

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/06/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE MAIN AND JEFFERSON DUPONT, IN 47231
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00178083.</p> <p>Complaint #IN00178083 - Substantiated, Federal/state deficiencies related to the allegation are cited at W104, W149, W153, W154 and W157.</p> <p>Survey dates: August 5 and 6, 2015</p> <p>Facility Number: 000852 Provider Number: 15G334 AIM Number: 100243920</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 clients in the sample (C, D, F and G), the facility's governing body failed to exercise operating direction over the facility by failing to recognize an allegation of financial exploitation/neglect involving client D, F and G's finances. The governing body</p>	W 0104	<p>ADDENDUM <b>W104: Governing Body</b></p> <p><b>The governing body must exercise general policy, budget, and operating direction over the facility.</b></p>	09/05/2015

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.

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	<p>failed to ensure the facility's staff immediately reported to the administrator client C, D, F and G's finances were missing money. The governing body failed to ensure Bureau of Developmental Disabilities Services (BDDS) incident reports included the correct incident date in the report and failed to ensure BDDS reports were submitted timely. The governing body failed to recognize the need for a separate investigation into client D, F and G's finances. The governing body failed to ensure appropriate corrective action was taken to reimburse clients D, F and G.</p> <p>Findings include:</p> <p>1. Please refer to W149. For 5 of 24 incident/investigative reports reviewed affecting 4 of 4 clients in the sample (C, D, F and G), the facility neglected to implement its policies and procedures to prevent financial exploitation of the clients' finances, ensure staff immediately reported the clients' missing money to the administrator, ensure Bureau of Developmental Disabilities Services (BDDS) incident reports were submitted within 24 hours, in accordance with state law, conduct a thorough investigation of client D, F and G's missing money and take appropriate corrective actions to ensure there was documentation client D,</p>		<p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Staff will be in-serviced on late reporting of incidents/failure to report. <b>(Attachment A)</b></li> <li>· Staff will be in-serviced on ResCare's financial policies. <b>(Attachment G)</b></li> <li>· Clinical Supervisor has been in-serviced on late reporting of BDDS reports. <b>(Attachment B)</b></li> <li>· Residential Manager has received corrective action for not completing weekly checks correctly. <b>(Attachment C)</b></li> <li>· Investigations were completed for client D, F and G. <b>(Attachment D)</b></li> <li>· Staff Nadine Tascott was reimbursed by ResCare funds that she reimbursed to client D, F and G. <b>(Attachment E)</b></li> </ul> <p><b>How we will identify others:</b></p>	
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	<p>F and G's money was replaced by the facility.</p> <p>2. Please refer to W153. For 4 of 24 incident/investigative reports reviewed affecting 4 of 4 clients in the sample (C, D, F and G), the facility to ensure staff immediately reported the clients' missing money to the administrator and ensure Bureau of Developmental Disabilities Services (BDDS) incident reports were submitted within 24 hours, in accordance with state law.</p> <p>3. Please refer to W154. For 3 of 24 incident/investigative reports reviewed affecting 3 of 4 clients in the sample (D, F and G), the facility to conduct a thorough investigation of client D, F and G's missing money.</p> <p>4. Please refer to W157. For 4 of 24 incident/investigative reports reviewed affecting 3 of 4 clients in the sample (D, F and G), the facility failed to take appropriate corrective actions to ensure there was documentation client D, F and G's money was replaced by the facility.</p> <p>This federal tag relates to complaint #IN00178083.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> <li>· All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy.</li> <li>· Clinical Supervisor has been in-serviced on Investigation Training. <b>(Attachment B)</b></li> <li>· Residential Manager to complete weekly check list to ensure finances are correct. <b>(Attachment F)</b></li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Staff will receive training on abuse, neglect and exploitation monthly at staff meeting.</li> <li>· Clinical Supervisor will complete required documentation for all investigations of abuse, neglect, exploitation, or mistreatment.</li> <li>· All reportable incidents will be reported to BDDS within 24 hours.</li> </ul>		

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			<ul style="list-style-type: none"> <li>· All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation and peer review.</li> <li>· Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation within 5 business days.</li> <li>· Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review staff training to ensure that all staff has received training on the abuse/neglect/mistreatment.</li> <li>· Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training,</li> </ul>	

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			<p>Reporting Procedures and ensure that annual training is current.</p> <ul style="list-style-type: none"> <li>Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed.</li> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations annually.</li> </ul> <p><b>Completion Date: 9-3-15</b></p> <p><b><u>W 104: GOVERNING BODY</u></b> The governing body must exercise general policy, budget, and operating direction over the facility. Corrective action: ·All appropriate parties will be in-serviced on, or received corrective action for failure to follow, ResCare policy and procedures to prevent abuse,</p>		

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			<p>neglect, exploitation, and or mistreatment of clients by any staff or other clients.</p> <p><b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties have be in-serviced on, or received corrective action for failure to identify, definition of and identifying all issues of abuse, neglect, exploitation, and mistreatment by any staff or other clients. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow ResCare policy on completing a thorough investigation. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on or received corrective action for failing to report an incident of financial exploitation, including immediately reporting allegation to administrator. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on abuse, neglect, exploitation, and or mistreatment standards. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted within 24 hours. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted including the correct incident date. <b>(Attachment A)</b></li> <li>·All appropriate parties will be</li> </ul>	

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			<p>in-serviced on, or received corrective action for failure to recognize the need for a separate investigation for each individual involved. <b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure reimbursement requests were submitted and monies were returned to individuals by ResCare in a timely manner. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure documentation for reimbursement requests were completed. <b>(Attachment A)</b></li> <li>·A request for Staff # 3 to be reimbursed was submitted on 8-6-15. <b>(Attachment B)</b></li> <li>·Investigation completed on client D, F and G's missing money. <b>(Attachment C)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·All allegations of abuse/neglect/exploitation/mistreatment will be immediately reported to Program Manager &amp; Executive Director.</li> <li>·All investigations must be thoroughly complete with-in five business days and reviewed by a peer committee.</li> <li>·All recommended corrective actions determined by peer review will be completed and documented in a timely manner.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> <li>·Residential Manager will</li> </ul>	

