

### Survey/Inspection Summary Report

The Texas Department of Aging and Disability Services Regulatory Services  
division conducted a survey or inspection on

11/17/2015

Facility Name Hickory Square Retirement Center	Type of Facility Assisted Living
Street Address 108 W Hickory	City, State, ZIP Code Kaufman, TX 75142

The items on the following charts represent areas that the survey team surveyed or inspected for compliance with state and/or federal requirements. Only the items checked Yes or No are applicable to this report; other deficiencies in areas not checked may still be pending and not reflected on this current report. You may obtain a copy of the complete report, including outstanding deficiencies, from the facility administration.

**Life Safety Code Survey or Inspection (All Facility Types)**

	Compliance			Compliance			Compliance	
	Yes	No		Yes	No		Yes	No
1. Fire Alarm System			3. Emergency Electrical System			5. Other: See CMS Form 2567		
2. Sprinkler System			4. Physical Plant and Environment			6. Other:		

**Health Survey or Inspection (ICF/IID)**

1. Governing Body and Management			5. Client Behavior and Facility Practices			9. State Standards for Participation		
2. Client Protections			6. Health Care Services			10. Other:		
3. Facility Staffing			7. Physical Environment					
4. Active Treatment			8. Dietetic Services					

**Health Survey or Inspection (Nursing Facility)**

1. Resident Rights			7. Nursing Services			13. Infection Control		
2. Admission, Transfer and Discharge Rights			8. Dietary Services			14. Physical Plant and Environment		
3. Resident Behavior and Facility Practice			9. Physician Services			15. Administration		
4. Quality of Life			10. Specialized Rehabilitation Services			16. State and Local Regulations		
5. Resident Assessment			11. Dental and Other Professional Services			17. Other:		
6. Quality of Care			12. Pharmacy Services					

**Health Survey or Inspection (Assisted Living Facility)**

1. Policies: Operational/ Exploitation		X	7. Resident Assessment, Health Exams,			13. Fire Drills, Smoking Regulations, Disaster Preparedness		
2. Infection Control			8. Personal Belongings			14. Required Postings		
3. Resident Characteristics			9. Pharmacy and Medication Requirements		X	15. Compliance/Reporting		X
4. Staff Requirements, Orientation, Training			10. Accident, Injury, Acute Illness Procedures			16. Resident Bill of Rights		X
5. Advance Directives			11. Storage of Medications			17. Respite Care		
6. Activity/Social Program			12. Dietary Requirements			18. Other: Adm/Personnel		X

**Health Survey or Inspection (Adult Day Care)**

1. Staff Requirements			5. Consultant Responsibilities			9. Dietary Requirements		
2. Staff Qualifications			6. Fire, Disaster, Evacuation Training			10. Required Postings		
3. Staff Responsibilities			7. Medication Requirements			11. Physical Environment		
4. Staff Training			8. Accident, Injury, Acute Illness Procedures			12. Other:		

If you need further information, you may call the DADS regional office at

(817) 792-3482

The Survey/Inspection Summary Report must be posted in an area of the facility that is readily available to residents, clients, employees and visitors in accordance with the facility's appropriate licensure regulations at Texas Administrative Code, Title 40, Part 1, Chapter 90, §90.326; Chapter 19, §19.1921; Chapter 92, §92.127; or Chapter 98, §98.61.



Commissioner  
Jon Weizenbaum

12/16/2015

CERTIFIED MAIL

Administrator  
Hickory Square Retirement Center  
108 W Hickory  
Kaufman TX 75142

Provider #:  
Facility ID #:103527  
AL-A

Dear Administrator:

On 11/17/2015, the Department of Aging and Disability Services (DADS) conducted a Health Survey inspection to determine if your facility complies with state licensure requirements for Assisted Living facilities.

On 12/14/15 we received your plans of correction (PoC) for the cited violation(s). We have determined that the PoC submitted does not contain all of the information necessary for it to be acceptable for the violations specified below:

- What corrective action will be taken for those residents found to have been affected by the deficient practice;
- How other residents having the potential to be affected by the same deficient practice will be identified;
- What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes; and
- When corrective action will be completed. Completion dates must be acceptable to DADS.

Failure to submit acceptable PoCs by 12/28/15 will result in notice of immediate termination of your facility's provider agreement.

Your facility did not submit a PoC for the licensure violations cited. Failure to submit an acceptable PoC by 12/28/15 will result in notice of action against your facility's license.

Hickory Square Retirement Center  
Administrator  
12/16/2015  
Page 2

If you have any questions, please contact Darla Dottin at 817-792-7221.

