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

I ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			ATE SURVEY OMPLETED
155833		B. WING		С		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		08/01/2024
WELLBROOKE OF CARMEL				12315 PENNSYLVANIA STREET CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	N SHOULD BE COMPLE DATE	
F 000	INITIAL COMMENTS	3	FC	000		
	This visit was for the IN00438719.	Investigation of Complaint				
	Complaint IN004387 related to the allegati	19-Federal/State deficiency ons is cited at F602.				
	Survey date: August	1, 2024				
	Facility number: 013 Provider number: 15 AIM number: 20129	55833				
	Census bed type: SNF: 28 SNF/NF: 23 Residential: 32 Total: 83					
	Census payor type: Medicare: 24 Medicaid: 16 Other: 11 Total: 51					
	This deficiency reflect accordance with 410	ets state findings cited in IAC 16.2-3.1.				
	Quality review was co	ompleted on August 14,				
F 602 SS=D	Free from Misapprop	riation/Exploitation	F 6	502		
	neglect, misappropria and exploitation as d	right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from				
L ABORATORY 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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		C (X3) DATE SURVEY	
		155833	B. WING		08/01/2024	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032	1 00/01/2024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 602	corporal punishmen any physical or che treat the resident's in This REQUIREMEN by: Based on observat review, the facility facredit card was kep admission for 1 of 3 misappropriation of deficient practice was to the start of the sunoncompliance. Finding includes: A document, titled "Health Survey Repoindicated Resident I card which had cha responsible for. The local police were not was started. A staff stealing Resident B The clinical record fon 8/1/24 at 10:13 abut were not limited stage 3, dependent type II diabetes mel thrombus and emboth. The employee recorreviewed, on 8/1/24 included, but were redocuments: a. An Indiana State indicated Housekee and stage and	It, involuntary seclusion and mical restraint not required to medical symptoms. IT is not met as evidenced ion, interview and record ailed to ensure a resident's to safe and secure during here residents reviewed for property. (Resident B) The as corrected on 7/18/24, prior property, and therefore was past invey, and therefore was past invey, and therefore was not exact was deactivated. The otified, and an investigation member was terminated for its credit card. In Resident B was reviewed a.m. The diagnoses included, to, chronic kidney disease are on dialysis, hypertension, litus, and personal history of	F 602	Past noncompliance: no plan of correction required.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		155833	B. WING		08/01/2024	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032		·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 602	dated 7/16/24, indic suspended on 7/15, theft investigation. Sand never returned. c. A document, titled dated 7/18/24, indic terminated from the quitting without notic comment section in involved in a theft in give her statement. lunch break and never calls or resp. She was a no call in 7/17/24 shifts with ror the Executive Dir investigating the theft. The facility investigating the theft. A document, title indicated on 7/13/24 reported her credit she was not respondindicated ther credit wallet at approxima room around 10:00	d "Personal Action Form," ated Housekeeper 1 was /24, due to being involved in a She left on her lunch break d "Personal Action Form," ated Housekeeper 1 was facility, on 7/18/24, for ce and no call no show. The dicated Housekeeper 1 was asked to On 7/15/24, she left for her ver returned. She did not bond to texts from the facility. The police were set of Resident B's credit card. The police were set of Resident B's credit vere not limited to, the second was missing with charges sible for. The resident card was in her phone case tely 9:00 a.m. She left her a.m., to go do an activity, then	F 60	,		
	at approximately 12 returned to her roor case wallet and not her wallet. She called credit card missing.	erapy in the gym then to lunch 1:50 p.m. After the resident In, she picked up her phone iced her credit card was not in ed her bank and reported the She found the credit card had ction at a McDonald's at 12:30				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		155833	B. WING		C 08/01/2024	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032	1 00/01/2024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
F 602	the stolen credit car credit card came up timeframe of 10:00 7/13/24. b. A typed statemer 7/16/24, indicated s 1 on 7/13/24. House Housekeeper 1 if sh indicated "Yes," so break. Housekeeper 3 she would be back. Whe employee break roo observed Housekeeper 1 told had gotten her som Housekeeper 1 disapproximately 2:00 During an interview Resident B was obswheelchair in the th she had opened he credit card was kep care and her credit her morning care at then went to an actia.m. She went strai activity, then went to apartment at approximately 2:00	deactivated, and she reported of to the nurse on duty. Her of missing between the a.m. and 1:40 p.m., on the base training Housekeeper 3 asked the needed a break and she they left and went on a lunch of a was going to her car, and she en Housekeeper 3 went to the to grab her iPad, she eper 1 eating McDonalds. I Housekeeper 3 her husband of food to eat for lunch.	F 602			
	missing. She called credit card. At that the card had been used for \$10.50 at approx	ced her credit card was the bank and deactivated her time, she found out her credit d at a McDonalds to buy food ximately 12:30 p.m. The had also tried to use it at a				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		155833	B. WING			C 09/04/2024	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 602	store and it was denice card being deactivate her credit card had be Director (ED) told her staff member who storeceived her \$10.50 k police officers were in A current policy, titled Procedural Guideline 2024, and provided be a.m., indicated "has an effort to provide a environmentDefiniti Property-means the exploitation or wrongs use of a resident's be the resident's consense of the facility imple which included a thorpolice involvement, a residents were interviterminated, and all ston abuse and misapp with resident rights.	ed three times due to the ed. She reported to a nurse een stolen. The Executive a housekeeper was the ole her credit card. She back from the bank. The exestigating the theft. I "Abuse and Neglect s," dated as revised July 2, y ED on 8/1/24 at 11:11 is implemented processes in comfortable and safe onsMisappropriation of deliberate misplacement, full, temporary, or permanent elongings or money without t" I was corrected by 7/18/24, mented a systemic plan ough investigation with	F 60	2			