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			<p>facilitate Monthly Staff training/meeting to include review of :</p> <ul style="list-style-type: none"> <li>·Definition of abuse, neglect, mistreatment; ResCare policy on preventing abuse, neglect, and mistreatment.</li> <li>·Reporting policies and procedures; ResCare policies and procedures for documentation.</li> <li>·Residential Manager will submit Monthly Staff training/meeting to Clinical Supervisor</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the required documentation for all investigation of abuse, neglect, exploitation, or mistreatment.</li> <li>·All reportable incidents will be reported to BDDS within 24 hours.</li> <li>·All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation, and peer review.</li> <li>·Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation.</li> <li>·Investigation results for all investigations will be forwarded to Program Manager &amp; Executive Director and reviewed by peer committee within 5 business days.</li> </ul>	

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W 0149  Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 5 of 24 incident/investigative reports	W 0149	<ul style="list-style-type: none"> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will offer immediate feedback or direction with any investigation concerns upon review of documentation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor will review monthly staff training/meeting documentation.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will review BDDS for thoroughness, regulations are being adhered to in accordance with state law.</li> <li>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date:</b> <b>09/05/15</b></p> <p>ADDENDUM <b>W 149: Staff treatment of clients</b></p>	09/05/2015	

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	<p>reviewed affecting 4 of 4 clients in the sample (C, D, F and G), the facility neglected to implement its policies and procedures to prevent financial exploitation of the clients' finances, ensure staff immediately reported the clients' missing money to the administrator, ensure Bureau of Developmental Disabilities Services (BDDS) incident reports were submitted within 24 hours, in accordance with state law, conduct a thorough investigation of client D, F and G's missing money and take appropriate corrective actions to ensure there was documentation client D, F and G's money was replaced by the facility.</p> <p>Findings include:</p> <p>On 8/6/15 at 12:13 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>Client C's 7/3/15 BDDS incident report indicated, in part, "On 7-3-2015 staff reported to Residential Manager [name] that \$10.00 is missing from [client C's] cash on hand when they counted the money at the end of their shift. An investigation will be conducted to determine the reason for the missing funds." The BDDS incident report</p>		<p><b>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Staff will be in-serviced on late reporting of incidents/failure to report. <b>(Attachment A)</b></li> <li>· Clinical Supervisor has been in-serviced on late reporting of BDDS reports. <b>(Attachment B)</b></li> <li>· Investigations were completed for client D, F and G. <b>(Attachment D)</b></li> <li>· Staff Nadine Tascott was reimbursed by ResCare funds that she reimbursed to client D, F and G. <b>(Attachment E)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· All allegations of abuse/neglect/mistreatment</li> </ul>	

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	<p>should have been dated 6/27/15.</p> <p>Client D, F and G's 7/9/15 BDDS incident reports were submitted to BDDS on 7/15/15. Client D, F and G's BDDS incident reports should have been dated 6/17/15. Client D, F and G's BDDS reports were not submitted within 24 hours. The BDDS reports indicated, "After an investigation was conducted and finances were audited in the home it was found that these gentlemen had been missing \$10.00 from each of their cash on hand accounts. The money was replaced by a staff member in the home but was not reported missing. At this time funds in the home are correct and follow-up measures have been taken. Staff will be in-serviced on failure to report/late reporting...."</p> <p>The investigation, dated 7/8/15, indicated in staff #3's interview, "...[Staff #3] stated that there had never been an issue with money until June of this year. [Staff #3] stated that the money was good on the weekend of June 13th and that on the 17th of June [staff #2] reported to her that \$10 was missing from [clients D, F and G's] cash on hand. [Staff #3] stated that she did not report this to anyone and that she replaced the money from her personal funds." The interview with the Residential Manager (RM) indicated, in</p>		<p>will be reported to the clinical supervisor per policy.</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor has been in-serviced on Investigation Training. <b>(Attachment B)</b></li> <li>· Residential Manager to complete weekly check list to ensure finances are correct. <b>(Attachment F)</b></li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Staff will receive training on abuse, neglect and exploitation monthly at staff meeting.</li> <li>· All reportable incidents will be reported to BDDS within 24 hours.</li> <li>· Clinical Supervisor will complete required documentation for all investigations of abuse, neglect, exploitation, or mistreatment.</li> <li>· All individuals identified in any incident requiring an</li> </ul>				

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	<p>part, "[RM] stated that she had called the home on the morning of 7-3-15 and was speaking to [staff #5]. [Staff #5] told [RM] that she had been told by [staff #3] that there had been some money coming up short. [RM] then stated that she spoke with [staff #3] and she told her that she didn't report it to her because she didn't want to upset her. [Staff #3] told her that money was missing from [clients D, F, and G] on the 17th and [client C] on the 27th. [Staff #3] reported to her that she had been replacing the money. [RM] stated that she went to the home and inserviced staff on counting the money and returned that same day and spoke with staff about reporting when money is missing." The Factual Findings of the investigation indicated, "Staff are not following policy regarding counting money at shift changes. Money was missing from 3 other individuals, that money was replaced by [staff #3]." The Conclusion of the investigation indicated, "After the investigation none of the staff in the home know what happened to the missing funds. Staff were not following ResCare policy by counting the funds at each shift change."</p> <p>The Investigation Peer Review, dated 7/9/15, indicated, "[Client C] will be reimbursed by ResCare the missing amount of \$10.00. Inservice staff on</p>		<p>investigation, will receive a separate investigation, documentation and peer review.</p> <ul style="list-style-type: none"> <li>· Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation within 5 business days.</li> <li>· Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review staff training to ensure that all staff has received training on the abuse/neglect/mistreatment.</li> <li>· Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is</li> </ul>				

