

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTH SHORE HEALTH &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>353 TYLER ST GARY, IN 46402</b>	
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)		
F 0602  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Protect each resident from the wrongful use of the resident's belongings or money.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to ensure each resident was free from misappropriation of property related to the spending and managing of the Federal Government stimulus check for 1 of 3 residents reviewed for misappropriation of property. (Resident E) Finding includes: The record for Resident E was reviewed on 9/1/20 at 8:35 a.m. [DIAGNOSES REDACTED]. A Minimum Data Set Quarterly assessment was completed on 6/26/20. The resident's cognitive skills for decision making were intact. No resident behaviors or rejection of care were noted. Resident E was interviewed on 9/1/20 at 9:10 a.m. The resident indicated she had received her Government issued stimulus check several weeks ago. The Business Office Manager informed her the facility received her check. The Manager indicated she had a balance of \$300 and asked her if she would pay the balance. Resident E stated she was not told that she did not have to pay the \$300 from her stimulus check. When interviewed on 9/1/20 at 9:20 a.m., the Business Office Manager indicated she informed the resident there was a \$300 balance due on account based on her liability. The resident was not informed that she did not have to have the \$300 taken out of the stimulus check. When interviewed on 9/1/20 at 10:40 a.m., the Administrator indicated he was not aware the \$300 was withheld from the stimulus check. The resident has the right to have the full amount of her check. This Federal Tag relates to Complaint IN 576. 3.1-27(a)(3)		

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.