

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

PRINTED: 02/03/2022
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 01/24/2022
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	INITIAL COMMENTS This visit was for Investigation of Complaint IN00370879. This visit included a COVID-19 Focused Infection Control Survey. Unrelated deficiencies are cited. Complaint IN00370879 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: January 20, 21, and 24, 2022 Facility number: 000376 Provider number: 155717 AIM number: 100275510 Census Bed Type: SNF/NF: 57 Total: 57 Census Payor Type: Medicare: 7 Medicaid: 45 Other: 5 Total: 57 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §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	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>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 interview and record review, the facility failed to ensure a resident food stamp card was protected from diversion, resulting in \$360.00 being spent by an employee without the resident's knowledge for 1 of 3 residents reviewed for misappropriation of property (Resident C).</p> <p>Findings include:</p> <p>On 1/20/22 at 10:45 a.m., Resident C was observed seated at a dining room with envelopes and personal financial paperwork on the table in front of him. The resident indicated the week before a staff member had stolen his food stamp card and used it without his knowledge. Resident C indicated after moving to the facility he had contacted the food stamp office and requested a change of address to the current facility and was told the card with a balance of \$595 would arrive on or around 1/14/22. When the resident did not receive his card by 1/15/22 he called the food stamp office and was told it had been delivered and had been used for purchases amounting to \$360 on 1/14/22 at 11:13 a.m. at a local food store. Resident C indicated, he had observed the Activity Director on 1/14/22 come into the facility carrying multiple bags of snacks and did not immediately think anything of this as the activity department would frequently purchase and bring in snacks to be given away for game prizes or sold to the residents. The resident waited until office personnel returned to work on 1/17/22 and reported to the Social Service Director (SSD) that his food stamp card had been stolen. The</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>receptionist then came to his room apologizing and indicated his card had arrived on 1/14/22 and she had given the card to the Activity Director. The resident had called the police after learning the card was missing and been given a case number and detective's name. The resident was informed by employees the Activity Director had been terminated for stealing his card. The resident was told by the food stamp office the card was currently on standby. The facility had offered to reimburse him by check for the money used, but he had not yet received the check.</p> <p>An Indiana State Department of Health Survey Report System report, dated 1/15/22 at 10:30 p.m., indicated, on 1/15/22 Resident C reported to the Director of Nursing (DON) he had not received his food stamp card. Upon calling the resident was told the card had been mailed and he should have received it on 1/13/22 or 1/14/22. The food stamp office checked and told him that it had been used on 1/14/22 at 11:30 a.m. at a local food store. The police were notified and were going to check the camera at the food store. An investigation was initiated.</p> <p>An e-mail from the Administrator to the corporate office, dated 1/18/22 at 9:44 a.m., indicated a check request was made for a resident who had items stolen. A response on 1/20/22 at 12:02 a.m., instructed the Administrator to make out a check request.</p> <p>An In-Service Education Record, program titled, "Abuse," dated 1/18/22, indicated 16 non-clinical employees signed as having received the education.</p> <p>An In-Service Education Record, program titled,</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>"Abuse," dated 1/20/22, indicated 28 nursing staff employees were documented as having received the education.</p> <p>A Check Request Form, dated 1/20/22, indicated a request for Resident C to receive reimbursement for a food stamp card an employee used in the amount of \$360.</p> <p>Resident C's record was reviewed on 1/20/22 at 2:44 p.m. Diagnoses on Resident C's profile included, but were not limited to, displaced pilon fracture of the left tibia, displaced fracture of base of neck of left femur, fracture of shaft of left femur, all with subsequent orthopedic surgery. Fracture of left patella, pain in left leg, unsteady of feet, difficulty walking, convulsions, and psychoactive substance abuse.</p> <p>Progress Notes for Resident C, dated 12/21 21 - 1/17/22, indicated no documentation related to the resident's food stamp card.</p> <p>A Progress Note for Resident C, dated 1/18/22 at 9:57 a.m., the SSD indicated she had spoken with the resident on 1/17/22 and he stated he was doing ok in reference to the incident.</p> <p>A Progress Note for Resident C, dated 1/20/22 at 9:58 a.m., the SSD indicated she had been in to see the resident and he stated he was fine and did not want to talk about it anymore. Indicated he was just happy the situation had been dealt with.</p> <p>A handwritten witness statement from the SSD, dated 1/17/22, indicated, "To whom it may concern: I [SSD] witnessed [Activity Director] state that she did steal [Resident D] food stamp card, then stated she threw it out the window after</p>	F 602			