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	<p>failure to report/late reporting. Residential Manager will receive corrective action for documenting weekly checks that she counted money when she didn't."</p> <p>On 8/6/15 at 1:12 PM, the RM's Corrective Action Form, dated 7/17/15, indicated, in part, "[RM] signed off on the weekly checklist that she did check finances, but actually did not check them. This violated ResCare policy 7.1A.21, 'Inefficiency, incompetence, or negligence in the performance of duties, including failure to perform assigned tasks or training, or failure to discharge duties in a prompt, competent and reasonable manner, failure to provide the required supervision of the individuals we serve, or if appropriate, failure to remain awake and alert during work.'"</p> <p>There was no documentation the facility conducted an investigation into client D, F and G's missing money. There was no documentation the facility reimbursed clients D, F and G's missing money.</p> <p>On 8/5/15 at 5:40 PM, staff #3 indicated there had been no issues with the clients' finances since June 2015. Staff #3 indicated there have been two incidents in which clients were missing money. Staff #3 indicated the first incident (she</p>		<p>current.</p> <ul style="list-style-type: none"> <li>· Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations.</li> </ul> <p><b>Completion Date: 9-3-15</b></p> <p><b><u>W 149: STAFF TREATMENT OF CLIENTS</u></b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <ul style="list-style-type: none"> <li>· All appropriate parties will be in-serviced on, or received corrective action for failure to follow, ResCare policy and</li> </ul>		

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	<p>could not recall the date) was when clients D, F and G were all missing \$10.00 from their accounts. Staff #3 indicated she replaced the missing money herself out of her own money. Staff #3 indicated she did not take the clients' money. Staff #3 indicated she was told when she first started at the group home she was responsible for the clients' money so she replaced their missing money. Staff #3 indicated she did not report the first incident to anyone. Staff #3 indicated she was written up and received retraining for failing to report the clients' missing money. Staff #3 indicated the second incident occurred in June 2015 when client C was found to have \$10.00 missing from his account. Staff #3 indicated she reported the incident. Staff #3 indicated to her knowledge client C's money had not been replaced. Staff #3 indicated at the time of the two incidents, the clients' finances were kept in a binder in an unlocked cabinet at the group home. Staff #3 indicated the clients' finances were now in a combination safe in a locked cabinet.</p> <p>On 8/6/15 at 12:44 PM, the Program Manager (PM) indicated there were two incidents of clients missing money at the group home. The PM indicated it was discovered during the investigation of client C's missing money there was a</p>		<p>procedures to prevent abuse, neglect, exploitation, and or mistreatment of clients by any staff or other clients.</p> <p><b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to identify, definition of and identifying all issues of abuse, neglect, exploitation, and mistreatment by any staff or other clients. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow ResCare policy on completing a thorough investigation. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on or received corrective action for failing to report an incident of financial exploitation, including immediately reporting allegation to administrator. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on abuse, neglect, exploitation, and or mistreatment standards. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted within 24 hours. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted including the correct incident date. <b>(Attachment A)</b></li> </ul>	

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	<p>previous incident of clients D, F and G missing money. The PM indicated the investigation revealed the staff was not implementing the facility's policy to count the clients' finances. The PM indicated the staff failed to immediately report both the incidents to the administrator. The PM indicated the BDDS reports should have the correct dates of the incidents and not when the facility was made aware of the incidents. The PM indicated the BDDS reports should have been submitted within 24 hours. The PM indicated the facility did not have documentation clients D, F and G were reimbursed. The PM indicated clients D, F and G were reimbursed by staff #3. The PM indicated staff #3 was not reimbursed. The PM indicated staff #3 chose to reimburse the clients on her own so the facility did not reimburse the clients' money. The PM indicated staff #3 replaced the clients' money instead of reporting the incident to the administrator. The PM indicated the facility's peer review of client C's missing money did not identify a separate investigation needed to be completed into clients D, F and G's missing money.</p> <p>On 8/6/15 at 2:19 PM, a review of the facility's 5/28/12 Abuse, Neglect and Exploitation policy indicated, "ResCare will: Ensure all persons served are treated</p>		<ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to recognize the need for a separate investigation for each individual involved. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure reimbursement requests were submitted and monies were returned to individuals by ResCare in a timely manner. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure documentation for reimbursement requests were completed. <b>(Attachment A)</b></li> <li>·A request for Staff # 3 to be reimbursed was submitted on 8-6-15. <b>(Attachment B)</b></li> <li>·Investigation completed on client D, F and G's missing money. <b>(Attachment C)</b></li> <li><b>How we will identify others:</b></li> <li>·All allegations of abuse/neglect/exploitation/mistreatment will be immediately reported to Program Manager &amp; Executive Director.</li> <li>·All investigations must be thoroughly complete with-in five business days and reviewed by a peer committee.</li> <li>·All recommended corrective actions determined by peer review will be completed and documented in a timely manner.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> </ul>				

