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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035260 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/25/2019 |
| NAME OF PROVIDER OF SUPPLIER FOUNTAIN VIEW VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP 16455 EAST AVENUE OF THE FOUNTAINS FOUNTAIN HILLS, AZ 85268 | |
| 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 F 0602 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| <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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review, facility documentation and a staff interview, the facility failed to ensure one resident's (#79) credit cards were not misappropriated. Findings include: Resident #79 was admitted to the facility on (MONTH) 20, (YEAR), with [DIAGNOSES REDACTED]. Review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition. Review of a facility's investigative report revealed that on 1/28/19 at 1:40 p.m., resident #79 reported that two credit cards and \$40 in cash were missing from her purse. The police were notified and the credit cards were canceled. The police came out to the facility and started an investigation. On 2/19/19, the administrator (staff #36) and the Director of Nursing (staff #25) met with police, who showed them video footage of two females at a register using the resident's credit card at a local grocery store. The two people were identified as housekeepers that worked at the facility. The report further included the police determined that one of the housekeepers was innocent, and the other housekeeper (staff #84) was the one who used the credit card. Staff #84 was terminated. The report also included that the police had additional evidence that staff #84 had used the resident's credit card at other locations. An interview was conducted on 7/23/19 at 1:00 p.m. with staff #36, who stated that she did identify staff #84 in the video.</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.