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F 602	<p>Continued From page 4 she used it."</p> <p>A typed witness statement from the DON, dated 1/17/22, indicated, on 1/17/22 while in the conference room with the SSD and Activity Director, the Activity Director stated she took the card. "When we asked what she did she stated that she had taken [Resident C] food stamp card and used it. She was crying and stated that she did not know why she did it. Administrator immediately called. Activity Director was kept in the conference room at this time."</p> <p>An Employee Disciplinary Action Form, dated 1/17/22, indicated on 1/14/22 the Activity Director had taken a resident food stamp card and used it. Current course of action indicated termination. When asked for a written response to "Have you read and fully understand all content in this report?" the Activity Director simply documented, "I'm sorry" and signed the document.</p> <p>An Abuse Prevention Program Acknowledgement Form, dated 5/5/21, indicated the Activity Director completed an In-service Test and signed as having received the training.</p> <p>A Resident Behavior and Facility Practices form, dated 5/5/21, indicated the Activity Director signed as having received the training regarding restraints, abuse, and staff treatment. Content included, but was not limited to, Abuse: What can be considered abuse? "Mistreatment: Staff treating a resident inappropriately or exploiting a resident. Note- Exploit- means the action or fact of treating someone unfairly in order to benefit from their resources to take unfair advantage, or take something from the resident like their money, checks, cash, credit cards and spending</p>	F 602			

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F 602	<p>Continued From page 5 them...."</p> <p>An In-Service Education Reports with subjects to include Abuse, dated 7/29/21, 9/19/21, and 11/11/21, indicated the Activity Director had signed as having received the education. A typed note, dated 1/21/22, indicated, "On 1/21/22 [Resident C] received his food stamp card in the mail." The resident signed as having received his card.</p> <p>On 1/21/22 at 3:30 p.m., the Administrator indicated she had received Resident C's reimbursement check via e-mail, but the office manager was out sick, and she did not have authorization to print the check.</p> <p>On 1/25/22 the Administrator provided a copy of a check payable to Resident C for \$360.</p> <p>A typed statement, dated 1/25/22, signed by Resident C and the Administrator, indicated, Resident C had "received a check for reimbursement of money used from my food stamp card."</p> <p>On 1/20/22 at 3:16 p.m., the Administrator indicated, on 1/15/22 she received a call at home from the DON who was working. Resident C reported he had called the police as his food stamp card had not come to him but had been used by someone. The Administrator got the police information and the case number from the resident who had called the police over the weekend, and she followed up by leaving messages at 3 different numbers she was given. The local food store had offered to let police view their surveillance camera footage as needed. On 1/17/22 during the morning meeting, the</p>	F 602			

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F 602	<p>Continued From page 6</p> <p>Administrator reviewed reportable incidents and told management team they would be doing Abuse Training. After the meeting the Activity Director told the DON she had been the one that took the card and used it. The Activity Director was placed in the conference room, and when the Administrator interviewed her, and Activity Director told her she was the one that had taken Resident C's food stamp card and used it. The Activity Director was subsequently terminated that day. The facility was reimbursing Resident C with a check for \$360. The Administrator was still awaiting a return call from police, they were to come by the facility to collect information regarding the Activity Director. It had been the Activity Director's job to pass out mail in the past. Moving forward the person receiving mail would sign for the number of pieces of resident mail daily. The Activity Director had been trained on Resident Rights and Diversion of Resident Property and knew that it was wrong.</p> <p>On 1/24/22 at 11:43 a.m., the DON provided an Abuse Prevention Program policy, undated, 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 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 1/18/22 prior to the start of the survey and was therefore Past Noncompliance. Prior to the survey the facility had investigated the misappropriation, found and terminated the employee responsible,</p>	F 602			

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F 602	Continued From page 7 initiated the process to reimburse the resident, and implemented a systemic plan that included staff education, counting resident mail upon arrival, and ongoing monitoring for misappropriation. 3.1-28(a)	F 602			