

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

PRINTED: 02/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2025
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S SHELBY ST INDIANAPOLIS, IN 46227		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00449665, IN00450619, IN00450639, and IN00451657.</p> <p>Complaint IN00449665 - Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00450619 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450639 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451657 - No deficiencies related to the allegations are cited.</p> <p>Survey date: January 28, 2025</p> <p>Facility number: 000142 Provider number: 155237 AIM number: 100266940</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicaid: 71 Other: 14 Total: 85</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 31, 2025.</p>	F 000			
F 602	Free from Misappropriation/Exploitation	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 SS=E	<p>Continued From page 1 CFR(s): 483.12</p> <p>§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 chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the resident trust accounts were safeguarded to prevent misappropriation for 6 of 6 residents reviewed for misappropriation of property. Cash was withdrawn from resident trust accounts and was unaccounted for. (Resident B, Resident C, Resident D, Resident E, Resident F, Resident G)</p> <p>Findings includes:</p> <p>1. During an interview on 1/28/25 at 9:04 a.m., Resident B indicated he thought there had been a discrepancy in his trust account but couldn't remember the details of the discrepancy.</p> <p>On 1/28/25 at 9:30 a.m., the Administrator provided a copy of an incident report, dated 12/19/24 at 3:01 p.m., with three withdrawal slips. A review of the incident report and withdrawal slips indicated money was withdrawn from Resident B's account as follows:</p> <p>- On 11/30/24, Resident B withdrew fifty dollars from his account. The money was disbursed by an unknown person (signature illegible) and the witness signature indicated Qualified Medication</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>Aide (QMA) 3. The withdrawal slip was numbered 272023.</p> <p>- On 12/15/24, Resident B withdrew twenty dollars from his account. The money was disbursed by LPN 2. The withdrawal slip was numbered 272060.</p> <p>- On an unknown date Resident B withdrew fifty dollars. The money was disbursed by the Business Office Manager and the witness signature indicated Licensed Practical Nurse (LPN) 3. The withdrawal slip was numbered 201268.</p> <p>Resident B's signature did not match on any of the three slips.</p> <p>An undated written statement indicated LPN 3 did not sign the withdrawal slips, dated 11/30/24, 12/15/24, nor the undated withdrawal slip. Signed by LPN 3.</p> <p>The clinical record for Resident B was reviewed on 1/28/25 at 10:02 a.m. The diagnoses included, but were not limited to, hemiplegia and hemiparesis, osteoporosis, and epilepsy.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/5/24, indicated Resident B was cognitively intact.</p> <p>The facility was unable to identify the person who signed the withdrawal slips.</p> <p>2. On 1/28/25 at 9:30 a.m., the Administrator provided a copy of an incident report, dated 12/19/24 at 3:01 p.m., with three withdrawal slips. A review of the incident report and withdrawal</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>slips indicated money was withdrawn from Resident C's account as follows:</p> <ul style="list-style-type: none"> - On 11/19/24, Resident C withdrew fifty dollars from her account. The money was disbursed by an unknown person (illegible signature) and the witness signature indicated QMA 3. The withdrawal slip was numbered 271993. - On 11/30/25, Resident C withdrew ten dollars from her account. The money was disbursed by an unknown person (illegible signature). The withdrawal slip was numbered 272025 - On 12/12/24, Resident C withdrew fifty dollars from her account. The disbursed by signature indicated QMA 3 and an unknown witness (illegible signature). The withdrawal slip was numbered 272064. <p>Resident C's signatures did not match on the slips.</p> <p>A written statement from QMA 3, dated 12/19/24, indicated QMA 3 never gave money to Resident C, signed by QMA 3.</p> <p>During an interview on 1/28/25 at 11:00 a.m., the Administrator indicated, on 12/18/24, Resident C's family member notified the facility that Resident C received a delinquency letter regarding her resident trust account, and she didn't think that was correct.</p> <p>The facility was unable to identify the person who signed the withdrawal slips.</p> <p>3. On 1/28/25 at 9:30 a.m., the Administrator provided a copy of an incident report, dated</p>	F 602			

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F 602	<p>Continued From page 4</p> <p>12/19/24 at 3:01 p.m., with a withdrawal slip. A review of the incident report and withdrawal slips indicated money was withdrawn from Resident D's account as follows:</p> <p>- On 12/8/24, Resident D withdrew fifty dollars from his account. The money was disbursed by an unknown person (illegible signature) and an unknown witness (illegible signature). The withdrawal slip was numbered 272061.</p> <p>The resident/representative signature was illegible.</p> <p>The facility was unable to identify the person who signed the withdrawal slips.</p> <p>4. On 1/28/25 at 9:30 a.m., the Administrator provided a copy of an incident report, dated 12/19/24 at 3:01 p.m., with a withdrawal slip. A review of the incident report and withdrawal slips indicated money was withdrawn from Resident E's account as follows:</p> <p>- On 12/14/24, Resident E withdrew twenty-five dollars from his account. The disbursed by signature indicated LPN 2 and an unknown witness (illegible signature). The withdrawal slip was numbered 272059.</p> <p>During an interview on 1/28/25 at 11:20 a.m., LPN 2 indicated she did not sign the withdrawal slip, dated 12/14/24, for Resident E's twenty-five dollar withdrawal.</p> <p>The facility was unable to identify who signed the withdrawal slip.</p> <p>5. On 1/28/25 at 9:30 a.m., the Administrator</p>			F 602			

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F 602	<p>Continued From page 5</p> <p>provided a copy of an incident report, dated 12/19/24 at 3:01 p.m., with two withdrawal slips. A review of the incident report and withdrawal slips indicated money was withdrawn from Resident F's account as follows:</p> <ul style="list-style-type: none"> - On 11/6/24, Resident F withdrew fifty dollars from his account. The money was disbursed by the Business Office Manager with an unknown witness (illegible signature). - On 12/8/24, Resident F withdrew fifty dollars from his account. The money was disbursed by an unknown person (illegible signature) with an unknown witness (illegible signature). <p>Resident F's signatures did not match on the slips.</p> <p>The facility was unable to identify who signed the withdrawal slips.</p> <p>6. On 1/28/25 at 9:30 a.m., the Administrator provided a copy of an incident report, dated 12/19/24 at 3:01 p.m., with two withdrawal slips. A review of the incident report and withdrawal slips indicated money was withdrawn from Resident G's account as follows:</p> <ul style="list-style-type: none"> - On 12/14/24, Resident G withdrew fifty dollars from her account. The disbursed by signature indicated LPN 2 with an unknown witness (illegible signature). The withdrawal slip was numbered 272058. <p>The facility was unable to identify who signed the withdrawal slips.</p> <p>During an interview, on 1/28/25 at 11:00 a.m., the</p>	F 602			

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F 602	<p>Continued From page 6</p> <p>Administrator indicated during an investigation into the resident trust accounts, the facility identified 6 residents with withdrawals from their resident trust accounts that didn't seem right. The staff who's signatures are on the withdrawal slips were interviewed and each of them indicated the signatures were forged. The money was replaced by the facility because it was unaccounted for.</p> <p>On 1/28/25 at 1:34 p.m., the Administrator provided a copy of a facility policy, titled Abuse Prohibition, Reporting, and Investigation, dated 6/2023, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to provide an environment that was free from misappropriation of resident property.</p> <p>This deficient practice was corrected on 12/23/24 after the facility implemented a systemic plan of correction that included the following actions: all staff were educated to ensure process and policy for dispensing resident funds was followed with ongoing monitoring and audits.</p> <p>This citation relates to Complaint IN00449665.</p> <p>3.1-28(a)</p>	F 602			