Sincerely,

A handwritten signature in black ink, appearing to read "Darla Dottin". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Darla Dottin, RN, BSN  
Program Manager

DD:sg



Commissioner  
Jon Weizenbaum

**VIA FAX**

Manager  
Hickory Square Retirement Center  
108 W Hickory  
Kaufman TX 75142

Facility ID #:103527  
Assisted Living Facility  
Type: AL-A

Dear Manager:

On 11/17/2015, the Department of Aging and Disability Services (DADS) conducted a Complaint Investigation to determine if your facility meets the Licensing Standards for Assisted Living Facilities. This inspection found that your facility **did not meet** state licensure requirements. Enclosed is the Statement of Licensing Violations, DADS Form 3724.

**Plan of Correction (PoC)**

You must submit a PoC for each licensure violation by the 10<sup>th</sup> calendar day from receipt of this letter in accordance with Texas Administrative Code (TAC), Title 40, Part 1, Chapter 92, §92.82. Your PoC must contain the following information:

1. how the facility will accomplish corrective action for those residents affected by the violation(s);
2. how the facility will identify other residents with the potential to be affected by the same violations(s);
3. the measures the facility will put into place or the systemic changes the facility will make to ensure that the violation(s) will not recur;
4. how the facility will monitor its corrective actions to ensure that the violation(s) are being corrected and will not recur; and
5. when the corrective action will be completed.

Return DADS Form 3724 with your PoCs to:  
Darla Dottin, Program Manager  
DADS Regulatory Services Division  
013-3  
2561 Matlock Rd  
Arlington TX 76015

**Informal Dispute Resolution (IDR)**

You have the opportunity to contest cited violations through an IDR process in accordance with the Licensing Standards for Assisted Living Facilities at 40 TAC §92.82(h). The guidelines and procedures for requesting an IDR are available at <http://www.hhsc.state.tx.us/idr/alf.shtml>

If you would like to contest cited violations through the IDR process, you must submit a written request for IDR

and all supporting documentation no later than the 10<sup>th</sup> calendar day after receipt of the official statement of violations to:

Health and Human Services Commission  
IDR Program  
1106 Clayton Lane  
Suite 300W  
Mail Code: H970  
Austin, TX 78723

A copy of the IDR request form must also be submitted to the DADS regional office at  
Barbara Courson, Enforcement Coordinator  
DADS Regulatory Services Division  
013-3  
2561 Matlock Rd  
Arlington TX 76015  
or fax number 817-792-7291.

If you have questions about this inspection, please contact Daphne Shaw, Program Manager, at 817-792-7269.

Sincerely,



Darla Dottin, Program Manager  
Regulatory Services Region 03

DD:jj

Enclosures

NOTICE OF ACCEPTED PLAN OF CORRECTION

**This fax consists of one page only.**

<b>To:</b>	Assisted Living Facility Manager/Representative
<b>Facility Name:</b>	Hickory Square Retirement Center
<b>Facility ID Number:</b>	103527
<b>Telephone Number:</b>	(972)962-3359
<b>Fax Number:</b>	(972)486-4880
<b>From:</b>	Darla Dottin, Program Manager
<b>Program:</b>	DADS Regulatory Services
<b>Phone Number:</b>	817-792-7221
<b>Fax Number:</b>	817-792-7204
<b>Mail Code:</b>	03-13
<b>Address:</b>	2561 Matlock Rd, Arlington, TX 76015

We accepted your plan of correction for the following visit(s):

Health  LSC Exit Date: 11/17/15

**Follow-up Inspection Information** (Select only the statements that apply):

- A follow-up inspection may be scheduled to determine compliance for violations or deficiencies cited. (Select this statement after the original visit and first follow-up visit.)
- An additional follow-up inspection, if authorized, may be scheduled to determine compliance for violations or deficiencies cited. (Select this statement after the second follow-up visit.)
- The plan of correction (PoC) and/or evidence may be accepted as determination of correction in lieu of conducting an on-site follow-up visit for licensure violations. (Select this statement when a desk review will be performed.)

**Evidence Request** (Select the following statement only when requesting evidence on violations or deficiencies cited on the exit date referenced above):

As described in the preceding paragraph, evidence may be requested and accepted as verification of correction in lieu of conducting an on-site follow-up inspection.

- Submit evidence showing how the facility attained and maintains corrective action for the violation(s) or deficiency(ies) listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence must be received at the DADS Regional Office listed above by: \_\_\_\_\_

Evidence must clearly identify which violation or deficiency the evidence corresponds to. Examples of acceptable evidence include the following:

- An invoice or receipt verifying purchases were made, repairs were completed, etc.
- Sign-in sheets verifying staff attendance at in-service training.
- Copies of interviews with more than one training participant about in-service training.

**\*If, during a future visit, violations or deficiencies that were corrected through PoC or evidence are again cited, DADS may recommend enforcement actions, including immediate imposition of remedies.**

If you have further questions or wish to revise your PoC completion date, please contact the program manager at the telephone number or address provided above.

