

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE 510 W Medcalf Road Dale, IN 47523	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>39130</p> <p>Based on interview and record review, the facility failed to ensure residents were free from misappropriation for 1 of 3 residents reviewed for misappropriation. A resident's debit card was taken without consent and used by staff to withdraw \$305.00 from the resident's bank account. (Resident D)</p> <p>Finding includes:</p> <p>During a review of facility reported incidents on 5/19/25 at 10:15 A.M., an incident dated 5/6/25, indicated Resident D had been alerted of suspected fraudulent activity from his bank. A withdrawal was made from a local automatic teller machine (ATM) on 5/5/25 at 2:05 A.M. for \$305.00. CNA 13 indicated that Resident D asked her to withdraw \$300.00 from the bank at 2:00 A.M. during her lunch break.</p> <p>During a review of the facility's investigation into the incident on 5/19/25 at 10:20 A.M., a typed note, dated 5/6/25 and signed by the Facility Administrator indicated Resident D came to the office after he received an alert of suspected fraud at the bank. Resident D indicated he had asked CNA 13 to call the bank for him and check on his account balance and gave her his Personal Identification Number (PIN). A withdrawal was made at 2:05 A.M. on 5/5/25 for \$305.00.</p> <p>A Disciplinary Notice Record, dated 5/7/25, indicated CNA 13 had been terminated from employment for using a resident's debit card to withdraw money against facility policy.</p> <p>During record review on 5/19/25 at 10:30 A.M., Resident D's diagnoses included, but were not limited to, heart failure, chronic obstructive pulmonary disease (COPD), and chronic pain.</p> <p>Resident D's most recent quarterly minimal data set (MDS) assessment, dated 3/22/25, indicated the resident had no cognitive impairment.</p> <p>During an interview on 5/19/25 at 10:40 A.M., Resident D indicated that CNA 13 had used his personal debit card to withdraw money from a local ATM. Resident D indicated he did not give CNA 13 his debit card or ask her to withdraw money for him, and that he would not have asked anyone for money at 2:00 A.M. Resident D indicated he never received the money that had been withdrawn from his account and that he was waiting on his account to be reimbursed. Resident D felt taken advantage of and was inquisitive about the results of a local police department's investigation of the incident.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155270
		If continuation sheet Page 1 of 2

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/19/25 at 11:20 A.M., the Facility Administrator indicated the local police had shared with him that CNA 13 could be seen on video making a withdraw from the local ATM at 2:05 A.M. on 5/5/25.</p> <p>During an interview on 5/19/25 at 1:30 P.M., CNA 7 indicated that staff should notify the Director of Nursing (DON), Business Office Manager (BOM), or Facility Administrator when a resident requests staff make a purchase for them. A form should be filled out with the amount of money and what the money is for, then a receipt of purchase is filed for the transaction, and nursing staff must witness and sign when the resident receives their goods or any money that may be returned.</p> <p>During an interview on 5/19/25 at 2:05 P.M., the DON indicated that CNA 13 admitted to using Resident D's debit card but insisted that Resident D had asked her to do so. The whereabouts of the withdrawn cash had not been determined, and the money remained unaccounted for.</p> <p>On 5/19/25 at 10:55 A.M., the Facility Administrator supplied a facility policy titled, Policy and Procedure for Money Transactions and Shopping for Residents, dated 1/24/24. The policy included, .A resident may request for a staff member to take their debit card or money to the bank or store for cash or personal items, which must be approved. Procedure . 2. When the Activity Director is not available or it is after business hours or on a weekend and the resident is requesting for a staff member to go shopping for them it has to be approved by the Administrator or Director of Nursing if the staff is taking the residents debit card. 3. The charge nurse must complete the Money Transaction Shopping Form .</p> <p>This citation relates to complaint IN00459045.</p> <p>3.1-28(a)</p>		