PRINTED: 12/22/2023 FORM APPROVED OMB NO. 0938-039

NAME OF PROVIDER OR SUPPLIER PARK PLACE II, LLC (X4) ID SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION R 0000 Bldg. 00 This visit was for the Investigation of Complaint IN00421665 Complaint IN00421665 Complaint IN00421665 - State deficiency related to the allegations are cited at R0064. Survey date: December 1, 2023. Facility number: 012582 Residential Census: 148 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed December 4, 2023 R 0064 410 IAC 16.2-5-1.2(th) Residents' Rights- Noncompliance (h) The facility shall exercise reasonable care for the protection of residents y property from loss and their. The administrator or his or her designer reported to the resident. Based on interview and record review the facility failed to the ensure residents were free from misappropriation of property for 1 of 7 residents reviewed. (Resident B). Findings include: R 0064 What corrective actions will be accomplished for those residents reviewed. (Resident B). Findings include:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u> COMI		COMPL	TE SURVEY MPLETED 01/2023	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION R 0000 Bldg. 00 This visit was for the Investigation of Complaint IN00421665 - State deficiency related to the allegations are cited at R0064. Survey date: December 1, 2023. Facility number: 012582 Residential Census: 148 This State Residential Finding is cited in accordance with 410 LAC 16.2-5. Quality review completed December 4, 2023 R 0064 Bldg. 00 A 10 IAC 16.2-5-1.2(th) Residents' Rights- Noncompliance (th) The facility shall exercise reasonable care for the protection of residents' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review the facility failed to the ensure residents were free from misappropriation of property for 1 of 7 residents reviewed. (Resident B). Findings include: PREFIX TAG ORDAN STORMANDARY CORNAL PROPERTY AND COMPLET OF TAGE CROSS-REFERENCED TO BE APPROPRIATE CROSS-REFERENCED TO BASE AND COMPLETE CROSS-REFERENCED TO BE APPROPRIATE CROSS-REFERENCED TO BASE AND COMPLETE CROSS-REFERENCED TO BASE AND CO				4411 PA	ARK PLACE DR				
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R 0064 410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review the facility failed to the ensure residents were free from misappropriation of property for 1 of 7 residents reviewed. (Resident B). Findings include: R 0064 What corrective actions will be accomplished for those residents found to have been affected by the finding: During the initial investigation, the		IN00421665 Complaint IN00421 the allegations are of Survey date: Decemplaint Decemplate Incomplete	1665 - State deficiency related to cited at R0064. There 1, 2023. 2582 148 Table 1 Table 2 Table 2	R 0	000				
During an interview on 12/1/23 at 10:21 AM, Resident B indicated she had received her October monthly debit card statement. On the LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Suspended pending investigation. Writer assisted resident making the initial police report and POA (X6) DATE		410 IAC 16.2-5-1. Residents' Rights- (hh) The facility sh care for the protect from loss and thef or her designee is investigating repo property and that investigation are r Based on interview failed to the ensure misappropriation of reviewed. (Resident Findings include: During an interview Resident B indicate	2(hh) Noncompliance nall exercise reasonable ction of residents ' property it. The administrator or his responsible for rts of lost or stolen resident the results of the eported to the resident. and record review the facility residents were free from property for 1 of 7 residents t B).	R 0	064	accomplished for those residents found to have been affected by the finding: During the initial investigation, employee was immediately suspended pending investigat Writer assisted resident making the initial police report and PO	the ion.		

(X6) DATE

Kristin Townsley **Executive Director** 12/21/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
			B. WING			12/01/2023	
			_	CTREET	ADDRESS SITE STATE SID COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
	AOF II 11 O				ARK PLACE DR		
PARK PL	ACE II, LLC			FORT	NAYNE, IN 46845		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI		TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	-	DATE
	statement there wer	e fraudulent charges for			was notified. After the investigation		
	various companies	and various amounts. Resident			was completed, the employee	was	
	B indicated initially	she called the company of the		terminated due to findings. T		е	
	first charge, "Waite	er on the Way" (food delivery).			employee never returned to th		
	_	ed she explained what			community. Writer and floor nurse		
		esentative provided the			provided emotional support, w		
		delivery address. Resident B			is ongoing.		
	_	ng name provided was Home					
		2. Resident B indicated she					
	` ′	formation to facility staff.			How will you identify other		
	_	licated HHA 2 had supervised			residents having the potentia	al to	
	her care in the past, especially during showers.				be affected by the same find		
	ner care in the past, especially during showers.				and what corrective action w	-	
	A resident roster wa	as provided by the Assistant			be taken:		
		(AED) on 12/1/23 at 10:47 AM.					
	The roster indicated Resident B was				During the investigation, 3		
	interviewable.			additional residents were			
	11101 110 11 110 11				interviewed to determine if it was		
	A facility reported i	incident was provided by the			isolated incident. No other		
		10:47 AM. The facility reported			residents claimed to have any	hina	
		0/23, indicated Resident B			stolen or staff assisting with	ı ııı ıg	
		of fraudulent charges on her			ordering things online. A notice	_	
		ort indicated a police report			was published around the	•	
	_	ras initiated. The report also			community encouraging reside	nte	
	1	-			and/or legal representatives to		
	indicated HHA 2 had terminated employment.				communicate with the ED and		
	An investigation file was provided by the AED on 12/1/23 at 10:47 AM. The file included an interview between HHA 2 and the Executive				AED if there were any concerr		
					about misappropriation of fund		
						13.	
					No additional concerns were communicated.		
	Director (ED), dated 11/10/23. The interview indicated the ED notified HHA 2 of the				Communicated.		
	accusations per a resident. The ED had asked						
	HHA 2 to review her last "Waiter on the Way"				M/bat magazinas will be mut in		
	receipt and to confirm the amount and card				What measures will be put in		
	number used. HHA 2 confirmed the last four digits				place or what systemic changes		
		_			the facility will make to ensu		
	of the card. The ED indicated to HHA 2 the last				that the deficient practice do	es	
	four digits were Resident B's card information.				not recur:		
	The file indicated there were various charges in amounts of \$2.26 to \$45.94. HHA 2 indicated she				\\\\\\\\\		
					We will implement an addendu		
	had reviewed all her instacart (online grocery)				to our lease agreement to ider	itify	