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	<p>with dignity and respect. Ensure that all persons served are free from abuse, neglect, or exploitation... ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence. Abuse means the infliction of physical or psychological harm, unreasonable confinement, intimidation, punishment with resulting physical harm, pain or mental anguish or deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm." The 2/18/10 Investigations policy was reviewed on 8/6/15 at 2:19 PM. The policy indicated, in part, "In order to ensure the health, safety and welfare of the people we support, events or collections of circumstances that are outside of what is normally expected, cannot be explained and understood by the existence of the event, and result in or have the potential to result in injury or abuse, neglect or exploitation to the individual must be investigated. Investigations will be conducted per the protocols listed in the incident</p>		<ul style="list-style-type: none"> <li>·Residential Manager will facilitate Monthly Staff training/meeting to include review of : <ul style="list-style-type: none"> <li>·Definition of abuse, neglect, mistreatment; ResCare policy on preventing abuse, neglect, and mistreatment.</li> <li>·Reporting policies and procedures; ResCare policies and procedures for documentation.</li> </ul> </li> <li>·Residential Manager will submit Monthly Staff training/meeting to Clinical Supervisor</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the required documentation for all investigation of abuse, neglect, exploitation, or mistreatment.</li> <li>·All reportable incidents will be reported to BDDS within 24 hours.</li> <li>·All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation, and peer review.</li> <li>·Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation.</li> <li>·Investigation results for all investigations will be forwarded to Program Manager &amp; Executive Director and reviewed by peer committee within 5 business</li> </ul>		

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	<p>management best practices manual... A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following: description of the allegation or incident, purpose of the investigation, parties providing information, summary of information and findings, description and chronology of what happened, analysis of the evidence, finding of fact and determination as to whether or not the allegations are substantiated, unsubstantiated or inconclusive, concerns and recommendations, witness statements and supporting documentation, and methods to prevent future incidents." The policy indicated, "Ensure alleged incidents of abuse, neglect, mistreatment, exploitation or injuries of unknown origin are fully investigated within 5 days from the date the allegation was made and investigation was initiated."</p> <p>This federal tag relates to complaint #IN00178083.</p> <p>9-3-2(a)</p>		<p>days.</p> <ul style="list-style-type: none"> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will offer immediate feedback or direction with any investigation concerns upon review of documentation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor will review monthly staff training/meeting documentation.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will review BDDS for thoroughness, regulations are being adhered to in accordance with state law.</li> <li>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date:</b> <b>09/05/15</b></p>		

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W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 4 of 24 incident/investigative reports reviewed affecting 4 of 4 clients in the sample (C, D, F and G), the facility to ensure staff immediately reported the clients' missing money to the administrator and ensure Bureau of Developmental Disabilities Services (BDDS) incident reports were submitted within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>On 8/6/15 at 12:13 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>Client C's 7/3/15 BDDS incident report indicated, in part, "On 7-3-2015 staff reported to Residential Manager [name] that \$10.00 is missing from [client C's] cash on hand when they counted the money at the end of their shift. An investigation will be conducted to determine the reason for the missing</p>	W 0153	<p>ADDENDUM</p> <p><b>W153: Staff treatment of clients</b></p> <p><b>The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source are reported immediately to the administrator or to other officials in accordance with state law through established procedures.</b></p> <p>Corrective Action:</p> <ul style="list-style-type: none"> <li>· Staff will be in-serviced on late reporting of incidents/failure to report. (Attachment A)</li> <li>· Staff will be in-serviced on ResCare's financial policies. (Attachment G)</li> <li>· Clinical Supervisor has</li> </ul>	09/05/2015
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	<p>funds." The BDDS incident report should have been dated 6/27/15.</p> <p>Client D, F and G's 7/9/15 BDDS incident reports were submitted to BDDS on 7/15/15. Client D, F and G's BDDS incident reports should have been dated 6/17/15. Client D, F and G's BDDS reports were not submitted within 24 hours. The BDDS reports indicated, "After an investigation was conducted and finances were audited in the home it was found that these gentlemen had been missing \$10.00 from each of their cash on hand accounts. The money was replaced by a staff member in the home but was not reported missing. At this time funds in the home are correct and follow-up measures have been taken. Staff will be in-serviced on failure to report/late reporting...."</p> <p>The investigation, dated 7/8/15, indicated in staff #3's interview, "...[Staff #3] stated that there had never been an issue with money until June of this year. [Staff #3] stated that the money was good on the weekend of June 13th and that on the 17th of June [staff #2] reported to her that \$10 was missing from [clients D, F and G's] cash on hand. [Staff #3] stated that she did not report this to anyone and that she replaced the money from her personal funds." The interview with the</p>		<p>been in-serviced on late reporting of BDDS reports. (Attachment B)</p> <p>How we will identify others:</p> <ul style="list-style-type: none"> <li>· All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy.</li> <li>· Residential Manager to complete weekly check list to ensure finances are correct. (Attachment F)</li> </ul> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>· Staff will receive training on abuse, neglect and exploitation monthly at staff meeting.</li> <li>· All reportable incidents will be reported to BDDS within 24 hours.</li> </ul>	

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	<p>Residential Manager (RM) indicated, in part, "[RM] stated that she had called the home on the morning of 7-3-15 and was speaking to [staff #5]. [Staff #5] told [RM] that she had been told by [staff #3] that there had been some money coming up short. [RM] then stated that she spoke with [staff #3] and she told her that she didn't report it to her because she didn't want to upset her. [Staff #3] told her that money was missing from [clients D, F, and G] on the 17th and [client C] on the 27th. [Staff #3] reported to her that she had been replacing the money. [RM] stated that she went to the home and inserviced staff on counting the money and returned that same day and spoke with staff about reporting when money is missing." The Factual Findings of the investigation indicated, "Staff are not following policy regarding counting money at shift changes. Money was missing from 3 other individuals, that money was replaced by [staff #3]." The Conclusion of the investigation indicated, "After the investigation none of the staff in the home know what happened to the missing funds. Staff were not following ResCare policy by counting the funds at each shift change."</p> <p>The Investigation Peer Review, dated 7/9/15, indicated, "[Client C] will be reimbursed by ResCare the missing</p>		<p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review staff training to ensure that all staff has received training on the abuse/neglect/mistreatment.</li> <li>· Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations annually.</li> </ul> <p>Completion Date: 9-3-15</p> <p><u>W 153: STAFF TREATMENT OF</u></p>		