Signed: Darla Dottin Dated: 1/12/16

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

PRINTED: 12/28/2015 12:03:08PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  103827	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
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NAME OF PROVIDER OR SUPPLIER  HICKORY SQUARE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 108 W HICKORY KAUFMAN, TX 75142
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p><b>Initial Comments</b></p> <p>Purpose of visit: Complaint</p> <p>Entrance date: 11/17/15</p> <p>Facility census: 23</p> <p>Intake:</p> <p>The following abbreviations may have been used on Form DADS-3724:</p> <p>DADS The Department of Aging and Disability Services CNA Certified Nurse Aide</p>	P 000	<p>Crit. #1 (P426) for 92.102 (a) Abuse: all must report to DADS will be reviewed by all staff member (current employees) with a question &amp; answer graded test section (plse. see attachment # I pp 7-8) by 01/08/2016. New employees will review and test before date of hire. All staff will be reviewed regarding reporting to DADS requirement of 92.102(a).</p>	01/08/2016
P 426	<p>§92.102(a) Abuse: All Must Report to DADS</p> <p>(a) An assisted living facility staff who has cause to believe that the physical or mental health or welfare of a resident has been or may be adversely affected by abuse, neglect, or exploitation or that the resident has died due to abuse or neglect, must report the abuse, neglect, or exploitation to:</p> <p>(1) DADS Consumer Rights and Services section at 1-800-458-9858 or via the DADS website; and</p> <p>(2) one of the following law enforcement agencies:</p> <p>(A) a municipal law enforcement agency, if the facility is located within the territorial boundaries of a municipality; or</p> <p>(B) the sheriff's department of the county in which the facility is located if the facility is not located within the territorial boundaries of a municipality.</p>	P 426	<p>Crit #2 All residents had the potential to be affected by the failure to report allegation with possibility of all 24 residents being at risk for identity fraud, emotional distress, and financial loss.</p> <p>Crit #3 all current residents or responsible party will be reviewed on 92.102(a), attachment pages 1-7 and upon each annual review. The responsible party will sign...</p>	01/08/2016

OD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Wendy Manning*

TITLE

*Director / Asst Mgr.*

(X6) DATE

*12-30-2015*

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STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  103627	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
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NAME OF PROVIDER OR SUPPLIER  HICKORY SQUARE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 108 W HICKORY KAUFMAN, TX 75142
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 426	Continued From page 1  This REQUIREMENT is not met as evidenced by:  Based on interview and record review, it was determined the facility failed to report an allegation of exploitation to the DADS state office once the facility was made aware a resident who had been adversely affected by exploitation for one (Residents #1) of four residents reviewed for financial exploitation.  Resident #1's family member notified the facility of missing money, credit card, social security card and identification card and the facility failed to notify the DADS state office.  The failure to report allegations of exploitation to the DADS state office could place the facility's 24 residents at risk for identity fraud, emotional distress and financial loss.  Findings included:  Resident #1's Individual Resident Assessment dated 05/25/15 revealed she was a female who admitted to the facility on Resident #1 was independent with activities of daily living, able to communicate with others, anxious, sad and independent, and alert with cognitive skills, decision making ability.  Interview on 11/17/15 at 11:15 AM with Resident #1 revealed (A few weeks ago, a girl came in	P 426	Continued... the individual service plan following each review. New residents or responsibilities will be reviewed in same manner and also sign individual service plan upon admission.  Crit. #4: The mgr., Asst. Mgr., or Dietary mgr. will monitor for proper assessment of residents and update service plans, if applicable, at least monthly.	9/10/2016  9/08/2016



**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY SQUARE RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>188 W HICKORY KAUFMAN, TX 75142</b>
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P 426	<p>Continued From page 2</p> <p>here and said you need to go up to the front, it was a black girl, I went up where the two staff were, then the girl left, the local law enforcement called and they got my information.) Resident #1 revealed \$40.00 was missing and her purse was left but her billfold and credit card had been taken and within 15 minutes five purchases had been made. She did not recognize the lady who came to the facility but it was the same lady who told her to go up to the front.</p> <p>interview on 11/17/15 at 1:40 PM with Resident #1 family member revealed he/she received call from home healthcare nurse stated Resident #1 was told her of the incident of a unidentified lady to go up to the front on _____ and her billfold was missing. On _____ while visiting Resident #1 he/she asked what happened and Resident #1 revealed a lady dressed in scrubs with stethoscope walked into her room and told her needed to go up front. While the unidentified lady followed Resident #1 up front to ask the staff was she needed? The staff hey said no and the unidentified lady went out of the front door. Resident #1 family member asked if there was anything missing and he/she said no. He/She looked in Resident #1's purse sitting beside recliner and noticed wallet, credit card, social security card, ID card and _____ was missing ....the credit card company was called and they verified \$800.00 had been charged on Resident #1's credit card, the local law enforcement was called. Resident #1 family member did not think the person had been identified and local law enforcement report was still pending.</p> <p>interview on 11/17/15 at 9:50 AM with Manager revealed she had not reported any incidents to</p>	P 426		

