

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Wellpark at Shannondale		STREET ADDRESS, CITY, STATE, ZIP CODE  7512 Middlebrook Pike Knoxville, TN 37909	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, facility documentation review, and interview the facility failed to protect 1 resident (Resident #84) of 16 residents reviewed for misappropriation of property.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse Prohibition Plan, dated 11/2/2023, revealed .The facility has a zero-tolerance policy for abuse .The resident shall not be subjected to .misappropriation of property . 'Misappropriation of Resident Property' means the deliberate misplacement .wrongful, temporary . permanent, use of a resident's belongings .money without the resident's consent .A thorough investigation of the history of all potential employees shall be completed prior to making an offer of employment .</p> <p>Review of the medical record revealed Resident #84 was admitted to the facility on [DATE] with diagnoses including Right Femur Fracture and Macular Degeneration.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #84 scored a 15 on the Brief Interview Mental Status (BIMS) which indicated the resident was cognitively intact and required partial to moderate assistance with activities of daily living (ADLs). Resident #84 planned to be discharged back to the community.</p> <p>Review of the facility's Grievance Record dated 9/26/2024, revealed Resident #84 reported to Licensed Practical Nurse (LPN) B .her wallet was missing, and her bank accounts has been cleaned out . Resident #84 reported she last saw her wallet 2 days prior and kept her purse in an unlocked cabinet in her room. The resident had already contacted the local police department. Resident #84's daughter had obtained photos from a nearby gas station surveillance video footage where one of the resident's credit cards was used. The surveillance video photo later identified the perpetrator as Housekeeper A. Resident #84 had been sent multiple fraud notifications from her bank and credit card companies of various transactions. Housekeeper A was terminated (9/26/2024). Residents were educated on securing valuables. The findings were reported to Adult Protective Services (APS), Ombudsman, state agency, and local law enforcement. Psychiatric services were consulted, and a telehealth visit was conducted.</p> <p>Review of a Psychiatric Evaluation for Resident #84 dated 9/26/2024, revealed Resident #84 reported she felt safe at the facility and denied psychological concerns during the evaluation.</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>Review of a witness statement dated 9/26/2024, revealed the Assistant Director of Nursing (ADON) was notified of the incident by LPN B on 9/26/2024 at 6:58 AM, by telephone, Resident #84 .had been robbed and bank accounts cleared out . Resident #84 had reported she started receiving fraud notifications the night before (9/25/2024) at 9:10 PM .did not get concerned due to .just activating fraud alerts .due to a recent notification of a social security number breach . When she awoke on 9/26/2024 there were multiple notifications from her bank and credit cards of various transactions and that is when she discovered her wallet and credit cards were missing. The DON spoke with Resident #84 and contacted the resident's daughter. Resident #84 had already contacted local law enforcement to report the stolen wallet. Resident #84 reported to the DON the last time she saw her wallet and her credit cards was 2 days prior, when she left her wallet in her purse in an unlocked cabinet in her room. The resident admitted she never locked the cabinet but was able to do so if she desired. Resident #84 and her daughter also reported several gift cards were missing with estimated values up to \$500.00.</p> <p>Review of a witness statement dated 9/26/2024, revealed the Administrator was notified of Resident #84's missing wallet with suspicious credit card activity. The suspected perpetrator (Housekeeper A) was immediately suspended pending investigation and was later terminated.</p> <p>Review of a witness statement dated 9/26/2024, revealed LPN B had been in Resident #84's room multiple times the day before (9/25/2024) and did not recall seeing a purse or a wallet.</p> <p>Review of a witness statement dated 9/26/2024, revealed Housekeeper A stated .he cleaned the front side of the building 100 and 400 hall and 2 rooms in the back. He stated most residents are in the room at the time he cleans. He stated he normally cleans the bathrooms, cleans the floor, wipes the sinks and mirrors and pulls the trash and leaves. He did not recall if the resident [Resident #84] was in her room yesterday when he cleaned and stated he cleaned the 100 hall [the hallway where Resident #84 resided] after the resident's lunch time of around 12:00 pm .</p> <p>Review of the Employee Notification of Termination letter dated 9/26/2024, revealed Housekeeper A was terminated for policy conduct violation.</p> <p>Review of the discharge MDS assessment dated [DATE], revealed Resident #84 was discharge to home.</p> <p>During a telephone interview with Resident #84 on 1/22/2025 at 10:07 AM, revealed she felt the facility handled the investigation promptly and appropriately. She felt safe during her stay at the facility. The resident stated her financial institution had reimbursed her for money lost. Housekeeper A waived his right to a hearing. The hearing had been bound over to the grand jury and was awaiting trial.</p> <p>During an interview on 1/23/2025 at 1:28 PM, the DON and Administrator confirmed they had been notified by LPN B on 9/26/2024 that Resident #84 had reported her wallet had been stolen and she had been notified of several transactions through text alerts from her bank and credit card companies. The facility investigation began immediately, Housekeeper A was suspended pending investigation and was later terminated.</p>		