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	<p>amount of \$10.00. Inservice staff on failure to report/late reporting. Residential Manager will receive corrective action for documenting weekly checks that she counted money when she didn't."</p> <p>On 8/6/15 at 1:12 PM, the RM's Corrective Action Form, dated 7/17/15, indicated, in part, "[RM] signed off on the weekly checklist that she did check finances, but actually did not check them. This violated ResCare policy 7.1A.21, 'Inefficiency, incompetence, or negligence in the performance of duties, including failure to perform assigned tasks or training, or failure to discharge duties in a prompt, competent and reasonable manner, failure to provide the required supervision of the individuals we serve, or if appropriate, failure to remain awake and alert during work.'"</p> <p>On 8/5/15 at 5:40 PM, staff #3 indicated there had been no issues with the clients' finances since June 2015. Staff #3 indicated there have been two incidents in which clients were missing money. Staff #3 indicated the first incident (she could not recall the date) was when clients D, F and G were all missing \$10.00 from their accounts. Staff #3 indicated she replaced the missing money herself out of her own money. Staff #3</p>		<p><b>CLIENTS</b> The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures.</p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow, ResCare policy and procedures to prevent abuse, neglect, exploitation, and or mistreatment of clients by any staff or other clients. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to identify, definition of and identifying all issues of abuse, neglect, exploitation, and mistreatment by any staff or other clients. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow ResCare policy on completing a thorough investigation. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on or received corrective action for failing to report an incident of financial exploitation, including immediately reporting allegation to administrator. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on abuse, neglect,</li> </ul>		

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	<p>indicated she did not take the clients' money. Staff #3 indicated she was told when she first started at the group home she was responsible for the clients' money so she replaced their missing money. Staff #3 indicated she did not report the first incident to anyone. Staff #3 indicated she was written up and received retraining for failing to report the clients' missing money. Staff #3 indicated the second incident occurred in June 2015 when client C was found to have \$10.00 missing from his account. Staff #3 indicated she reported the incident. Staff #3 indicated to her knowledge client C's money had not been replaced. Staff #3 indicated at the time of the two incidents, the clients' finances were kept in a binder in an unlocked cabinet at the group home. Staff #3 indicated the clients' finances were now in a combination safe in a locked cabinet.</p> <p>On 8/6/15 at 12:44 PM, the Program Manager (PM) indicated there were two incidents of clients missing money at the group home. The PM indicated it was discovered during the investigation of client C's missing money there was a previous incident of clients D, F and G missing money. The PM indicated the investigation revealed the staff was not implementing the facility's policy to count the clients' finances. The PM</p>		<p>exploitation, and or mistreatment standards. <b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted within 24 hours. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted including the correct incident date. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to recognize the need for a separate investigation for each individual involved. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure reimbursement requests were submitted and monies were returned to individuals by ResCare in a timely manner. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure documentation for reimbursement requests were completed. <b>(Attachment A)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·All allegations of abuse/neglect/exploitation/mistreatment will be immediately reported to Program Manager &amp; Executive Director.</li> <li>·All investigations must be thoroughly complete with-in five</li> </ul>		

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	<p>indicated the staff failed to immediately report both the incidents to the administrator. The PM indicated the BDDS reports should have the correct dates of the incidents and not when the facility was made aware of the incidents. The PM indicated the BDDS reports should have been submitted within 24 hours.</p> <p>This federal tag relates to complaint #IN00178083.</p> <p>9-3-2(a)</p>		<p>business days and reviewed by a peer committee.</p> <ul style="list-style-type: none"> <li>·All recommended corrective actions determined by peer review will be completed and documented in a timely manner.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> <li>·Residential Manager will facilitate Monthly Staff training/meeting to include review of : <ul style="list-style-type: none"> <li>·Definition of abuse, neglect, mistreatment; ResCare policy on preventing abuse, neglect, and mistreatment.</li> <li>·Reporting policies and procedures; ResCare policies and procedures for documentation.</li> </ul> </li> <li>·Residential Manager will submit Monthly Staff training/meeting to Clinical Supervisor</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the required documentation for all investigation of abuse, neglect, exploitation, or mistreatment.</li> <li>·All reportable incidents will be reported to BDDS within 24 hours.</li> <li>·All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation, and peer review.</li> <li>·Program Manager will schedule Peer Review with</li> </ul>		

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			<p>committee upon report of any/all incidents requiring an investigation.</p> <ul style="list-style-type: none"> <li>·Investigation results for all investigations will be forwarded to Program Manager &amp; Executive Director and reviewed by peer committee within 5 business days.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will offer immediate feedback or direction with any investigation concerns upon review of documentation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor will review monthly staff training/meeting documentation.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will review BDDS for thoroughness, regulations are being adhered to in accordance with state law.</li> <li>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date: 09/05/15</b> _</p>	

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W 0154  Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 3 of 24 incident/investigative reports reviewed affecting 3 of 4 clients in the sample (D, F and G), the facility to conduct a thorough investigation of client D, F and G's missing money.</p> <p>Findings include:</p> <p>On 8/6/15 at 12:13 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>Client C's 7/3/15 BDDS incident report indicated, in part, "On 7-3-2015 staff reported to Residential Manager [name] that \$10.00 is missing from [client C's] cash on hand when they counted the money at the end of their shift. An investigation will be conducted to determine the reason for the missing funds." The BDDS incident report should have been dated 6/27/15.</p> <p>Client D, F and G's 7/9/15 BDDS incident reports were submitted to BDDS on 7/15/15. Client D, F and G's BDDS incident reports should have been dated 6/17/15. The BDDS reports indicated,</p>	W 0154	<p>ADDENDUM <b>W154 Staff treatment of clients</b> <b>The facility must have evidence that all alleged violations are thoroughly investigated.</b></p> <p>Corrective Action:</p> <ul style="list-style-type: none"> <li>Investigations were completed for client D, F and G. (Attachment D)</li> </ul> <p>How we will identify others:</p> <ul style="list-style-type: none"> <li>Clinical Supervisor has been in-serviced on Investigation Training. (Attachment B)</li> </ul> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>Clinical Supervisor will complete required documentation for all</li> </ul>	09/05/2015

