1/23 at 10:47 AM. The facility reported incident, dated 11/10/23, indicated Resident B notified the facility of fraudulent charges on her debit card. The report indicated a police report and investigation was initiated. The report also indicated HHA 2 had terminated employment.

An investigation file was provided by the AED on 12/1/23 at 10:47 AM. The file included an interview between HHA 2 and the Executive Director (ED), dated 11/10/23. The interview indicated the ED notified HHA 2 of the accusations per a resident. The ED had asked HHA 2 to review her last "Waiter on the Way" receipt and to confirm the amount and card number used. HHA 2 confirmed the last four digits of the card. The ED indicated to HHA 2 the last four digits were Resident B's card information. The file indicated there were various charges in amounts of \$2.26 to \$45.94. HHA 2 indicated she had reviewed all her instacart (online grocery) orders and confirmed the same card was charged. The file indicated HHA 2 indicated she must have left Resident B's card information on her personal phone.

During an interview on 12/1/23

We will implement an addendum to our lease agreement to identify residents that have valuable property and identify residents that could be at risk. We will continue to encourage all residents to get a lock box and keep valuables, money, credit/debit cards in their lock box. We will continue to do initial and ongoing training and education around misappropriation of resident property with staff. And educate residents about securing their valuables in a lock box.

***How the corrective action(s) will be monitored to ensure the finding will not recur:***

ED or AED will interview 3 residents per month for the first quarter and 1 resident per quarter for 3 months after to ensure no residents have had misappropriation of resident funds. Community will continue to follow its policy and procedures and current hiring practices to ensure residents are safe from misappropriation of resident property or funds. The community will also do on going in-servicing to ensure all staff are aware of resident rights and misappropriation of resident property or funds.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

at 12 PM, AED and ED indicated Resident B had reported the fraudulent charges to the ED along with the information gained from the businesses. Resident B indicated she had gathered HHA 2's name and address from the first company listed on the statement. The ED indicated she had reported the information to the local police department. The ED indicated Resident B indicated never asked HHA 2 to order anything online for her before. The ED indicated she had spoken to HHA 2 and confirmed the charged card information on the receipts to Resident B's card and the numbers matched. The ED indicated staff should not have assisted residents to place online orders. The ED indicated family, management with family approval or residents themselves should only place online orders.

A policy, dated 6/14, titled "Resident Neglect, Abuse and Misappropriation of Property," was provided by the AED on 12/1/23 at 11:05 AM. The policy indicated residents would be free from misappropriation of property.

This Citation relates to Complaint IN00421665.

Based on interview and record review the facility failed to the

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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