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY SQUARE RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 W HICKORY KAUFMAN, TX 75142</b>
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P 426	<p><b>Continued From page 3</b></p> <p>the DADS about Resident#1's missing money and credit card, maybe Assistant Manager reported it. She revealed an incident report was completed and the local law enforcement was notified after they found out the money and credit card was missing. She revealed it was unknown if the person had been found and arrested.</p> <p>Interview on 11/17/15 at 9:52 AM with Assistant Manager revealed she had not reported Resident #1's incident to DADS, but the local law enforcement was called. She revealed she did not think they needed to report this incident to DADS.</p> <p>Interview on 11/17/15 at 4:30 PM with Manager revealed on 09/24/15 Resident# 1 family member revealed someone had stolen Resident #1's Manager notified the local law enforcement. Resident #1 family arrived at the facility and notified manager the Resident #1's billfold and credit card were also missing. The local law enforcement arrived at the facility. She revealed Resident #1's incident was not reported to DADS because of the DADS Provider Letter on Reporting stated they only had to call the local law enforcement which was what they did.</p> <p>Interview on 11/17/15 at 5:15 PM with Assistant Manager revealed "We did not call DADS because it was not theft, Resident #1 was not coerced into giving her money and credit card, it was theft according to resident family member and the criminal act in the 2014 DADS Provider Letter on Reporting incidents, this was a criminal act PL 14-22 page 4 ...."</p>	P 426		

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>103527</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY SQUARE RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 W HICKORY KAUFMAN, TX 75142</b>
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P 426	<p>Continued From page 4</p> <p>Record Review of Resident #1's local law enforcement Report dated 11/17/15 revealed four charges totaling on from local department store at 4:21 PM, at 4:27 PM and at 4:30 PM and was attempting to charge Resident #1's card at local pharmacy at 4:53 PM. Reported items missing were Resident #1's Purse/handbag/Wallet, Credit card and 2 bills, Driver's License and Social Security card and offense: Credit card elderly abuse.</p> <p>Review of the facility's undated Abuse, Neglect and Exploitation Policy and Facility Staff Acknowledgment Statement revealed, "It is the policy of this facility that the facility will not condone any form of resident abuse, neglect or exploitation... It is our facility policy to report and respond to all such allegation, in accordance with federal and state law.... The purpose of this policy on preventing abuse, neglect or exploitation is to provide the facility with a guideline to the proper ...education of employees to recognized and report abuse ...the Texas Department of Aging and Disability Services (DADS) require that each facility take effort to prevent abuse, neglect and exploitation ...Each resident has the right to be free from... exploitation. Exploitation Allegation - (B) ... the illegal or improper act or process ...using the resources of a resident for monetary or personal benefit, profit or gain without the informed consent of the resident ... any reasonable cause to believe a resident is in a state of abuse, neglect or exploitation must report ...exploitation to DADS ...."</p> <p>Record review of the facility's form Reporting of Abuse, Neglect and Exploitation Acknowledgement form signed and dated</p>	P 426		01/08/2016

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

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NAME OF PROVIDER OR SUPPLIER  HICKORY SQUARE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 108 W HICKORY KAUFMAN, TX 75142
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P 428	<p>Continued From page 5</p> <p>06/22/15 by Assistant Manager revealed "A person, including an owner or employee of a facility who has cause to believe that the ...welfare of a resident has been or may be adversely affected by ...exploitation caused by another person shall report abuse, neglect or exploitation ...make an oral report immediately on learning of ....exploitation."</p> <p>Record review of the facility's Reporting of Abuse, Neglect and Exploitation Acknowledgement form signed and dated 06/22/15 by Manager revealed "A person, including an owner or employee of a facility who has cause to believe that the ...welfare of a resident has been or may be adversely affected by ...exploitation caused by another person shall report abuse, neglect or exploitation ...make an oral report immediately on learning of ....exploitation."</p> <p>Review of the facility's undated list of residents, → received on 11/17/15, revealed a total of 24 residents.</p>	P 428		01/10/2016
P 429	<p>§92.102(d) Abuse: Facility Must Investigate and Report</p> <p>(d) An assisted living facility must immediately make an oral report to DADS of the alleged abuse, neglect, or exploitation and must investigate the allegation and send a written report of the investigation to DADS state office no later than the fifth calendar day after the oral report.</p>	P 429	<p>P429. Crit. #1 for 92.102 (d) Abuse: Facility must investigate &amp; report will be reviewed by all current staff members in investigating and reporting requirements of sending a written report of investigation to DAD's state office no later than the 5th calendar day after oral</p>	01/08/2016

report with review of form 3613 A (see attachment II please pp1-2). →

**STATEMENT OF LICENSING VIOLATION  
AND PLAN OF CORRECTION**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
	103527		