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	<p>"After an investigation was conducted and finances were audited in the home it was found that these gentlemen had been missing \$10.00 from each of their cash on hand accounts. The money was replaced by a staff member in the home but was not reported missing. At this time funds in the home are correct and follow-up measures have been taken. Staff will be in-serviced on failure to report/late reporting...."</p> <p>The investigation, dated 7/8/15, indicated in staff #3's interview, "...[Staff #3] stated that there had never been an issue with money until June of this year. [Staff #3] stated that the money was good on the weekend of June 13th and that on the 17th of June [staff #2] reported to her that \$10 was missing from [clients D, F and G's] cash on hand. [Staff #3] stated that she did not report this to anyone and that she replaced the money from her personal funds." The interview with the Residential Manager (RM) indicated, in part, "[RM] stated that she had called the home on the morning of 7-3-15 and was speaking to [staff #5]. [Staff #5] told [RM] that she had been told by [staff #3] that there had been some money coming up short. [RM] then stated that she spoke with [staff #3] and she told her that she didn't report it to her because she didn't want to upset her. [Staff #3] told her that</p>		<p>investigations of abuse, neglect, exploitation, or mistreatment.</p> <ul style="list-style-type: none"> <li>· All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation and peer review.</li> <li>· Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation within 5 business days.</li> <li>· Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> </ul> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> <li>· Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly</li> </ul>	

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	<p>money was missing from [clients D, F, and G] on the 17th and [client C] on the 27th. [Staff #3] reported to her that she had been replacing the money. [RM] stated that she went to the home and inserviced staff on counting the money and returned that same day and spoke with staff about reporting when money is missing." The Factual Findings of the investigation indicated, "Staff are not following policy regarding counting money at shift changes. Money was missing from 3 other individuals, that money was replaced by [staff #3]." The Conclusion of the investigation indicated, "After the investigation none of the staff in the home know what happened to the missing funds. Staff were not following ResCare policy by counting the funds at each shift change."</p> <p>The Investigation Peer Review, dated 7/9/15, indicated, "[Client C] will be reimbursed by ResCare the missing amount of \$10.00. Inservice staff on failure to report/late reporting. Residential Manager will receive corrective action for documenting weekly checks that she counted money when she didn't."</p> <p>On 8/6/15 at 1:12 PM, the RM's Corrective Action Form, dated 7/17/15, indicated, in part, "[RM] signed off on</p>		<p>investigated, including deployment of staff, interventions, and witness interviews completed.</p> <p>Completion Date: 9-3-15</p> <p><u>W 154: STAFF TREATMENT OF CLIENTS</u> <b>The facility must have evidence that all alleged violations are thoroughly investigated.</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow, ResCare policy and procedures to prevent abuse, neglect, exploitation, and or mistreatment of clients by any staff or other clients. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to identify, definition of and identifying all issues of abuse, neglect, exploitation, and mistreatment by any staff or other clients. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow ResCare policy on completing a thorough investigation. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on or received</li> </ul>				

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	<p>the weekly checklist that she did check finances, but actually did not check them. This violated ResCare policy 7.1A.21, 'Inefficiency, incompetence, or negligence in the performance of duties, including failure to perform assigned tasks or training, or failure to discharge duties in a prompt, competent and reasonable manner, failure to provide the required supervision of the individuals we serve, or if appropriate, failure to remain awake and alert during work.'"</p> <p>There was no documentation the facility conducted an investigation into client D, F and G's missing money.</p> <p>On 8/5/15 at 5:40 PM, staff #3 indicated there had been no issues with the clients' finances since June 2015. Staff #3 indicated there have been two incidents in which clients were missing money. Staff #3 indicated the first incident (she could not recall the date) was when clients D, F and G were all missing \$10.00 from their accounts. Staff #3 indicated she replaced the missing money herself out of her own money. Staff #3 indicated she did not take the clients' money. Staff #3 indicated she was told when she first started at the group home she was responsible for the clients' money so she replaced their missing money. Staff #3 indicated she did not</p>		<p>corrective action for failing to report an incident of financial exploitation, including immediately reporting allegation to administrator. <b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on abuse, neglect, exploitation, and or mistreatment standards. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted within 24 hours. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted including the correct incident date. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to recognize the need for a separate investigation for each individual involved. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure reimbursement requests were submitted and monies were returned to individuals by ResCare in a timely manner. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure documentation for reimbursement requests were completed. <b>(Attachment A)</b></li> <li>·A request for Staff # 3 to be</li> </ul>				

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	<p>report the first incident to anyone. Staff #3 indicated she was written up and received retraining for failing to report the clients' missing money. Staff #3 indicated the second incident occurred in June 2015 when client C was found to have \$10.00 missing from his account. Staff #3 indicated she reported the incident. Staff #3 indicated to her knowledge client C's money had not been replaced. Staff #3 indicated at the time of the two incidents, the clients' finances were kept in a binder in an unlocked cabinet at the group home. Staff #3 indicated the clients' finances were now in a combination safe in a locked cabinet.</p> <p>On 8/6/15 at 12:44 PM, the Program Manager (PM) indicated there were two incidents of clients missing money at the group home. The PM indicated it was discovered during the investigation of client C's missing money there was a previous incident of clients D, F and G missing money. The PM indicated the investigation revealed the staff was not implementing the facility's policy to count the clients' finances. The PM indicated the facility's peer review of client C's missing money did not identify a separate investigation needed to be completed into clients D, F and G's missing money. The PM indicated there was not a separate investigation</p>		<p>reimbursed was submitted on 8-6-15. <b>(Attachment B)</b></p> <ul style="list-style-type: none"> <li>·Investigation completed on client D, F and G's missing money. <b>(Attachment C)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·All allegations of abuse/neglect/exploitation/mistreatment will be immediately reported to Program Manager &amp; Executive Director.</li> <li>·All investigations must be thoroughly complete with-in five business days and reviewed by a peer committee.</li> <li>·All recommended corrective actions determined by peer review will be completed and documented in a timely manner.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> <li>·Residential Manager will facilitate Monthly Staff training/meeting to include review of :</li> </ul> <ul style="list-style-type: none"> <li>·Definition of abuse, neglect, mistreatment; ResCare policy on preventing abuse, neglect, and mistreatment.</li> <li>·Reporting policies and procedures; ResCare policies and procedures for documentation.</li> <li>·Residential Manager will submit Monthly Staff training/meeting to Clinical Supervisor</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will</li> </ul>		

