

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Oaks of West Kettering The		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 West Dorothy Lane Kettering, OH 45409	

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>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44069</p> <p>Based on medical record review, review of facility investigation, review of Self-Reported Incident (SRI), review of police report, staff interview, review of personnel files, and policy review, the facility failed to ensure residents were free from misappropriation of property. This affected one (#41) out of three residents reviewed for misappropriation. The facility census was 89.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #41 revealed an admitted [DATE]. Diagnoses included aphasia following cerebral infarction, ischemic cardiomyopathy, peripheral vascular disease, and chronic kidney disease stage three. Review of the admission Minimum Data Set (MDS) assessment, dated 04/24/24, revealed Resident #41 had moderately impaired cognition.</p> <p>Review of the SRI dated 04/29/24 revealed Resident #41's family reported to the facility that Resident #41's debit card was missing. Resident #41's family provided the facility with bank statements, which showed several transactions that were not made by Resident #41. The SRI indicated the facility's investigation revealed former State tested Nursing Assistant (STNA) #254 had used Resident #41's debit card.</p> <p>Review of the police report dated 04/29/24 revealed the police responded to the facility regarding an employee that allegedly stole a resident's credit card and made fraudulent transactions. Further review of the police report revealed STNA #254 was interviewed by police and admitted to using the card to make a car payment and purchase items from a local store.</p> <p>Review of the facility's investigation revealed STNA #254 stated she used the debit card to make a car payment.</p> <p>Review of the personnel file for STNA #254 revealed they were terminated on 05/01/24 for misappropriation of resident property.</p> <p>Interview on 05/29/24 at 9:19 A.M. with the Administrator and Director of Nursing (DON) revealed STNA #254 used Resident #41's bank card for charges totaling about \$1,600. The Administrator reported STNA #254 was suspended and then terminated following the outcome of the investigation.</p> <p>Review of the facility policy titled Abuse, Neglect, Exploitation & Misappropriation of Resident Property, revised 11/28/20, revealed misappropriation included stealing a resident's personal items.</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 - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>This deficiency represents non-compliance investigated under Control Number OH00153530.</p>		