NAME OF PROVIDER OR SUPPLIER <b>HICKORY SQUARE RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>188 W HICKORY KAUFMAN, TX 75142</b>
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P 429	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined the facility failed to immediately make an oral report to DADS of alleged exploitation and investigate the allegation send a written report of the investigation to DADS state office no later than the fifth calendar day after the oral report for one (Resident #1) of four residents reviewed for financial exploitation.</p> <p>The facility staff failed to report and investigate Resident #1's incident thoroughly after they discovered an unidentified person in their building and had knowledge of Resident #1's stolen items.</p> <p>Resident #1 family member notified the facility of residents missing credit card, money, social security card and identification card and the staff failed to report and investigate this incident to the DADS state office.</p> <p>The failure to report and investigate allegations of exploitation to the DADS state office could place the facility's 24 residents at risk for identity fraud, emotional distress and loss of financial funds.</p> <p>Findings included:</p>	P 429	<p>P429 continued.</p> <p>Employees will chart sign indicating understanding of law requirements following review of FORM 3613-A. New employees will be reviewed before date of hire.</p> <p>Crit.#2. The failure to report and investigate allegations to the DADS state office had potential to place facility's all 24 residents at risk of emotional distress, for identity fraud and possible loss of financial funds.</p> <p>Crit.#3: All current employees will be reviewed in 92.102(a) reporting and investigating requirements reviewed for FORM 3613-A requirements (see attachment #II pp1-2 and new employees will be reviewed before date of hire.</p>	01/08/2016

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NAME OF PROVIDER OR SUPPLIER  HICKORY SQUARE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 108 W HICKORY KAUFMAN, TX 75142
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 429	<p>Continued From page 7</p> <p>Resident #1's Individual Resident Assessment dated 05/25/15 revealed she was a female who admitted to the facility on 05/25/15. Resident #1 was independent with activities of daily living, able to communicate with others, anxious, sad and independent, and alert with cognitive skills, decision making ability.</p> <p>Interview on 11/17/15 at 11:15 AM with Resident #1 revealed (A few weeks ago, a girl came in here and said you need to go up to the front, it was a black girl, I went up where the two staff were, then the girl left, the local law enforcement called and they got my information.) Resident #1 revealed her purse was missing and her purse was left but her billfold and credit card had been taken and within 15 minutes five purchases had been made. She did not recognize the lady who came to the facility but it was the same lady who told her to go up to the front.</p> <p>Interview on 11/17/15 at 1:40 PM with Resident #1 family member revealed he/she received call from home healthcare nurse called stated Resident #1 was told her of the incident of a unidentified lady to go up to the front on 09/23/15 and her billfold was missing. On 09/24/15 while visiting Resident #1 he/she asked what happened and Resident #1 revealed a lady dressed in scrubs with stethoscope walked into her room and told her needed to go up front. While the unidentified lady followed Resident #1 up front to ask the staff was she needed? The staff hey said no and the unidentified lady went out of the front door. Resident #1 family member asked if there was anything missing and he/she said no. He/She looked in Resident #1's purse sitting beside recliner and noticed wallet, credit card, social security card, ID card and \$_____ was</p>	P 429	<p><i>while chart signing employee understanding of review and law/regulation.</i></p> <p><i>crit. #4: The mgr., Asst mgr., or Dietary Mgr. will monitor for proper assessment of employees and update employee chart/file at least monthly, if applicable.</i></p>	01/08/2016

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

PRINTED: 12/28/2015 12:03:09PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  103827	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
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NAME OF PROVIDER OR SUPPLIER  HICKORY SQUARE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 108 W HICKORY KAUFMAN, TX 75142
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P 429	<p>Continued From page 8</p> <p>missing ...the credit card company was called and they verified \$ had been charged on Resident #1's credit card, the local law enforcement was called. Resident #1 family member did not think the person had been identified and local law enforcement report was still pending.</p> <p>Interview on 11/17/15 at 9:50 AM with Manager revealed she had not reported any incidents to the DADS about Resident#1's missing money and credit card, maybe Assistant Manager reported it. She revealed an incident report was completed and the local law enforcement was notified after they found out the money and credit card was missing. She revealed it was unknown if the person had been found and arrested.</p> <p>Interview on 11/17/15 at 9:52 AM with Assistant Manager revealed she had not reported Resident #1's incident to DADS, but the local law enforcement was called. She revealed she did not think they needed to report this incident to DADS.</p> <p>Interview on 11/17/15 at 4:30 PM with Manager revealed on 09/24/15 Resident# 1 family member revealed someone had stolen Resident #1's \$ ). Manager notified the local law enforcement. Resident #1 family arrived at the facility and notified manager the Resident #1's billfold and credit card were also missing. The local law enforcement arrived at the facility. Food Manager and Attendant A wrote statements and local law enforcement spoke to Resident #1 and revealed was going to investigate. Manager revealed she had not heard anything since and did not think the unidentified lady had been found who was in their building. She revealed Resident</p>	P 429		01/08/2016