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	<p>conducted into client D, F and G's missing money.</p> <p>This federal tag relates to complaint #IN00178083.</p> <p>9-3-2(a)</p>		<p>complete the required documentation for all investigation of abuse, neglect, exploitation, or mistreatment.</p> <ul style="list-style-type: none"> <li>·All reportable incidents will be reported to BDDS within 24 hours.</li> <li>·All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation, and peer review.</li> <li>·Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation.</li> <li>·Investigation results for all investigations will be forwarded to Program Manager &amp; Executive Director and reviewed by peer committee within 5 business days.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will offer immediate feedback or direction with any investigation concerns upon review of documentation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor will review monthly staff training/meeting documentation.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or</li> </ul>		

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W 0157  Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 4 of 24 incident/investigative reports reviewed affecting 3 of 4 clients in the sample (D, F and G), the facility failed to take appropriate corrective actions to ensure there was documentation client D, F and G's money was replaced by the facility.</p> <p>Findings include:</p> <p>On 8/6/15 at 12:13 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>Client C's 7/3/15 BDDS incident report indicated, in part, "On 7-3-2015 staff reported to Residential Manager [name]</p>	W 0157	<p>Executive Director will review BDDS for thoroughness, regulations are being adhered to in accordance with state law. ·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <b>Completion Date:</b> <b>09/05/15</b></p> <p>ADDENDUM <b>W157 Staff treatment of clients</b> If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Corrective Action:</p> <p>· Staff Nadine Tascott was reimbursed by ResCare funds that she reimbursed to client D, F and G. (Attachment E)</p> <p>How do we identify others:</p>	09/05/2015	

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	<p>that \$10.00 is missing from [client C's] cash on hand when they counted the money at the end of their shift. An investigation will be conducted to determine the reason for the missing funds." The BDDS incident report should have been dated 6/27/15.</p> <p>Client D, F and G's 7/9/15 BDDS incident reports were submitted to BDDS on 7/15/15. Client D, F and G's BDDS incident reports should have been dated 6/17/15. Client D, F and G's BDDS reports were not submitted within 24 hours. The BDDS reports indicated, "After an investigation was conducted and finances were audited in the home it was found that these gentlemen had been missing \$10.00 from each of their cash on hand accounts. The money was replaced by a staff member in the home but was not reported missing. At this time funds in the home are correct and follow-up measures have been taken. Staff will be in-serviced on failure to report/late reporting...."</p> <p>The investigation, dated 7/8/15, indicated in staff #3's interview, "...[Staff #3] stated that there had never been an issue with money until June of this year. [Staff #3] stated that the money was good on the weekend of June 13th and that on the 17th of June [staff #2] reported to her</p>		<ul style="list-style-type: none"> <li>· All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy.</li> <li>· Residential Manager to complete weekly check list to ensure finances are correct. (Attachment F)</li> </ul> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>· Staff will receive training on abuse, neglect and exploitation monthly at staff meeting.</li> <li>· Clinical Supervisor will complete required documentation for all investigations of abuse, neglect, exploitation, or mistreatment.</li> <li>· All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation and peer review.</li> </ul>				

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	that \$10 was missing from [clients D, F and G's] cash on hand. [Staff #3] stated that she did not report this to anyone and that she replaced the money from her personal funds." The interview with the Residential Manager (RM) indicated, in part, "[RM] stated that she had called the home on the morning of 7-3-15 and was speaking to [staff #5]. [Staff #5] told [RM] that she had been told by [staff #3] that there had been some money coming up short. [RM] then stated that she spoke with [staff #3] and she told her that she didn't report it to her because she didn't want to upset her. [Staff #3] told her that money was missing from [clients D, F, and G] on the 17th and [client C] on the 27th. [Staff #3] reported to her that she had been replacing the money. [RM] stated that she went to the home and inserviced staff on counting the money and returned that same day and spoke with staff about reporting when money is missing." The Factual Findings of the investigation indicated, "Staff are not following policy regarding counting money at shift changes. Money was missing from 3 other individuals, that money was replaced by [staff #3]." The Conclusion of the investigation indicated, "After the investigation none of the staff in the home know what happened to the missing funds. Staff were not following ResCare policy by counting the funds at		Monitoring of Corrective Action:  · Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed.  · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations annually.  Completion Date: 9-3-15  <u>W 157: STAFF TREATMENT OF CLIENTS</u> If the alleged violation is verified, appropriate corrective action must be taken. _				

