

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366436</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARTLAND AT PROMEDICA FLOWER HOSPITAL CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5360 HARROUN SYLVANIA, OH 43560</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interview, review of Self-Reported Incidents (SRI), review of local police report and facility policy review, the facility failed to implement their abuse policy. This affected one (Resident #2) of three reviewed for abuse. The facility census was 75. Findings include: Review of the medical record for Resident #2 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the admission Minimum (MDS) data set [DATE] revealed Resident #2 was cognitively intact. Interview with Ombudsman #60 on 03/09/20 at 10:35 A.M. revealed he was at the facility two or three weeks ago and Resident #2 told him her niece was exploiting her. Resident #2 told him she had discussed the concerns with Social Worker (SW) #100 and the Administrator. SW #100 told the resident to see the Ombudsman because the facility could not do anything for her and the Administrator said it was not the facilities problem. Ombudsman #60, who was a volunteer, reported the information to his superior, Ombudsman #50. Interview on 03/09/20 at 10:47 A.M. with SW #100 verified Resident #2 reported to her that her niece would not let her back into her home. SW #100 was made aware of the concerns sometime during the week of 02/18/20 to 02/22/20. SW #100 verified she did not document anything in Resident #2's chart in regard to the concerns. SW #100 verified she discussed the concerns with the Administrator, recommended she speak with the Ombudsman, gave Resident #2 the phone number for Senior Legal Aid and verified the police were informed of the concerns. The police came to see Resident #2 and took her statement. SW #100 stated Resident #2 had signed her house over to the niece and was joint-owner of the bank account with her niece. Interview on 03/09/20 at 10:59 A.M. with the Administrator verified on 02/25/20 she became aware of Resident #2's concerns that her niece was in her house and possibly getting into her bank account. The Administrator verified Resident #2 told her she was concerned her niece was taking her money. The Administrator verified she called the police on 02/26/20 to report Resident #2's concerns. The Administrator was present with Resident #2 while she spoke to the police. The police told the resident she had willingly transferred the house to the niece and since the bank account was a joint account with her niece there was nothing the police could do. The Administrator also verified she spoke with the Ombudsman about the concern. The Ombudsman questioned the Administrator about reporting and the Administrator stated she had nothing to report. The Administrator verified she did not submit a SRI to the state agency. Interview on 03/09/20 at 11:12 A.M. with Ombudsman #50 stated on 0[DATE], during a regular visit, volunteer Ombudsman #60 met with Resident #2, who indicated she had concerns about being financially exploited by her niece. She detailed concerns over access to funds, paying for the nieces living expenses and that she paid her niece to be her primary caregiver while she was at home. Resident #2 also was concerned that her home (deed/title) had been transferred to the niece for less than the value. Resident #2 stated at the time she felt it was what she was supposed to be doing, but now the niece had told her that she had to remain in the facility and could no longer have access to the home, nor a home to return to following the short term rehabilitation stay. Ombudsman #50 stated Resident #2 reported this to SW #100 on 02/21/20. SW #100's response was to call the Ombudsman. Ombudsman #50 verified she spoke with the Administrator via phone call on the same day. She asked the Administrator if she was aware about the possible financial exploitation of Resident #2. The Administrator confirmed she was aware of Resident #2's concerns and that it was not her responsibility to do anything with this allegation, as it did not impact the facility. Interview with Resident #2 on 03/09/20 at 12:36 P.M. revealed her niece moved in with her to help take care of her last July or August, 2019. Resident #2 verified she signed her house over to her niece so the house would never go to her brother. The niece and the niece's boyfriend have changed the lock to her house and the resident didn't have a key. Resident #2 stated her niece would no longer talk to her or visit her. Her niece refused to take care of her at her home. Resident #2 verified she also had a joint bank account with her niece but the money in the account belonged to her (Resident #2.) Resident #2 verified she told the Administrator, Social Worker (SW) #100 and the Ombudsman about her niece not coming to see her, not giving her a house key and that she was concerned her niece might take her money out of the joint account. Resident #2 also stated she could not get any of her things from her house. Review of the police Incident Detail Report dated 02/26/20 at 11:50 A.M. revealed the incident type was theft, and it involved Resident #2. Additional comments included Resident #2 would like to file a report for theft. Review of the facility SRI list revealed the facility did not submit any SRI for the alleged misappropriation/exploitation alleged by Resident #2. Review of a policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation Prevention dated 11/2016 revealed in response to allegations of abuse, neglect, exploitation or mistreatment the facility must ensure all alleged violations are reported immediately but not later than 24 hours, to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities, in accordance with state law. The facility must have evidence that all alleged violations are thoroughly investigated. This deficiency substantiates Complaint Number OH 492.</p> <p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interview, review of Self-Reported Incidents (SRI), review of local police report and facility policy review, the facility failed to report to the state agency an allegation of misappropriation/exploitation. This affected one (Resident #2) of three reviewed for abuse. The facility census was 75. Findings include: Review of the medical record for Resident #2 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the admission Minimum (MDS) data set [DATE] revealed Resident #2 was cognitively intact. Interview with Ombudsman #60 on 03/09/20 at 10:35 A.M. revealed he was at the facility two or three weeks ago and Resident #2 told him her niece was exploiting her. 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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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