

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

PRINTED: 02/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155717	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ALPHA HOME - A WATERS COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222		
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00416811, IN00417628, and IN00419803.</p> <p>Complaint IN00416811 - Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00417628 - Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00419803- No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 30, and 31, 2024</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 2 Medicaid: 35 Other: 21 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 8, 2024.</p>	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12	F 602			

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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F 602	<p>Continued From page 1</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident debit card was protected from diversion, resulting in \$15,179.18 being spent by an employee without the resident's knowledge for 1 of 4 residents reviewed for misappropriation of property (Resident B). The deficient practice was corrected on 9/28/23, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>An Indiana State Department of Health Survey Report System report, dated 9/5/23, indicated Resident B stated he was missing money. The facility Administrator (ADM) 12 was suspended pending investigation and the facility immediately commenced investigation.</p> <p>An Indiana State Department of Health Survey Report System follow up report, dated 9/13/23, indicated on 9/5/23 the RDO was notified by the BOM 13 regarding suspicious activity on Resident B's personal bank account. BOM 13 stated while assisting Resident B with his mail she had detected multiple ATM cash withdrawals over the course of the previous two months that the resident did not recognize. The RDO questioned ADM 12 and BOM 13 and suspended both</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>employees while conducting this investigation. It was determined ADM 12 admitted to withdrawing an unknown amount of money from Resident B's private bank account over the course of 60 days. The number of withdrawals and amount of money was unknown because although the administrator admitted to acquiring the resident's debit card and making withdrawals on his behalf, she could not state exactly how many withdrawals she made, nor how much money was withdrawn. Resident B stated he was not aware of any ATM withdrawal transactions made on his behalf during such time. RDO immediately notified the police. The facility had since in-serviced all staff on abuse and misappropriation of resident funds, audited all resident accounts and lock boxes, and separated employment with ADM 12.</p> <p>During an interview, on 1/30/24 at 12:43 p.m., a representative for Resident B indicated she had been notified by the facility last fall that ADM 12 had stolen over \$15,000 from the resident in 2023. The facility indicated the Attorney General's (AG) office was working on behalf of the resident to obtain more information regarding the unauthorized transactions made by the ADM.</p> <p>During an interview, on 1/30/24 at 1:34 p.m., the RDO indicated, after he was contacted by BOM 13 on 9/5/23 regarding Resident B allegations of missing money, he had immediately gone to the facility and initiated an investigation and followed up as documented on the Indiana State Department of Health Survey Report System reports. Resident B was unable to travel outside of the facility on his own, and it was determined he had only been taken out twice during the time in question by staff to an ATM to get cash, the receipts for those 2 transactions were accounted</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>for in the resident file found in the business office . BOM 13 had also disclosed that Resident B's debit card had been kept locked in her office filing cabinet with the PIN number (a numeric passcode used in the process of authenticating a user accessing a system) attached. The RDO had suspended ADM 12 and BOM 13, gathered confidential witness statements, notified the resident's daughter who was instrumental in obtaining bank statements for review, notified the police, and notified the AG's office.</p> <p>During an interview on 1/31/24 at 10:03 a.m., the RDO indicated part of the investigation included changing the code on the facility doors, and locks on ADM 12 and BOM 13's doors. Staff were re-educated on abuse and misappropriation to include a zero tolerance policy and staff were informed if caught doing either they would be terminated, and their license reported. Audits were completed on resident valuables stored in the facility safe. All residents were offered personal lock boxes and encouraged to participate in RFMS accounts. Residents were encouraged not to bring items of value and educated on the risk for loss of personal effects. This situation was quickly ad hocked through QAPI and would be monitored on-going through QAPI.</p> <p>Resident B's record was reviewed on 1/30/24 at 12:57 p.m. Diagnoses on Resident B's profile included but were not limited to cognitive communication deficit (difficulty with thinking and how someone uses language).</p> <p>A SLUMS (Saint Louis University Mental Status - a cognitive screening test designed to detect the early signs of mild cognitive impairment and</p>	F 602			

