

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155349	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2024
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE HOME	STREET ADDRESS, CITY, STATE, ZIP COD 1900 RANDALLIA DR FORT WAYNE, IN 46805
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00439077 and IN00440091.</p> <p>Complaint IN00439077 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00440091- Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Survey dates: August 14, 2024</p> <p>Facility number: 000240 Provider number: 155349 AIM number: 100274960</p> <p>Census Bed Type: SNF/NF: 108 SNF: 6 Residential: 80 Total: 194</p> <p>Census Payor Type: Medicare: 10 Medicaid: 56 Other: 128 Total: 194</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 16, 2024.</p>	F 0000		
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation</p> <p>Based on interview and record review, the facility failed to the ensure residents were free from</p>	F 0602	What Corrective Actions will be accomplished for those	08/23/2024

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 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>misappropriation of property for 1 of 4 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>During an interview on 8/14/24 at 11:46 AM, Resident B indicated she kept her credit card in her drawer in her room. Resident B indicated her power of attorney (POA) had noticed multiple charges to "Doordash" (food delivery company) on the resident's credit card statement. The POA notified the facility. Resident B indicated she was not aware of who in particular made the charges, but the facility talked to "Doordash" and "Doordash" told the facility the person who made the order used her personal name and home address. Resident B indicated the facility matched the name and address to an employee at the facility. Resident B indicated she never had the staff purchase items for her with her credit card nor did she give the staff permission to use her credit card.</p> <p>An investigation file was provided by the DON on 8/14/24 at 12:08 PM. The file included the following:</p> <p>A facility reported incident, dated 8/1/24, indicated Resident B's family notified the facility of multiple fraudulent "Doordash" charges on her credit card. The report indicated Resident B's family called "Doordash" and was told Certified Nurse Aide (CNA) 2 made purchases and had the purchases delivered to her home address using Resident B's credit card information. The report indicated a police report and investigation was initiated.</p> <p>The file included CNA 2's signed/dated 3/23/24, acknowledgement of the facilities' abuse policy,</p>		<p>residents found to have been affected by the deficient practice.</p> <p>Resident offered locked and secured area to place belongings of value. POA and resident chose for POA to remove credit cards as resident did not use credit cards herself. Resident assessed for psychosocial distress, fear or sadness through the phq9 and bims. Nursing staff Q shift for 72 hours high alert charting to assess for any mood or behavior changes such as fear, anxiety, restlessness or sadness. Assessments resulted in no findings of psychosocial distress.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be takenOther residents with credit cards unsecured in their rooms have the potential of being affected. QIS tool created by social service team to survey alert and oriented residents along with POA's of non-alert and oriented residents if they had any missing items or charges. Education provided on securing resident belongings as well as family updating inventory list as items are brought in and reviewing during quarterly care plans. Email sent to all POA's in facility to notify of misappropriation of resident credit card and to be on alert and notify</p>	

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	<p>which included misappropriation of property.</p> <p>The file included a schedule dated 4/30/24 - 7/26/24, which indicated CNA 2 assisted Resident B 10 days with activities of daily living.</p> <p>The file also included statements which indicated the following:</p> <p>Social Worker (SW) 4's interview with Resident B and Resident B's POA, dated 8/1/24, indicated the POA showed SW 4 2 recent bank statements. The 2 bank statements displayed multiple "Doordash" charges. The statement indicated SW 4 asked Resident B if she had ever used "Doordash" or had the application on her phone and Resident B indicated no. The statement indicated Resident B's family called "Doordash" and gathered CNA 2's name and address. The facility then confirmed CNA 2 had purchased the items off of "Doordash" based on her employee file.</p> <p>A interview with Human Resources, AIT, DON and CNA 2 was included in the file. The interview indicated Human Resources had confirmed the information provided from the family and "Doordash" then confirmed the information matched CNA 2's name and address. Human Resources indicated herself, AIT and DON had called CNA 2 regarding the allegation. The interview indicated CNA 2 indicated her "neighbor had been doing fraud or something about Doordash and one time she got home there was just food there."</p> <p>During an interview on 8/14/24 at 10 AM, the Administrator and AIT indicated Resident B had reported multiple fraudulent charges to "Doordash" to the Administrator. The Administrator indicated Resident B's POA</p>		<p>administrator immediately upon any suspicious activities. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recurResidents with credit cards and valuables will be educated upon admission and quarterly care plans of importance to secure personal belongings. Residents desiring a secured location of their valuables will be provided one. All staff in-service held on misappropriation of resident funds, abuse policy, elder justice act How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into placeIn-service sign in sheets completed with records kept. All new hires will continue receiving education on misappropriation of resident funds, abuse policy, and elder justice act and will be monitored through HR Audits of new hires. Audits will be completed monthly of 10 new hires per month until 12 months of compliance is reached. By what date the systemic changes for each deficiency will be completed8/23/24</p>	

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	<p>indicated she had called "Doordash" who provide the buyers information and delivery address. The Administrator indicated she confirmed the information matched CNA 2's name and address. The Administrator indicated when CNA 2 was asked about the fraudulent charges, CNA 2 blamed her neighbor and denied the allegation.</p> <p>During an interview on 8/14/24 at 12 PM, Unit Secretary 3 indicated theft was stealing and was against the facility policy.</p> <p>Resident B's record was reviewed on 8/14/24 at 10:59 AM, diagnosis included anxiety disorder and muscle weakness.</p> <p>A recent quarterly Minimum Data Set (MDS) Assessment, dated 6/28/24, indicated Resident B had a Brief Interview of Mental Status (BIMS) of 15/15 (cognitively intact).</p> <p>A current policy, undated, titled "Compliance Reporting Allegations of Abuse/Neglect/Exploitation," was provided by the DON on 8/14/24 at 12:08 PM. The policy indicated "...misappropriation of resident property: the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent..."</p> <p>This citation relates to Complaint IN00440091.</p> <p>3.1-28(a)</p>			