

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

PRINTED: 06/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/19/2025	
NAME OF PROVIDER OR SUPPLIER CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 IN00459045.</p> <p>Complaint IN00459045: Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Survey date: May 19, 2025</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 1 Medicaid: 42 Other: 2 Total: 45</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on May 22, 2025.</p>			F 0000			
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation</p> <p>Based on interview and record review, the facility failed to ensure residents were free from misappropriation for 1 of 3 residents reviewed for misappropriation. A resident's debit card was taken without consent and used by staff to withdraw \$305.00 from the resident's bank account. (Resident D)</p>			F 0602	<p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees,</p>		05/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Charles Brazzell

Administrator

05/29/2025

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>Finding includes:</p> <p>During a review of facility reported incidents on 5/19/25 at 10:15 A.M., an incident dated 5/6/25, indicated Resident D had been alerted of suspected fraudulent activity from his bank. A withdraw was made from a local automatic teller machine (ATM) on 5/5/25 at 2:05 A.M. for \$305.00. CNA 13 indicated that Resident D asked her to withdraw \$300.00 from the bank at 2:00 A.M. during her lunch break.</p> <p>During a review of the facility's investigation into the incident on 5/19/25 at 10:20 A.M., a typed note, dated 5/6/25 and signed by the Facility Administrator indicated Resident D came to the office after he received an alert of suspected fraud at the bank. Resident D indicated he had asked CNA 13 to call the bank for him and check on his account balance and gave her his Personal Identification Number (PIN). A withdrawal was made at 2:05 A.M. on 5/5/25 for \$305.00.</p> <p>A Disciplinary Notice Record, dated 5/7/25, indicated CNA 13 had been terminated from employment for using a resident's debit card to withdraw money against facility policy.</p> <p>During record review on 5/19/25 at 10:30 A.M., Resident D's diagnoses included, but were not limited to, heart failure, chronic obstructive pulmonary disease (COPD), and chronic pain.</p> <p>Resident D's most recent quarterly minimal data set (MDS) assessment, dated 3/22/25, indicated the resident had no cognitive impairment.</p> <p>During an interview on 5/19/25 at 10:40 A.M., Resident D indicated that CNA 13 had used his</p>				<p>agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>1. Immediate action(s) taken for the residents(s) found to have been affected include:</p> <p>a 5/06/2025 Facility immediately started the Abuse Investigative Protocol Checklist.</p> <p>b 5/06/2025 Facility followed the Abuse Policy and immediately suspended Certified Nursing Assistant.</p> <p>c 5/06/2025 Incident reported to IDOH, Ombudsman and local police were notified.</p> <p>d 5/07/2025 CNA 13 terminated from employment.</p> <p>2 Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents on East Hall had the potential to be affected.</p> <p>a 5/08/2025 Social Services interviewed all interviewable residents on East Hall to ensure that no other residents were affected.</p> <p>3 Actions taken/systems put into place to reduce the risk of future occurrence include:</p> <p>a 5/8/2025 Money/Bank Card Transactions and Shopping for Residents policy reviewed/revised</p>		

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	<p>personal debit card to withdraw money from a local ATM. Resident D indicated he did not give CNA 13 his debit card or ask her to withdraw money for him, and that he would not have asked anyone for money at 2:00 A.M. Resident D indicated he never received the money that had been withdrawn from his account and that he was waiting on his account to be reimbursed. Resident D felt taken advantage of and was inquisitive about the results of a local police department's investigation of the incident.</p> <p>During an interview on 5/19/25 at 11:20 A.M., the Facility Administrator indicated the local police had shared with him that CNA 13 could be seen on video making a withdraw from the local ATM at 2:05 A.M. on 5/5/25.</p> <p>During an interview on 5/19/25 at 1:30 P.M., CNA 7 indicated that staff should notify the Director of Nursing (DON), Business Office Manager (BOM), or Facility Administrator when a resident requests staff make a purchase for them. A form should be filled out with the amount of money and what the money is for, then a receipt of purchase is filed for the transaction, and nursing staff must witness and sign when the resident receives their goods or any money that may be returned.</p> <p>During an interview on 5/19/25 at 2:05 P.M., the DON indicated that CNA 13 admitted to using Resident D's debit card but insisted that Resident D had asked her to do so. The whereabouts of the withdrawn cash had not been determined, and the money remained unaccounted for.</p> <p>On 5/19/25 at 10:55 A.M., the Facility Administrator supplied a facility policy titled, Policy and Procedure for Money Transactions and Shopping for Residents, dated 1/24/24. The</p>				<p>and added to new web-based training platform. See Attachment: A1 New Policy</p> <p>b All staff have been in-serviced by the Administrator/Director of Nursing regarding the updated policy for Money/Bank Card Transactions and shopping for residents. Completed on 5/28/2025</p> <p>c A resident council meeting was held on 5/21/2025 to educate residents about the above policy.</p> <p>d On going Abuse/Neglect training will continue monthly for all staff. See Attachment: A3 In-service Schedule</p> <p>e A new Money/Bank Card Transactions and Shopping for Residents policy has been posted throughout the facility.</p> <p>f All current employees have signed the new Money/Bank Card Transactions and shopping for residents' policy, and it will be added to their employee file.</p> <p>g The new Money/Bank Card Transactions and shopping for residents' policy will be added to the new hire packet.</p> <p>h The new Money/Bank Card Transactions and shopping for residents' policy has been added to the new admission packet.</p> <p>4 How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>The Director of Nursing or Designee to monitor and</p>		

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	<p>policy included, " ...A resident may request for a staff member to take their debit card or money to the bank or store for cash or personal items, which must be approved. Procedure ... 2. When the Activity Director is not available or it is after business hours or on a weekend and the resident is requesting for a staff member to go shopping for them it has to be approved by the Administrator or Director of Nursing if the staff is taking the residents debit card. 3. The charge nurse must complete the Money Transaction Shopping Form ..."</p> <p>This citation relates to complaint IN00459045.</p> <p>3.1-28(a)</p>				<p>document web-based training platform SNF Clinic for completion of monthly staff training for 1 year. See Attachment: A2 Audit Training Audit</p> <p>The QA committee will follow up quarterly, utilizing the Performance Improvement Plan. Audit records will be reviewed by the Risk Management/Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. I would like to request Paper Compliance.</p>		