

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

PRINTED: 12/30/2022
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/28/2022 | |
| NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129 | | | |
| (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 IN00396091, IN00396820, IN00397383, IN00397394 and IN00397690.</p> <p>Complaint IN00396091 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00396820 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00397383 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00397394 - Substantiated. Federal/State deficiency related to the allegations is cited at F602.</p> <p>Complaint IN00397690 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 26, 27 and 28, 2022</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Census Bed Type: SNF/NF: 92 Total: 92</p> <p>Census Payor Type: Medicare: 12 Medicaid: 59 Other: 21 Total: 92</p> <p>This deficiency reflects State Findings cited in</p> | | | F 000 | | | |

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 000 | Continued From page 1 accordance with 410 IAC 16.2-3.1. | F 000 | | | |
| F 602 SS=D | <p>Quality review completed on December 29, 2022.</p> <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, 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 observation, interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 1 of 3 residents reviewed for abuse. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 12/27/22 at 12:20 p.m. The diagnoses included, but were not limited to, hypertension and anxiety. The quarterly MDS (Minimum Data Set) assessment, dated 12/5/22, indicated the resident's cognition was intact.</p> <p>During an interview on 12/27/22 at 12:48 p.m., Resident D indicated he notified the police that someone took his credit card and made purchases at 3 different places which totaled over \$200 dollars.</p> <p>The incident report, dated 12/6/22 at 2:01 p.m.,</p> | F 602 | Past noncompliance: no plan of correction required. | | |

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| F 602 | <p>Continued From page 2</p> <p>indicated Resident D reported to the Executive Director on 12/7/22 that his credit card and debit card were missing.</p> <p>The police report, dated 12/7/22 at 8:46 a.m., indicated Resident D reported that he had 3 unauthorized purchases on his credit card that happened earlier that day which totaled \$200.76. Resident D was unsure of when he last saw his credit card and did not remember seeing it the previous day. He kept his card on the top of his dresser. The officer retrieved a video from one of the businesses, made a photo and provided a copy to the facility Executive Director (ED). The ED identified the person in the photo as CNA (Certified Nursing Assistant) 4 and that she was employed by the facility. CNA 4 went home sick because she stated she had the flu. The office then contacted CNA 4 who came to the station. CNA 4 confirmed the person in the photo was her. She found the credit card in the facility parking lot but it did not have a name on it. CNA 4 used the card to make purchases at 3 different businesses and then threw the card away.</p> <p>During an interview on 12/28/22 at 2:50 p.m., the Director of Nursing indicated she had spoken with CNA 4 to let her know she was on administrative leave at which time CNA 4 agreed to give her statement either verbally or in written form as requested. She reached out again because she had not received anything from her and had not been able to reach her. The police arrested her and charged her with fraud.</p> <p>On 12/27/22 at 3:35 p.m., the Director of Nursing provided a current copy of the document titled "INDIANA Abuse & Neglect & Misappropriation of Property" dated 9/1/17. It included, but was not</p> | F 602 | | | |

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| F 602 | <p>Continued From page 3</p> <p>limited to, "Misappropriation of resident funds or property. In Indiana, the deliberate misplacement...temporary or permanent use of a resident's property or money without the resident's consent....Policy...It is the policy of this facility to provide resident centered care...It is the intent of this facility to prevent abuse...of residents or the misappropriation of their property...."</p> <p>The deficient practice is past non-compliance due to the facility had completed an investigation and corrected the deficient practice prior to the start of the survey.</p> <p>This Federal tag relates to Complaint IN00397394</p> <p>3.1-28(a)</p> | F 602 | | | |