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

PRINTED: 12/28/2015 12:03:09PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>103527</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY SQUARE RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 W HICKORY KAUFMAN, TX 75142</b>
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P 429	<p>Continued From page 9</p> <p>#1's incident was not reported to DADS because of the DADS Provider Letter on Reporting stated they only had to call the local law enforcement which was what they did. She revealed investigation of Resident #1's incident was thorough. She spoke to the staff and the residents and revealed did not get any statements from other staff or residents. She had spoken to Resident #1's Home Health staff but did not know who she spoke to.</p> <p>Interview on 11/17/15 at 5:15 PM with Assistant Manager revealed "We did not call DADS because it was not theft, Resident #1 was not coerced into giving her money and credit card, it was theft according to resident family member and the criminal act in the 2014 DADS Provider Letter on Reporting incidents, this was a criminal act PL 14-22 page 4 ...." Assistant Manager revealed she felt like they investigated Resident #1's incident thoroughly and the surveyor could get more information from local law enforcement. An incident report was filled out with statements from Manager, Food Manager and was not sure if anyone else wrote statements.</p> <p>Record Review of Resident #1's Incident Report of Manager dated 09/23/15 revealed, "On 09/24/15 around 12:30 PM Resident family member told her [redacted] was gone, wallet and credit card were missing, called management and the local law enforcement."</p> <p>Record Review of Resident #1's local law enforcement Report dated 11/17/15 revealed four charges totaling [redacted] on 09/24/15 from local department store at 4:21 PM, at 4:27 PM and at</p>	P 429		01/08/2016



**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>103527</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY SQUARE RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 W HICKORY KAUFMAN, TX 75142</b>
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P 429	<p>Continued From page 10</p> <p>4:30 PM and was attempting to charge Resident #1's card at local pharmacy at 4:53 PM. Reported items missing were Resident #1's Purse/handbag/Wallet, Credit card and 2 \$ bills, Driver's License and Social Security card with written statements from Manager, Food Manager, Attendant A.</p> <p>Review of the facility's undated Abuse, Neglect and Exploitation Policy and Facility Staff Acknowledgment Statement revealed, "It is the policy of this facility that the facility will not condone any form of resident abuse, neglect or exploitation ...It is our facility policy to report and respond to all such allegation, in accordance with federal and state law ... Reports will follow the incident reporting guidelines in the DADS incident reported provider letter ...and will include interviews of the resident and potential witnesses ... any reasonable cause to believe a resident is in a state of abuse, neglect or exploitation must report ...exploitation to DADS ...the Assistant Manager/Manager will investigate and send written report to DADS within 5 calendar days from oral report ...."</p> <p>Record review of the facility's form Reporting of Abuse, Neglect and Exploitation Acknowledgement form signed and dated 08/22/15 by Assistant Manager revealed "A person, including an owner or employee of a facility who has cause to believe that the ...welfare of a resident has been or may be adversely affected by ....exploitation caused by another person shall report abuse, neglect or exploitation ...make an oral report immediately on learning of ....exploitation."</p>	P 429		01/08/2016

**STATEMENT OF LICENSING VIOLATIONS  
AND PLAN OF CORRECTION**

PRINTED: 12/28/2015 12:03:09PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  103627	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
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NAME OF PROVIDER OR SUPPLIER  HICKORY SQUARE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 108 W HICKORY KAUFMAN, TX 75142
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P 429	Continued From page 11  Record review of the facility's Reporting of Abuse, Neglect and Exploitation Acknowledgement form signed and dated 06/22/15 by Manager revealed "A person, including an owner or employee of a facility who has cause to believe that the ...welfare of a resident has been or may be adversely affected by ....exploitation caused by another person shall report abuse, neglect or exploitation ...make an oral report immediately on learning of ....exploitation."  Review of the facility's undated list of residents, received on 11/17/15, revealed a total of 24 residents.	P 429		
P 449	§92.125(a)(3)(E)(ii) Bill of Rights: Abuse, Neglect & Exploitation  (ii) has the right to be free from abuse, neglect, and exploitation;  This REQUIREMENT is not met as evidenced by:  Based on interview and record review, it was determined the facility failed to ensure one (Resident #1) of four residents reviewed for abuse was free from financial exploitation.	P 449	<p>P449. Crit. #1 for 92.125(a)(3)(E)ii Bill of Rights: Abuse, neglect, &amp; exploitation. all current staff employees will be reviewed regarding residents Rights (see attachment #1 pp 1-8 pgs.) with a question and answer graded test section (please see attachment #1 p. 8). New employees will be reviewed and given test before date of hire. Also, policy previously established (see attachment #1) will be enforced.</p>	01/08/2016

