PRINTED: 08/15/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
155846		B. WING _	B. WING		C 08/07/2024		
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL				6	TREET ADDRESS, CITY, STATE, ZIP CODE 16 GREEN HOUSE WAY CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI: TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	This visit was for the IN00439367.	Investigation of Complaint					
	Complaint IN0043936 the allegations are cit	7-No deficiencies related to ed.					
	Unrelated deficiencies	s are cited.					
	Survey dates: August	6 and 7, 2024					
	Facility number: 0137 Provider number: 155 AIM number: 201362	846					
	Census bed type: SNF/NF: 66 Total: 66						
	Census payor type: Medicare: 5 Medicaid: 43 Other: 18 Total: 66						
	This deficiency reflect accordance with 410	s state findings cited in IAC 16.2-3.1.					
F 602 SS=D	2024. Free from Misappropr	ompleted on August 14,	F	602			
	neglect, misappropria	right to be free from abuse, tion of resident property, efined in this subpart. This ited to freedom from					

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	corporal punishment, any physical or chem treat the resident's m This REQUIREMENT by: Based on interview a failed to ensure resid safe and secure durir residents being revier property. (Residents practice was corrected of the survey, and was noncompliance. Findings include: 1. A facility reported indicated Resident B'Executive Director (Ewere fraudulently used CNA 1. The credit carpolice department was immediately suspend. A facility document, tifform," dated 8/5/24, terminated on 8/5/24, terminated on 8/5/24, to the ED there were mother's credit cards the credit card compara person who had us to order Door Dash. Took deeper into Resistatements and found not able to account for investigation was star worked in the home Fer Credit cards were	involuntary seclusion and ical restraint not required to edical symptoms. Is not met as evidenced and record review, the facility ents' credit cards were kepting their admission for 2 of 3 wed for misappropriation of B and C) The deficient don 8/5/24, prior to the start as therefore past and the control of the bold of the bold of the bold of the cards and the control of the cards and the control of the cards are canceled. The city is notified. CNA 1 was ed. Ittled "Allegation Investigation indicated CNA 1 was Resident B's son reported suspicious charges on his the ED and the son called any to confirm the spelling of ed the resident's credit card.	F 6	Past noncompliance: no pla correction required.	n of	

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F 602	8/5/24, due to probatin the fraudulent cred A facility document, to Change Form," dated was terminated, on 8 for rehire due to the to cards and fraud. The was CNA 1 was provocompany and the police in the cards and fraud. The was CNA 1 was provocompany and the police in the cards and fraud. The was CNA 1 was provocompany and the police in the police in the card account. He know a condition of the card statement charges which he known account. He known account in the ED indicated he since the police office evidence to charge in the continuing to in responsible for the office cards. During an interview, and interview, are indicated he had spondad not given permisoredit cards. The charge indicated in the cards authorization and sin was over \$750.00, it six felony charge. The	ble cause she was involved lit cards activity. itled "Employee Status of 8/5/24, indicated CNA 1 /5/24, without being eligible heft of a resident's credit explanation for dismissal en by the credit card ice department to have used ards fraudulently. on 8/6/24 at 12:38 p.m., the note B's son discovered CNA 1 B's credit card numbers after was on the resident's credit ew his mother would not eash. He looked through the est and discovered other ew Resident B did not make. Iterminated the employee, er felt there was enough CNA 1 with the Door Dash est son and the police officer vestigate if CNA 1 was ther charges on both credit con 8/6/24 at 2:18 p.m., the re in attendance. Officer 3 ken to Resident B, and she sion for anyone to use her arge as of now for CNA 1 was not credit cards without ce the amount she spent would most likely be a level eresident's son noticed on his mother's credit cards	F	502			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 602	p.m., Resident C incidischarged from the credit cards were m credit card compani fraudulent charges. stole her credit card charged \$705.09, frocard and charged \$105.09, frocard and charged Her money was rein companies. She had only the credit card. A current facility polidated as revised 8/2 Director of Nursing indicated "It is the residentsare free fresident property and but is not limited to residents, family mention thatexploitation of misappropriation of forbidden by this procession of a resident's consequence of a resident of	atterview, on 8/7/24 at 3:57 dicated after she was facility, she discovered her dissing from her wallet. Two des were investigating She indicated the person who dis was CNA 1. The person dom 7/6/24 to 7/13/24, on one display on another credit card. Another credit card did not contacted the police, did not	F	502			
	after the facility impl which included CNA	emented a systemic plan 1 was terminated for credit 2, abuse in-servicing was					

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F 602		staff members were s were interviewed, and property was included in the ance Performance	F 6	502			