State Form Event ID: YJBH11 Facility ID: 012582 If continuation sheet Page 2 of 3

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

PRINTED: 12/22/2023 FORM APPROVED OMB NO. 0938-039

A BUILDING DO COMPLETED 12/01/2023 NAME OF PROVIDER OR SUPPLIER PARK PLACE II, LLC (X9 ID SUMMARY STATIMENT OF DEPICIENCE (FACTI DEPICE OF THE PRECIDENT BY PRILL TAG REGULATORY OR LOC IDENTIFYING BUYORATION OF POPER OR PROTECTION OF THE PRILL TAG Orders and confirmed the same card was charged. The file indicated Resident B had reported the final final depth of the first company listed on the statement. The ED indicated Resident B had reported the information gained from the businesses. Resident B indicated she had sphere HHA 28 name and address from the first company listed on the statement. The ED indicated she had spoken to HHA 2 and confirmed the charged card information on the receipts to Resident B bad reported the information to the local police department. The ED indicated she had spoken to HHA 2 and confirmed the charged card information on the receipts to Resident B search and the numbers matched. The ED indicated staff should not have assisted residents to place online orders. The ED indicated family, management with family approval or residents themselves should only place online orders. A policy, dated 6/14, titled "Resident Neglect, Abuse and Misappropriation of Property," was provided by the AED on 12/1/23 at 11.05 AM. The policy indicated residents would be free from misappropriation of property. This Citation relates to Complaint IN00421665.	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER PARK PLACE II, LLC NAME OF PROVIDER OR SUPPLIER PARK PLACE II, LLC NAME OF PROVIDER OR SUPPLIER PARK PLACE II, LLC SUMMARY STATEMENT OF DEPICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG Orders and confirmed the same card was charged. The file indicated has he must have left Resident B's card information on her personal phone. During an interview on 12/1/23 at 12 PM, AED and ED indicated Resident B had reported the finduduent charges to the ED along with the information to the local police department. The ED indicated Resident B indicated her resident to the local police department. The ED indicated Resident B's card and the numbers matched. The ED indicated she had spoken to HHA 2 and confirmed the charged card information on the receipts to Resident B's card and the numbers matched. The ED indicated she bid indicated she bid indicated she had not proved or residents to place online orders. The ED indicated family, management with family approval or residents to place online orders. The ED indicated family, management with family approval or residents to place online orders. The ED indicated family, management with family approval or residents themselves should only place online orders. A policy, dated 6/14, tilled "Resident Neglect, Abuse and Misappropriation of Property," was provided by the AED on 12/1/23 at 11:05 AM. The policy indicated residents would be fice from misappropriation of property. This Citation relates to Complaint IN00421665.	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED	
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i i i i i i i i i i i i i i i i i i i		orders and confirmed. The file indicated F left Resident B's carphone. During an interview ED indicated Reside fraudulent charges information gained B indicated she had address from the firstatement. The ED information to the lindicated Resident 2 to order anything indicated she had specified to receipts to Resident matched. The ED in assisted residents to indicated family, mor residents themse orders. A policy, dated 6/14 Abuse and Misappin provided by the AE policy indicated remisappropriation of	ed the same card was charged. IHA 2 indicated she must have red information on her personal of on 12/1/23 at 12 PM, AED and tent B had reported the to the ED along with the from the businesses. Resident a gathered HHA 2's name and est company listed on the indicated she had reported the ocal police department. The ED B indicated never asked HHA online for her before. The ED poken to HHA 2 and ged card information on the tab's card and the numbers andicated staff should not have to place online orders. The ED panagement with family approval lives should only place online 4, titled "Resident Neglect, copriation of Property," was ED on 12/1/23 at 11:05 AM. The sidents would be free from f property.		property and identify residents could be at risk. We will contint to encourage all residents to glock box and keep valuables, money, credit/debit cards in the lock box. We will continue to dinitial and ongoing training and education around misapproprise of resident property with staff. educate residents about secuntheir valuables in a lock box. How the corrective action(s) be monitored to ensure the finding will not recur: ED or AED will interview 3 residents per month for the firming quarter and 1 resident per quarter and procedures and current hiring practices to ensure the firming practices to ensure the firming practices to ensure the firming practices to ensure all staff are aware of resident rights and misappropriation of resident misappropriation of resident misappropriation of resident rights and misappropriation of resident	s that nue get a neir do d sation And ring will st arter o unds. llow ure	

State Form Event ID: YJBH11 Facility ID: 012582 If continuation sheet Page 3 of 3