STATEMENT OF LICENSING VIOLATIONS  
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PRINTED: 12/28/2015 12:03:08PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  103527	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
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P 449	<p>Continued From page 12</p> <p>An unidentified person dressed in scrubs, stethoscope and name badge entered Resident #1's room stole Resident #1's money and credit card.</p> <p>The facility staff saw an unidentified person dressed in scrubs, stethoscope and name badge in their facility with Resident #1 they did not recognize. The facility staff made an attempt to look for this person and failed to make any efforts to verify who the unidentified person was until the next day.</p> <p>The facility failed to monitor, confirm and identify who enters their facility, and to protect the residents and prevent re-occurrence.</p> <p>Resident #1's family member notified the facility of her missing money, credit card, social security card and identification card and the facility failed to notify the DADS state office.</p> <p>This failure could affect all 24 residents by placing them at risk for loss of financial funds, emotional distress and identify related fraud.</p> <p>Findings included:</p> <p>Resident #1's Individual Resident Assessment dated 05/25/15 revealed she was a female who admitted to the facility on Resident #1 was independent with activities of daily living, able to communicate with others, anxious, sad and independent, and alert with cognitive skills, decision making ability.</p>	P 449	<p><i>Crit #2: This failure to monitor, confirm, and identify who enters facility had the potential to affect all 24 residents by placing them at risk for loss of financial funds, emotional distress and identify related fraud.</i></p> <p><i>Crit #3: All current residents or responsible party will be reviewed regarding Residents Rights 92.125(a)(3)(E)ii and responsible party will sign the individual service plan after <del>new</del> review. All current residents or responsible party will be reviewed regarding prior established plan of Correction (see attachment #III) and will sign the individual service plan after review. All new residents/responsible parties will be reviewed on both (Res. Rights and prior established policy attachment #III before admission)</i></p>	01/10/2016

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P 449	<p>Continued From page 13</p> <p>Interview on 11/17/15 at 11:15 AM with Resident #1 revealed (A few weeks ago, a girl came in here and said you need to go up to the front, it was a black girl, I went up where the two staff were, then the girl left, the local law enforcement called and they got my information.) Resident #1 revealed \$ was missing and her purse was left but her billfold and credit card had been taken and within 15 minutes five purchases had been made. She did not recognize the lady who came to the facility but it was the same lady who told her to go up to the front.</p> <p>Interview on 11/17/15 at 1:40 PM with Resident #1 family member revealed he/she received call from home healthcare nurse stated Resident #1 told her of the incident of a unidentified lady to go up to the front on 09/23/15 and her billfold was missing. On 09/24/15 while visiting Resident #1 he/she asked what happened and Resident #1 revealed a lady dressed in scrubs with stethoscope walked into her room and told her needed to go up front. While the unidentified lady followed Resident #1 up front to ask the staff was she needed? The staff hey said no and the unidentified lady went out of the front door. Resident #1 family member asked if there was anything missing and he/she said no. He/She looked in Resident #1's purse sitting beside recliner and noticed wallet, credit card, social security card, ID card and \$ was missing ....the credit card company was called and they verified \$ had been charged on Resident #1's credit card, the local law enforcement was called. Resident #1 family member did not think the person had been identified and local law enforcement report was still pending.</p> <p>Interview on 11/17/15 at 9:50 AM with Manager</p>	P 449	<p><i>Corr. #4: The manager, 01/10/2016</i>  <i>Asst. mgr., or Dietary</i>  <i>Mgr. will monitor</i>  <i>for proper assessment</i>  <i>of employees and</i>  <i>residents/responsible</i>  <i>parties and update</i>  <i>employee charts/files</i>  <i>and resident service</i>  <i>plans at least</i>  <i>monthly.</i></p>	

**STATEMENT OF LICENSING VIOLATIONS  
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P 449	<p>Continued From page 14</p> <p>revealed did not know if the person had been found and arrested and had not spoken to Resident #1's Home Healthcare provider.</p> <p>Interview on 11/17/15 at 3:15 PM with Home Healthcare Certified Nursing Aide (CNA) revealed in September 2015, the facility Manager called Home Healthcare Nurse about Resident #1 being really confused because she said a lady went to her room and stole money out of her room. The unidentified lady was not an employee of theirs, but someone dressed with scrubs came in and stole from Resident #1. Home Healthcare Certified Nursing Aide (CNA) revealed since this incident happened; no one from the facility had contacted them and revealed the facility's entrance door was unlocked during the day.</p> <p>Interview on 11/17/15 at 3:40 PM with Home Healthcare Owner revealed heard about Resident #1's incident from Home Healthcare Nurse and since Resident #1's but had not spoken to Manager of Assistant Manager from the facility.</p> <p>Interview on 11/17/15 at 4:00 PM with Home Healthcare Nurse revealed Home Healthcare Certified Nursing Aide (CNA) revealed Resident #1 was confused and said someone was in her room. Resident #1's family member was notified and came to facility to find out, that person was not one of their employees but someone dressed in scrubs, name badge and stethoscope that went to this facility and stole Resident #1's money and credit card. Home Healthcare Nurse revealed since Resident #1's incident she had not spoken to anyone or been contacted by facility's staff about this incident</p>	P 449		01/10/2016

