

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE PLACE OF DECATUR		STREET ADDRESS, CITY, STATE, ZIP 605 W MULBERRY DECATUR, TX 76234	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure all alleged violations involving abuse, neglect, or misappropriation of resident property were reported immediately, but not later than 24 hours after the allegation was made, to the State Agency for one of two residents reviewed for misappropriation of resident property. The facility failed to report immediately, or within 24 hours, an allegation that Resident #1's seventeen dollars was reported missing or stolen. These failures could place the residents at risk of undetected theft or misappropriation of property and emotional distress. Findings included: Review of Resident #1's Face Sheet revealed Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's quarterly MDS assessment, dated 01/08/20, revealed Resident #1 had clear speech, understood others, could be understood by others, and her cognition was intact. The MDS assessment further reflected Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13 indicating she was cognitively intact. Review of Resident #1's Grievance Report completed on 01/03/20 by the Interim Administrator revealed the date and time the incident occurred was unknown. Resident #1 was missing seventeen dollars and had a trust fund but did not put her money in the trust fund. Resident #1 wanted her money replaced and the Interim Administrator explained that they did not replace missing money. Review of a Witness Statement completed on 01/03/20 by the Interim Administrator and MDS Coordinator revealed that Resident #1 came to the business office to report that she had money missing and she needed it replaced. She was asked where she kept the money and she stated in her phone case. When asked if she had any idea what might have happened to the money her statement was no. When asked about why she did not use her trust fund, her answer was that she preferred to keep some money on her person and she was going shopping and needed her money replaced. Resident #1 became agitated when asked if they could go to her room and help her look for her money or maybe it had gone to laundry in her clothing from the day before. The answer was no, she just wanted the facility to replace her missing money. Resident #1 left the business office agitated and made the statement to just forget it. Interview with Resident #1 on 03/10/20 at 12:30 PM revealed Resident #1's husband had given her son fifty dollars and her son brought that money to her when he came to visit. Resident #1 said that she had two twenty-dollar bills wrapped together and three five-dollar bills and two one-dollar bills wrapped together which was kept in her phone case. Resident #1 stated her phone case was also a wallet. Resident #1 said she noticed that seventeen dollars were missing first and then in the afternoon noticed that the other forty dollars were missing as well. Resident #1 said that she knew the money was stolen and not missing but when she tried to explain this to the Interim Administrator she was told that she should have just kept her money in the trust fund. Resident #1 said she felt like the Interim Administrator ignored the statement she made about the money being stolen. Resident #1 stated that she attempted to deposit the money into the trust fund on 12/31/19 and 01/01/20 but the business office was closed. Interview with the MDS Coordinator on 03/10/20 at 11:32 AM revealed Resident #1 made a comment to her that money was missing. The MDS Coordinator and Interim Administrator interviewed the resident and asked her where she kept it and Resident #1 explained that she kept it with her phone. They asked Resident #1 if they could help her look for it and she said no, she just wanted the facility to replace the money. The MDS Coordinator explained that they had no reason to believe it was stolen because Resident #1 had stated it was missing, not stolen. The MDS Coordinator stated if a resident reports money to be missing the facility will help the resident look for the missing money but they do not replace missing money. Interview with the current Administrator on 03/10/20 at 3:25 PM revealed an investigation should be completed any time someone reports abuse or misappropriation of property. The Administrator explained he likely would not have reported to the State Agency if the resident refused to talk to them but he would have at least conducted his own investigation to see what happened to the money and if the facility could have resolved the problem. An attempt to contact Resident #1's husband was made on 03/10/20 at 2:47 PM with no success. An attempt to contact Resident #1's son was made on 03/10/20 at 2:49 PM with no success. Review of the facility's Abuse - Reportable Events Policy and Procedure, dated August 2019, revealed the following: Misappropriation of property/financial abuse: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. The facility administration will conduct and investigate allegation of crimes, suspected abuse, neglect, or misappropriation of property, and will provide notification and release of information to the proper authorities, in accordance with federal and state regulation. The home is not financially responsible for the replacement of property.</p>		
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.