

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/10/2024
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NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 11610 TECHNOLOGY DR CARMEL, IN 46032
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00447832.</p> <p>Complaint IN00447832 - State deficiencies related to the allegations are cited at R0064.</p> <p>Survey dates: December 9 and 10, 2024.</p> <p>Facility number: 012309</p> <p>Residential Census: 30</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on December 16, 2024.</p>	R 0000		
R 0064 Bldg. 00	<p>410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance</p> <p>Based on interview and record review, the facility failed to protect a resident from theft of a bank card and pin number, when a staff member removed the resident's bank card from her apartment and used it at an automatic bank machine and withdrew money for 1 of 1 resident reviewed for misappropriation of property. (Resident C)</p> <p>Finding includes:</p> <p>During an interview, on 12/9/24 at 10:46 a.m., Resident C indicated she was missing her debt card and pin number. She kept the card in her wallet with the pin number tucked down in a</p>	R 0064	<ol style="list-style-type: none"> The bank refunded the resident's money, a police report was filed, the staff member was terminated from employment, and the resident was given a lock box and key to safeguard her valuables. All other residents were interviewed without concerns. The facility policy has been reviewed with no required changes at this time. All staff have been re-educated on abuse prohibition. 	12/20/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kimberly Vierling	RCA	12/23/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>pocket of the wallet. She indicated the staff member was a housekeeper in the facility and he had been terminated from employment. She received a letter from the bank with a picture of the housekeeper using the card to remove money from her account. He took \$400.00 dollars. Resident C indicated he would enter her room without knocking, while she was sleeping. She would wake up and he was in her room. During the interview, the resident presented a document from the bank and two pictures of the employee, which had been taken while the employee was using the bank machine.</p> <p>The clinical record for Resident C was reviewed on 12/9/24. The diagnoses included, but were not limited to, multiple sclerosis, essential tremor, and anxiety.</p> <p>A facility document, dated 11/22/24, indicated the Unit Manager (UM) had received a call from Resident C at about 9:25 a.m., requesting to speak with the UM. The UM went to the resident's room. The resident presented the UM with the picture of Housekeeper 2 and informed the Unit Manager he had taken money from her account. She provided the Unit Manager with the picture. The Unit Manager reported the incident to the Executive Director.</p> <p>During an interview, on 12/9/24 at 1:13 p.m., the Executive Director indicated the bank refunded the resident's money, a police report was filed, the staff member was terminated from employment, and the resident was given a lock box and key to safeguard her valuables.</p> <p>During an interview, on 12/10/24 at 11:23 a.m., QMA 1 indicated abuse included the misappropriation of resident property which</p>		<p>The facility will continue to in-service all employees on abuse prohibition during orientation and periodically, thereafter.</p> <p>4. The administrator or designee will be responsible for completing the monitoring form to ensure all employees have been in-serviced on abuse prohibition and residents are interviewed to ensure they are free from misappropriation of resident property. The monitoring will occur weekly for four weeks, monthly for 5 months, then quarterly thereafter. Should a concern be identified, immediate corrective action will occur. The results of this monitoring and any corrective action will be reviewed during the monthly QA meetings on an ongoing basis for a minimum of six months. The frequency of this monitoring will be increased or decreased, according to the findings.</p> <p>5. Date deficiency will be corrected: 12/20/2024</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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	<p>would be taking any resident's personal belongings and using them, without permission, for another resident or personal use.</p> <p>During an interview, on 12/10/24 at 11:28 a.m., the Unit Manager indicated abuse included taking a resident's personal property without the resident's consent.</p> <p>A current facility policy, titled "ABUSE PROHIBITION, REPORTING AND INVESTIGATION," dated 2023 and received from the Executive Director on 12/10/24 at 8:40 a.m., indicated "...This facility shall prohibit and prevent...misappropriation of resident property...."</p> <p>This citation relates to Complaint IN00447832.</p>				