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	<p>each shift change."</p> <p>The Investigation Peer Review, dated 7/9/15, indicated, "[Client C] will be reimbursed by ResCare the missing amount of \$10.00. Inservice staff on failure to report/late reporting. Residential Manager will receive corrective action for documenting weekly checks that she counted money when she didn't."</p> <p>On 8/6/15 at 1:12 PM, the RM's Corrective Action Form, dated 7/17/15, indicated, in part, "[RM] signed off on the weekly checklist that she did check finances, but actually did not check them. This violated ResCare policy 7.1A.21, 'Inefficiency, incompetence, or negligence in the performance of duties, including failure to perform assigned tasks or training, or failure to discharge duties in a prompt, competent and reasonable manner, failure to provide the required supervision of the individuals we serve, or if appropriate, failure to remain awake and alert during work.'"</p> <p>There was no documentation the facility conducted an investigation into client D, F and G's missing money. There was no documentation the facility reimbursed clients D, F and G's missing money.</p>		<p>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow, ResCare policy and procedures to prevent abuse, neglect, exploitation, and or mistreatment of clients by any staff or other clients. <b>(Attachment A)</b></p> <p>·All appropriate parties will be in-serviced on, or received corrective action for failure to identify, definition of and identifying all issues of abuse, neglect, exploitation, and mistreatment by any staff or other clients. <b>(Attachment A)</b></p> <p>·All appropriate parties will be in-serviced on, or received corrective action for failure to follow ResCare policy on completing a thorough investigation. <b>(Attachment A)</b></p> <p>·All appropriate parties will be in-serviced on or received corrective action for failing to report an incident of financial exploitation, including immediately reporting allegation to administrator. <b>(Attachment A)</b></p> <p>·All appropriate parties will be in-serviced on abuse, neglect, exploitation, and or mistreatment standards. <b>(Attachment A)</b></p> <p>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure BDDS reports were submitted within 24 hours. <b>(Attachment A)</b></p> <p>·All appropriate parties will be in-serviced on, or received</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G334	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  08/06/2015
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	<p>On 8/5/15 at 5:40 PM, staff #3 indicated there had been no issues with the clients' finances since June 2015. Staff #3 indicated there have been two incidents in which clients were missing money. Staff #3 indicated the first incident (she could not recall the date) was when clients D, F and G were all missing \$10.00 from their accounts. Staff #3 indicated she replaced the missing money herself out of her own money. Staff #3 indicated she did not take the clients' money. Staff #3 indicated she was told when she first started at the group home she was responsible for the clients' money so she replaced their missing money. Staff #3 indicated she did not report the first incident to anyone. Staff #3 indicated she was written up and received retraining for failing to report the clients' missing money. Staff #3 indicated the second incident occurred in June 2015 when client C was found to have \$10.00 missing from his account. Staff #3 indicated she reported the incident. Staff #3 indicated to her knowledge client C's money had not been replaced. Staff #3 indicated at the time of the two incidents, the clients' finances were kept in a binder in an unlocked cabinet at the group home. Staff #3 indicated the clients' finances were now in a combination safe in a locked cabinet.</p>		<p>corrective action for failure to ensure BDDS reports were submitted including the correct incident date. <b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to recognize the need for a separate investigation for each individual involved. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure reimbursement requests were submitted and monies were returned to individuals by ResCare in a timely manner. <b>(Attachment A)</b></li> <li>·All appropriate parties will be in-serviced on, or received corrective action for failure to ensure documentation for reimbursement requests were completed. <b>(Attachment A)</b></li> <li>·A request for Staff # 3 to be reimbursed was submitted on 8-6-15. <b>(Attachment B)</b></li> <li>·Investigation completed on client D, F and G's missing money. <b>(Attachment C)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·All allegations of abuse/neglect/exploitation/mistreatment will be immediately reported to Program Manager &amp; Executive Director.</li> <li>·All investigations must be thoroughly complete with-in five business days and reviewed by a peer committee.</li> <li>·All recommended corrective</li> </ul>		

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	<p>On 8/6/15 at 12:44 PM, the Program Manager (PM) indicated there were two incidents of clients missing money at the group home. The PM indicated it was discovered during the investigation of client C's missing money there was a previous incident of clients D, F and G missing money. The PM indicated the investigation revealed the staff was not implementing the facility's policy to count the clients' finances. The PM indicated the facility did not have documentation clients D, F and G were reimbursed. The PM indicated clients D, F and G were reimbursed by staff #3. The PM indicated staff #3 was not reimbursed. The PM indicated staff #3 chose to reimburse the clients on her own so the facility did not reimburse the clients' money. The PM indicated staff #3 replaced the clients' money instead of reporting the incident to the administrator.</p> <p>This federal tag relates to complaint #IN00178083.</p> <p>9-3-2(a)</p>		<p>actions determined by peer review will be completed and documented in a timely manner.</p> <ul style="list-style-type: none"> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> <li>·Residential Manager will facilitate Monthly Staff training/meeting to include review of : <ul style="list-style-type: none"> <li>·Definition of abuse, neglect, mistreatment; ResCare policy on preventing abuse, neglect, and mistreatment.</li> <li>·Reporting policies and procedures; ResCare policies and procedures for documentation.</li> </ul> </li> <li>·Residential Manager will submit Monthly Staff training/meeting to Clinical Supervisor</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the required documentation for all investigation of abuse, neglect, exploitation, or mistreatment.</li> <li>·All reportable incidents will be reported to BDDS within 24 hours.</li> <li>·All individuals identified in any incident requiring an investigation, will receive a separate investigation, documentation, and peer review.</li> <li>·Program Manager will schedule Peer Review with committee upon report of any/all incidents requiring an investigation.</li> </ul>		

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			<ul style="list-style-type: none"> <li>·Investigation results for all investigations will be forwarded to Program Manager &amp; Executive Director and reviewed by peer committee within 5 business days.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will offer immediate feedback or direction with any investigation concerns upon review of documentation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor will review monthly staff training/meeting documentation.</li> <li>·Program Manager and/or Executive Director will review investigation for thoroughness previous to or during peer review.</li> <li>·Program Manager and/or Executive Director will review BDDS for thoroughness, regulations are being adhered to in accordance with state law.</li> <li>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p style="text-align: right;"><b>Completion Date: 09/05/15</b></p>	