

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

PRINTED: 02/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2024
NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260		
(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 IN00425041, IN00425093 and IN00425240.</p> <p>Complaint IN00425041-Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00425093-Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00425240-No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 1 and 2, 2024</p> <p>Facility number: 000074 Provider number: 155154 AIM number: 100290050</p> <p>Census bed type: SNF: 6 SNF/NF: 85 Total: 91</p> <p>Census payor type: Medicare: 12 Medicaid: 48 Other: 31 Total: 91</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on February 8, 2024.</p>	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12	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>§483.12</p> <p>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:</p> <p>Based on interview and record review, the facility failed to ensure residents' credit cards were kept safe and secure during their admission for 2 of 3 residents reviewed for misappropriation of property. (Residents B and C) The deficient practice was corrected on 1/18/24, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>1. A document, titled "Indiana State Department of Health Survey Report System," dated 12/29/23, indicated Resident B reported to the Executive Director (ED) his credit card company called him, on 12/28/23, and noted fraudulent purchases. He confirmed he could not locate his credit card.</p> <p>During an interview, on 2/1/24 at 1:45 p.m., the ED indicated she and a detective watched a video from a grocery store on the exact date and time a purchase was made, and Housekeeper 1 was using Resident B's credit card. This was how they discovered who stole it.</p> <p>A total of \$602 was charged to the resident's credit card at different shopping establishments by Housekeeper 1.</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>During an interview, on 2/2/24 at 12:00 p.m., Resident B was observed sitting up in his wheelchair. He indicated his credit card was stolen from his wallet by a housekeeper who worked at the facility. She used it to make fraudulent charges without his permission. His bank reimbursed all the charges back to his credit card. He went to take a shower and forgot to place his wallet into his lockbox. His credit card company notified him there were fraudulent charges on his credit card, so he went to look for his card and realized it was gone. The ED and a detective watched a video from a store and figured out it was a housekeeper who stole it and used it.</p> <p>Housekeeper 1 was terminated, on 1/18/24, with her last day worked being 1/12/24.</p> <p>2. A document, titled "Indiana State Department of Health Survey Report System," dated 12/29/23, indicated Resident C's son visited the facility, on 12/29/23, and reported to the Social Service Director Resident C had multiple credit card charges she did not make. He indicated the charges were approximately \$300.</p> <p>A police report indicated, on 1/2/24 at 4:30 p.m., Officer 4 spoke on the phone with the ED of the facility regarding one of her residents who had their credit card stolen. Resident C had charges on her credit card which were brought to the attention of the ED by her granddaughter who was her Power of Attorney. The ED checked with the resident who was not able to find her credit card and did not know the last time she had it. The charges were between 12/08/23 and 12/11/23. They included charges for multiple gas stations, a Continental hotel in Muncie Indiana,</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>multiple payments listed a "debit Purchase Inmate Texas" and "Inmate Reston Virginia." Resident C's bank noticed the charges and canceled the card. The ED requested a report for the incident as she indicated she had multiple instances like this happening to some of her residents in the past few months and believed an employee or someone with access to multiple residents was stealing their property. There was no suspect information at that time.</p> <p>A current policy, titled "Abuse Prohibition, Reporting and Investigation," dated June 2023 and provided by the ED on 2/1/24 at 2:56 p.m., indicated "...Policy: It is the policy of American Senior Communities to provide each resident with an environment that is free from...misappropriation of resident property...Definitions/Examples of Abuse...Misappropriation of Resident Funds or Property-Deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's property or money without the resident's consent...Identification: Abuse includes: 1. Staff to resident abuse of any type...Types of abuse...Misappropriation of resident property...."</p> <p>The deficient practice was corrected by 1/18/24, after the facility implemented a systemic plan which included the following actions: All alert and oriented residents were interviewed as to whether they had missing items or not. Housekeeper 1 was terminated on 1/18/24. All the facility staff were in serviced on Misappropriation of property and zero tolerance.</p> <p>This citation relates to Complaint IN00425041 and IN00425093.</p>	F 602			

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F 602	Continued From page 4 3.1-28(a)	F 602			