

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

PRINTED: 07/13/2023
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/07/2023 | |
| NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD 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 IN00407187 and IN00408698.</p> <p>Complaint IN00407187 - Federal/State deficiencies related to allegation are cited at F602.</p> <p>Complaint IN00408698 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 7, 2023</p> <p>Facility number: 000145 Provider number: 155241 AIM number: 100275110</p> <p>Census Bed Type: SNF/NF: 81 SNF: 1 Total: 82</p> <p>Census Payor Type: Medicare: 3 Medicaid: 67 Other: 12 Total: 82</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> | | | F 000 | | | |
| F 602 SS=D | <p>Free from Misappropriation/Exploitation CFR(s): 483.12</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property,</p> | | | 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>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:</p> <p>Based on interview and record review, the facility failed to protect the residents right to be free from misappropriation of property for 2 of 3 residents reviewed. A resident's pension check and a resident's insurance checks were deposited in a facility account and then withdrawn. Both residents were deceased at the time of the deposits and withdrawal. (Resident B, Resident C)</p> <p>Finding includes:</p> <p>During an interview on 7/7/23 at 9:41 a.m., the Administrator indicated the Business Office Manager took a pension check addressed to Resident B and an insurance check addressed to Resident C and cashed them, then withdrew the money. Both Resident B and Resident C were deceased at the time of the deposits and withdrawals. The Business Office Manager was terminated.</p> <p>During an interview on 7/7/23 at 9:50 a.m., the Regional Business Office Specialist indicated the Business Office Manager was the only person that would have had access to those checks and known how to deposit and make withdrawals.</p> <p>On 7/7/23 at 10:30 a.m., the Regional Business Office Specialist provided a copy of 5 checks. A review of the checks indicated:</p> | F 602 | <p>Past noncompliance: no plan of correction required.</p> | | |

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| F 602 | <p>Continued From page 2</p> <p>A check, dated 2/1/23, indicated pay to the order of Resident B in the amount of \$1,212.92. On the back of the check, observed a stamp that indicated pay to the order of the facility for deposit only. Deposited on 3/22/23. The signature on the back of the check was Resident B's name.</p> <p>A check, dated 2/15/23, indicated pay to the order of Resident C in the amount of \$68.55. On the back of the check, observed a stamp that indicated pay to the order of the facility for deposit only. The signature was not legible. Deposited on 3/22/23.</p> <p>A check, dated 2/24/23, indicated pay to the order of the estate of Resident C in the amount of \$125.00. On the back of the check, observed a stamp that indicated pay to the order of the facility for deposit only. Deposited on 3/22/23.</p> <p>A check, dated 2/28/23, indicated pay to the order of Resident B care of facility in the amount of \$245.33. On the back of the check, observed a stamp that indicated pay to the order of the facility for deposit only. Deposited on 3/22/23.</p> <p>A check, dated 3/1/23, indicated pay to the order of Resident B in the amount of \$1,212.92. On the back of the check, observed a stamp that indicated pay to the order of the facility for deposit only. Deposited on 3/22/23.</p> <p>On 7/7/23 at 10:30 a.m., the Regional Business Office Specialist provided a copy of 2 banking withdrawal slips. A review of the banking withdrawal slips indicated:</p> <p>A banking withdrawal slip, dated 3/22/23,</p> | F 602 | | | |

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| F 602 | <p>Continued From page 3</p> <p>indicated the facility hereby request the amount of \$ 1009.00. The signature was not legible.</p> <p>A banking withdrawal slip, dated 3/23/23, indicated the facility hereby request the amount of \$1,855.00. The signature was not legible.</p> <p>On 7/7/23 at 12:15 p.m., the Administrator provided a copy of a facility policy, dated 6/2023, titled Abuse Prohibition, Reporting, and Investigation, and indicated this was the current policy used by the facility. A review of the policy indicated it is the policy of the company that each resident is free from misappropriation of property.</p> <p>The deficient practice was corrected on 4/18/23 after the facility implemented a systemic plan that included the following actions: in-service related to procedures for resident trust accounts and ongoing monitoring.</p> <p>This Federal tag is related to Complaint IN00407187.</p> <p>3.1-28(a)</p> | F 602 | | | |