**STATEMENT OF LICENSING VIOLATIONS  
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P 449	<p>Continued From page 15</p> <p>...she told Resident #1 to keep her door locked.</p> <p>Interview on 11/17/15 at 4:30 PM. Manager revealed on 09/23/15 the unidentified lady was a black lady with blue scrubs, looked to be about 35 years old, with short blonde, reddish hair, medium size build and had not seen her before but thought she was a nurse because she had on a badge, clip board and stethoscope. On 09/24/15 resident family member revealed someone had stolen Resident #1's \$400. Manager notified the local law enforcement. Resident #1 family arrived at the facility and notified manager the Resident #1's billfold and credit card were also missing. The local law enforcement arrived at the facility. Food Manager and Attendant A wrote statements and local law enforcement spoke to Resident #1 and revealed was going to investigate. Manager revealed she had not heard anything since and did not think the unidentified lady had been found who was in their building .... Manager revealed spoke to Home Healthcare CNA and revealed they did not have anyone fitting the description of the unidentified person in their building working for them and did not get back with her ...Manager revealed called Resident #1's Home Healthcare provider but not sure who she spoke to and they revealed their entrance door was unlocked during the day and locked at 6:00 PM.</p> <p>Interview on 11/17/15 at 5:15 PM with Assistant Manager revealed the facility's door was unlocked during the day and thought around 6:00 PM, the door was locked ....and stated she had not spoken to anyone from Home Healthcare provider about Resident #1's incident.</p>	P 449		01/10/2016

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P 449	<p>Continued From page 16</p> <p>Interview on 11/19/15 at 12:53 PM with local law enforcement revealed "On 09/24/15 went to this facility 09/24/15 and told the incident happened 09/24/15 ... Resident #1 said her credit card, social security card and cash was missing and stated he received statements from three staff witnesses ...charges were made to Resident #1's credit card but the local pharmacy charge did not go through because the credit card had gotten cancelled ...this kind of stuff happens all the time... local law enforcement revealed in Resident #1's case had been turned over to local law enforcement investigation department and did not think the suspect had been arrested.</p> <p>Interview on 11/20/15 at 10:30 AM, with local law enforcement investigation department revealed there still were no arrests involving Resident #1's stolen property and it was still open.</p> <p>Record Review of Resident #1's Incident Report dated 09/23/15 revealed, "At 3:30 PM, Resident #1 asked them who wanted her (noticed a black lady dressed as a nurse behind Resident #1) they said no they did not, the resident went back to her room, both staff questioned the other and said they did not know the lady dressed as a nurse...then Manager went to find out but the lady had already left the building... On 09/24/15 spoke to Home Healthcare Owner to see if they sent someone new and she said no but would call office to find out...."</p> <p>Record Review of Resident #1's local law enforcement Report dated 11/17/15 revealed four charges totaling \$ i on 09/24/15 from local department store at 4:21 PM, at 4:27 PM and at</p>	P 449		01/10/2016

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P 449	<p>Continued From page 17</p> <p>4:30 PM and was attempting to charge Resident #1's card at local pharmacy at 4:53 PM. Reported items missing were Resident #1's Purse/handbag/Wallet, Credit card and 2 \$ bills, Driver's License and Social Security card and offense: Credit card elderly abuse.</p> <p>Record Review of the facility's In-service plan to prevent dated 09/24/15 revealed "All new home health employees or someone we do not know, stop them get copies of their driver's license and call HH to verify employment!"</p> <p>Review of the facility's undated Abuse, Neglect and Exploitation Policy and Facility Staff Acknowledgment Statement revealed, "It is the policy of this facility that the facility will not condone any form of resident abuse, neglect or exploitation ...the Texas Department of Aging and Disability Services (DADS) require that each facility take effort to prevent abuse, neglect and exploitation ...Each resident has the right to be free from ....exploitation. Exploitation Allegation - (B) ...the illegal or improper act or process ...using the resources of a resident for monetary or personal benefit, profit or gain without the informed consent of the resident ...."</p> <p>Record review of the facility's Resident's Bill of Rights Section E undated revealed, the resident has the right to "Be free from abuse, neglect and exploitation .... "</p> <p>Review of the facility's undated list of residents, received on 11/17/15, revealed a total of 24 residents.</p>	P 449		01/10/2016