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F 602	<p>Continued From page 4</p> <p>dementia) Examination, dated 9/7/23, indicated dementia with a score of 15/30.</p> <p>A quarterly MDS (Minimum Data Set) assessment, completed on 10/24/23, indicated the resident had the ability to usually make himself understood and to usually understand others. BIMS (Brief Interview for Mental Status) score 7/15 indicated severe cognitive impairment. Resident required substantial/maximum assistance with ADL's (activities of daily living - activities related to personal care to include bathing, dressing, transfers, walking, and using the toilet). Mobility devices included a wheelchair.</p> <p>A care plan, dated 8/25/23, indicated Resident B preferred to keep personal inventory in a secured locked box. Interventions included educating residents on the use of personal secured lock box, honor resident preference, and provide resident with therapeutic conversation to validate concerns/feelings.</p> <p>An Account Transaction Detail Report, dated 6/21/23 - 9/6/23, indicated 22 transactions were made by ADM 12 to include door dash purchases from local retail stores, a pet store, online shoe purchase, and 18 cash withdraws in excess of \$500 with surcharges due to not using an in network ATM, totaling \$15,179.18.</p> <p>A report of staff names with title and hire date, dated and signed by staff members on 9/6/23 and 9/7/23, the Regional Director of Operations (RDO) indicated was documentation staff members had received continuing education on abuse and misappropriation of resident property.</p> <p>An Abuse Prevention Program Acknowledgement</p>	F 602			

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F 602	<p>Continued From page 5</p> <p>Form, dated 8/22/22, was signed by ADM 12 as having received the policy.</p> <p>A Confidential Witness Statement, dated and signed by Business Office Manager (BOM) 13 on 9/5/23, indicated she had reason to believe ADM 12 used Resident B's debit card without his permission and did not give him his money. ADM 12 had possession of the debit card and after looking at Resident B's bank statement there were multiple cash debits without Resident B's consent.</p> <p>A Confidential Witness Statement, dated and signed by the prior ADM on 9/5/23, indicated "I have only accessed [Resident B's] funds on behalf on [Resident B]. I understand I am suspended pending investigation."</p> <p>A Personnel Change Form, dated 9/12/23, indicated ADM 12's last date worked was 9/5/23, on this date had voluntarily resigned.</p> <p>A police report, dated 9/11/23 at 12:37 p.m., indicated a facility representative, the RDO, had contacted the police on behalf of Resident B to report ADM 12 had been using the resident's debit card to withdraw money out of the resident's checking account without the resident's permission, knowledge, or consent. The debit card had been used multiple times to withdraw large amounts of cash at various ATM's (automated teller machines) in the county he resided in and a county near where the resident resided for the ADM's personal gain and not for the resident. "The victim is considered to be an endangered adult resident ...the reported theft of the victim's cash is possibly \$10,000 or more."</p>	F 602			

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F 602	<p>Continued From page 6</p> <p>An AD HOC (for this situation) QAPI (Quality Assurance and Performance Improvement) Meeting, dated 9/13/23, indicated the meeting problem/opportunity was misappropriation of resident funds/property. The 4 step actions indicated:</p> <ol style="list-style-type: none"> 1. Corrective actions for identified residents affected by the deficient practice: Bank card was given back to resident, lock box provided to resident, RFMS (Resident Fund Management Services - an interest bearing account) account offered, police report filed, and reported to state. Completed 9/12/23. 2. All residents have the potential to be affected. The facility will no longer lock up resident personal cards/cash/checks in building safe. Date completed 9/18/23. 3. All residents in the facility offered RFMS account and lock boxes. All residents were educated on safeguarding their personal belongings in either a lock box or the RFMS accounts. All new admits be offered these items. Any transaction that takes place in the business office will have multiple witnesses while pending BOM to start. Receipt book to be implemented in safe for each transaction to be documented. Date completed 9/28/23. 4. QAPI put into place included the safe to be audited every 2 weeks to verify that there are no personal cards/cash/checks being stored in the facilities' safe x 6 months. Date completed 9/20/23. <p>On 1/31/24 at 11:35 a.m., the RDO provided an Abuse Prevention Program policy, dated 10/22/22, and indicated the policy was the one currently being used by the facility. The policy indicated, "For the purpose of this policy, and to assist staff members in recognizing abuse, the</p>	F 602			

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F 602	<p>Continued From page 7</p> <p>following definitions shall pertain ...7. Misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent ..."</p> <p>This deficient practice was corrected by 9/28/23 prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan that included a safe audit for resident bank cards, cash and checks, staff education regarding abuse and misappropriation of property, encouraging residents to participate in RFMS, offering all residents a lock box, and ongoing monitoring by Quality Assurance and Performance Improvement (QAPI).</p> <p>This Federal tag relates to Complaints IN00416811 and IN00417628.</p> <p>3.1-28(a)</p>	F 602		