STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF HARTFORD CITY	100 INDEPENDENCE PARKWAY, HARTFORD CITY, , 47348

(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 IN00388516. Complaint IN00388516 - Substantiated. State Residential Findings related to the allegations are cited at R0064. Survey date: August 24, 2022 Facility number: 013578 Residential Census: 14 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 25, 2022	R 0000		
R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his	R 0064	9/6/22 R064-All residents had the potential to be affected by this deficient	09/30/2022

	or her designee is responsible for 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' property was protected from loss and or theft. This deficient practice effected 2 of 3 residents reviewed for misappropriation of property. (Resident B, Resident C) Findings include: 1. The clinical record for Resident B was reviewed on 8/24/22 at 11:19 a.m. Diagnoses included, but were not limited to, spinal stenosis, hypertension and insomnia. 2. The clinical record for Resident C was reviewed on 8/24/22 at 11:23 a.m.. Diagnoses included, but were not limited to, hypertension, glaucoma, diabetes type 2 and dementia. Review of a facility reportable, dated 8/19/22 at 4:30 p.m., indicated the residents' family had contacted the facility to report unauthorized use of the residents' bank account. The family indicated they had contacted one of the companies where the unauthorized charges were made and was told the name used for the purchases		practice. The following has been done for residents A & B; along with all residents. A letter was sent out to all residents & their families explaining what had happened (8/29/22 see attached). All staff have been updated on resident rights & resident abuse 9/1/22 See Attached). The education for Resident Rights & Abuse will be on-going. All residents have been educated on not leaving personal items like bank statements, credit card, debit cards laying out in the open. Residents will be given a monthly reminder to keep important items locked up X6 months; after 6 months the reminder will be added to the Activity calendar & will be on-going. As new residents move-in there will be education provided on locking personal belongings up & a lock will be provided. The facility has offered to give each resident a lock & key to lock personal items up in the resident room (9/6/22 see attached). Cameras have been ordered to be installed at the entry/exit doors of the facility. Consumer Security & Audio Systems will be installing the week of September 19th. The	

	was CNA 1. During an interview on 8/24/2022 at 10:04 a.m., Residents B and C indicated purchases made between 8/10/22 and 8/12/22 equaling approximately $5000.00 had been made from their bank account and credit card without their knowledge. The residents had been alerted of the suspicious activity by their credit union. Resident B and Resident C indicated they routinely left their bank statements and bills out in the open on a table and left their computer running and unlocked. Resident B indicated CNA 1 had used their account and paid her apartment rent, paid bills and purchased several items for an approximate total of $5000.00. The residents indicated their bank and credit cards were not missing and believed CNA 1 had taken pictures of the cards. The residents indicated they never shared their financial information or card numbers with CNA 1 or any staff member. During an interview on 8/24/22 at 9:30 a.m., the Administrator indicated CNA 1 had been terminated on 8/16/22 due to attendance. On 8/19/22 the residents' family informed the Administrator of the unauthorized bank activity and that the name of CNA 1 had		Attorney General's office was contacted. CrownPointe continues to do 2 reference checks, a background check, & a sex & violent offender check on all potential employees prior to hiring. The administrator contacted the Hartford City Police Department as soon as the family made administrator aware & all residents were interviewed; for any missing items/concerns. (8/19/22). The administrator gave the police all needed information on Melanie Southerland from employee file. The administrator spoke with the detective on 8/24/22 with State Surveyor present. Detective Luke Phillips informed the administrator that Melanie Southerland is only a person of interest at this time. The detective planned to give Melanie a no-trespassing warning on 8/24/22 if possible. The administrator spoke to the detective on 8/29/22 & the no trespassing order has been given to Melanie Southerland. The administrator was informed by Jane Winder that the subpoenas have been issued. Jane notified the administrator on 9/6/22. We are continuing to work with the Hartford City Police Department on this matter. All	

	been used in the unauthorized account and credit card use. The family indicated the credit union had already called the police related to the matter. The Administrator indicated the police had advised the facility not to say anything related to the incident to anyone pending their investigation. This State tag relates to Complaint IN00388516. Based on interview and record review, the facility failed to ensure residents' property was protected from loss and or theft. This deficient practice effected 2 of 3 residents reviewed for misappropriation of property. (Resident B, Resident C) Findings include: 1. The clinical record for Resident B was reviewed on 8/24/22 at 11:19 a.m. Diagnoses included, but were not limited to, spinal stenosis, hypertension and insomnia. 2. The clinical record for Resident C was reviewed on 8/24/22 at 11:23 a.m.. Diagnoses included, but were not limited to, hypertension, glaucoma, diabetes type 2 and dementia. Review of a facility reportable, dated 8/19/22 at 4:30 p.m., indicated the residents' family had contacted the facility to		systemic changes will be in place by September 30th 2022.	

report unauthorized use of the residents' bank account. The family indicated they had contacted one of the companies where the unauthorized charges were made and was told the name used for the purchases was CNA 1.

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During an interview on 8/24/22 at 9:30 a.m., the Administrator

	indicated CNA 1 had been terminated on 8/16/22 due to attendance. On 8/19/22 the residents' family informed the Administrator of the unauthorized bank activity and that the name of CNA 1 had been used in the unauthorized account and credit card use. The family indicated the credit union had already called the police related to the matter. The Administrator indicated the police had advised the facility not to say anything related to the incident to anyone pending their investigation. This State tag relates to Complaint IN00388516.			

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