

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

PRINTED: 08/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155789	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/18/2022
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 181 CAMPUS DR LAWRENCEBURG, IN 47025		
(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 IN00382167, IN00383404, IN00387596, and IN00387607.</p> <p>Complaint IN00382167 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00383404 - Substantiated. Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00387596 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00387607 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 16, 17, and 18, 2022</p> <p>Facility number: 012523 Provider number: 155789 AIM number: 201027870</p> <p>Census Bed Type: SNF/NF: 69 Residential: 55 Total: 124</p> <p>Census Payor Type: Medicare: 23 Medicaid: 29 Other: 17 Total: 69</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</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	F 000			
F 602 SS=D	<p>Quality review completed on August 26, 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 interview and record review the facility failed to protect a resident from misappropriation of property when money was intentionally moved from two residents trust accounts (Resident H and J) to another resident's account (Resident C) for 3 of 5 residents reviewed for misappropriation. (Residents C, H, and J)</p> <p>Findings include:</p> <p>The Investigation Report, dated June 2022, indicated the BOM did move money around on trust accounts with intentional purpose. On 10/3/21, 1,377 dollars was intentionally moved from Resident J's account to Resident C's account; and \$200 dollars was intentionally moved from Resident H's account to Resident C's account. The total of funds that were moved was \$1,577 dollars.</p> <p>1. The clinical record for Resident C was reviewed on 8/16/22 at 1:56 p.m. The record indicated the resident was cognitively intact.</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>The Deposit Detail indicated the resident had the following amounts deposited into her trust account of 200 dollars on 10/1/22 and 1,377 dollars on 10/3/22.</p> <p>2. The clinical record for Resident H was reviewed on 8/18/22 at 11:00 a.m. The record indicated the resident was moderately cognitively impaired.</p> <p>The Deposit Detail indicated the resident had the amount of 200 dollars removed from her account on 10/1/21.</p> <p>3. The clinical record for Resident J was reviewed on 8/18/22 at 11:01 a.m. The record indicated the resident was severely cognitively impaired.</p> <p>The Deposit Detail indicated the resident had the amount of 1,377 dollars removed from her account on 10/3/21. The Facility's Sequential Audit Report indicated the funds of 1,377 dollars was returned to the resident's account.</p> <p>During an interview on 8/17/22 at 10:10 a.m., the Director of Nursing (DON) indicated the facility investigated misappropriation of property concerning Resident C's account. Resident C's family member contacted the facility with concerns related to the Business Office Manager (BOM). Two staff members were terminated with the substantiated residents funds misappropriation.</p> <p>During an interview on 8/17/22 at 11:31 a.m., the Administrator indicated the facility investigated misappropriation of property concerning Resident C. The facility no longer accepts cash; because during the investigation they were not able to find</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>the cash receipt books, where families bring in cash, as all of the books were gone. The facility did find where the BOM had written herself a check for 1,400 dollars from the resident's account. All the trust accounts have been corrected, but there was no way to know what transpired with any cash given to the BOM. The Accounts Payable (AP) staff interfired with the investigation and was also terminated.</p> <p>During an interview on 8/18/22 at 10:09 a.m., the Assistant Vice President of Internal Audit indicated there was 1,577 dollars intentionally moved to Resident C's trust account from two other residents' trust accounts. Resident H had \$200 dollars moved to Resident C's account and Resident J had 1,377 dollars moved to Resident C's account.</p> <p>The current facility policy titled "Abuse and Neglect Procedural Guidelines" and dated 8/29/19, was provided by the DON on 8/17/22 at 11:13 a.m. The policy indicated, "...strive to ensure the prevention ...resident abuse ...Procedures ...3. M. misappropriation of property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use a residents' ...money with the resident consent..."</p> <p>This Federal tag relates to Complaint IN00383404</p> <p>3.1-28(a)</p>	F 602			