

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Hampton Oaks Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 966 N Wilson Rd Scottsburg, IN 47170	

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 - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</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

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 6 of 6 residents reviewed for abuse. (Resident B, Resident C, Resident D, Resident E, Resident G and Resident F) Findings include: 1. The clinical record for Resident B was reviewed on 12/17/25 at 3:05 p.m. The resident's diagnoses included, but were not limited to, dementia without behavioral disturbance, rheumatoid arthritis, chronic pain syndrome, depression and anxiety. The quarterly MDS (Minimum Data Set) assessment, dated 10/22/25, indicated intact cognition. The incident report, dated 9/30/25, indicated Resident B identified that her debit card was missing. During an interview, on 12/18/25 at 8:23 a.m., the resident indicated someone had taken her bank card and charged over \$700.00 dollars on the account. The bank did return the money to her. She had not had any issues with missing items prior to the incident or after the incident. Resident B was observed with no signs of any psychosocial distress. During an interview, on 12/18/25 at 8:10 a.m., the Executive Director (ED) indicated there were 2 separate reportable reports filed. On 9/15/25, Resident C and Resident D reported missing money. The facility completed an investigation and refunded both residents the money. On 9/30/25, the family of Resident B called and notified the ED that Resident B's bank card was missing. The ED instructed the daughter to notify the police and to monitor Resident B's account. She received another call later in the day from the daughter who reported purchases had been made and where. The ED reported the information to the Detective, who then followed up. On 10/1/25, the Detective provided an image of the person who had used Resident B's bank card and the ED identified the employee as CNA 7. The ED and Detective planned to speak with CNA 7 on 10/2/25 when she was scheduled to work. On 10/2/25, at 6:00 a.m., the ED and Detective took CNA 7 to the ED's office to speak with her. CNA 7 admitted to the misappropriation of funds, CNA 7 told the Detective she had thrown away the bank cards that belonged to Resident B and Resident G. The only residents that were missing any money or bank cards resided on the 100 Hallway, which was the only hallway CNA 7 worked. The ED reviewed the facility video footage on the 100 Hallway for both incidents which led the ED to believe CNA 7 was the common denominator. During an interview on 12/18/25 at 10:01 a.m., the Detective assigned to the case indicated on 10/1/25, he had provided the ED with a photo taken at a store which coincided with the purchase made to Resident B's bank card. He showed the picture to the ED who confirmed it was a staff member from the facility. On 10/2/25, in the early morning, he interviewed CNA 7 with the Executive Director present. CNA 7 admitted to taking the quarters belonging to Resident C and the bank cards that belonged to Resident B and Resident G, but denied taking any other resident funds. CNA 7 reported, during the interview, that she had thrown the bank cards away. 2. The clinical record for Resident C was reviewed on 12/17/25 at 3:18 p.m. The residents' diagnoses included, but were not limited to, hypertensive heart disease, peripheral vascular disease and osteoarthritis. The 8/21/25 annual MDS assessment indicated intact cognition. The incident report, dated 9/30/25, indicated Resident C reported missing \$75.00 in quarters and \$70.00 dollars in cash. During an interview on 12/17/25 at 1:48 p.m., Resident C indicated he had money missing a while back which he reported. He had over \$70 dollars in quarters, which he used for bingo, and \$70 dollars in cash. The facility reimbursed the money and provided a lock box to keep his money in. Resident C was observed with no signs of any psychosocial distress. 3. The clinical record for Resident D was reviewed on 12/17/25 at 3:30 p.m. The residents' diagnoses included, but were not limited to, metabolic encephalopathy, Alzheimer's disease and dementia. The 10/15/25 quarterly MDS assessment indicated intact cognition. The incident report, dated 9/30/25, indicated Resident D reported missing \$60.00 dollars in cash. During an interview, on 12/18/25 at 8:27 a.m., the resident indicated she had money that went missing while she was in the hospital. The facility reimbursed the missing \$60 dollars. She had not had any issues with any missing money prior to the missing \$60.00 dollars and had not had any issues since then. Resident D was observed with no signs of any psychosocial distress. The progress notes indicated the resident was sent to the hospital on 9/11/25 at 7:00 p.m. and returned to the facility on 9/13/25 at 8:45 p.m. 4. The clinical record for Resident E was reviewed on 12/17/25 at 3:45 p.m. The resident's diagnoses included, but were not limited to, systemic lupus, generalized anxiety, major depressive disorder and restless leg syndrome. The quarterly MDS assessment, dated 11/2/25, indicated intact cognition. The incident report, dated 9/30/25, indicated Resident E reported missing \$200.00 dollars in cash. During an interview on 12/18/25 at 8:26 a.m., the resident indicated she did report missing \$200 dollars a while back. The facility reimbursed her and put the money in a trust account for her. She had not had any issues of anything missing prior to the missing</p>		