

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

PRINTED: 10/25/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155483		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2022	
NAME OF PROVIDER OR SUPPLIER WATERS OF RISING SUN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00391002.</p> <p>Complaint IN00391002 - Substantiated. Federal/State deficiency related to the allegation is cited at F602.</p> <p>Survey dates: October 3 and 4, 2022</p> <p>Facility number: 000405 Provider number: 155483 AIM number: 100273800</p> <p>Census Bed Type: SNF/NF: 44 Total: 44</p> <p>Census Payor Type: Medicare: 13 Medicaid: 25 Other: 6 Total: 44</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 8, 2022.</p>			F 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is: 10/22/22. Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>		
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 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</p>						

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review the facility failed to protect a resident from misappropriation of property, when a staff member used a resident's bank card for unauthorized purchases for 1 on 3 residents reviewed for misappropriation. (Resident C).</p> <p>Findings include:</p> <p>During an interview on 10/3/22 at 8:32 p.m., Resident C indicated a Certified Nursing Assistant (CNA) got access to his debit card and stole almost \$300 dollars.</p> <p>The clinical record for Resident C was reviewed on 10/4/22 at 1:35 p.m. The diagnoses included, but were not limited to, a-fib (atrial fibrillation) and chronic obstructive pulmonary disease (COPD).</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 7/29/22, indicated Resident C was cognitively intact and required minimal assistance for Activities of Daily Living (ADLs). He had adequate hearing and vision with corrective lenses, clear speech, was understood, and understands others.</p> <p>During an interview on 10/4/22 at 11:45 a.m., the Administrator indicated she had investigated Resident C's missing bank card. The Business Office Manager (BOM) helped the resident call the bank, and during that call, there were charges identified the resident did not make. The Administrator had contacted the police. She had gone to a store to see if they could provide</p>			F 0602	<p>F-602</p> <p>It is the policy of the facility that residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.</p> <p>For the resident in question - The theft was reviewed with the resident's bank, and the fraud department immediately replace the missing funds back into the resident's bank account. The card was cancelled, and a new card was reordered. The resident was offered to keep his new card in the business office safe or a lock box provided to the resident by the facility. Upon admission, residents and/or their responsible parties will be advised as to how to safely store/secure valuables and they will be encouraged not to keep large sums of money or bank cards or valuable possessions in an unsecure place. Any valuables must be added to the personal property inventory with an appraised or estimated monetary value listed.</p> <p>Residents who reside in the facility have the potential to be affected by this finding.</p> <p>A facility wide audit was completed on 8/12/22/22 to ensure no other residents had</p>		10/22/2022

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	<p>evidence. There was video footage which showed a female wearing sun glasses and a ball cap (with her hair shoved up under it). The video showed the female exiting the store and she was wearing a shirt the Activities Director had made for the Activities Aide. The store informed her the female had tried to use a gift card during that transaction, so they looked at the original gift card transaction and it showed a clear picture of the facility's Activities Aide.</p> <p>The Administrator provided a copy of incident on 10/4/22 at 12:19 p.m. The documentation indicated on 8/12/22 Resident C had reported the lost card to the bank and was told there were three charges for "games" and one store receipt, dated 8/11/22, for purchases the resident did not make.</p> <p>During an interview on 10/4/22 at 12:22 p.m., the BOM indicated she had gone in to see Resident C's roommate and Resident C asked her to call the bank with him. He thought he had thrown his bank card away. When the resident called the bank, the bank said, "let's look to see if there were any charges that you did not make." There were three game charges and one store charge. The call was transferred to fraud department and those charges were reversed. She immediately reported the incident to the Administrator.</p> <p>On 10/4/22 at 2:53 p.m., the Administrator provided a letter from the police department which indicated, on 8/12/22 at 4:56 p.m., the department received notification of a fraud case, involving Resident C and the Activity Aide, and it was currently under investigation.</p> <p>The current facility policy titled, "Abuse Prevention Program" and not dated, was provided by the Administrator on 10/4/22 at 12:19 p.m. The</p>				<p>reports of missing funds. Resident trust audit was completed with no discrepancies. 100% audit of background checks were completed. All residents in the facility offered a lockbox to keep money/valuables.</p> <p>Administrator/Designee will monitor resident trust balances, grievances, missing property reports as well as interview residents related to any potential missing funds. Audits will occur for a random patient 5 days weekly for a period of 4 weeks. Monitoring will then occur 3 days weekly until 4 consecutive weeks of no negative findings then 1 time weekly ongoing for a period of no less than 6 months. Any concerns will be addressed as found.</p> <p>At an in-service held by the Administrator on 8-12-22 and 9-27-22 for all staff the following was reviewed:</p> <ol style="list-style-type: none"> 1. Abuse program policy and procedure 2. Elder Justice Act 3. Resident Rights 4. Abuse Reporting <p>Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p>		

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	<p>policy included but was not limited to, " ...to prevent ...misappropriation of resident property ...7 ...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 Federal tag relates to Complaint IN00391002.</p> <p>3.1-28(a)</p>				<p>At the monthly QAPI meeting, the monitoring of the Administrator/Designee will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p>		