STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES SW IN	525 S SKYVIEW DR JASPER, IN 47546

(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) COMPLETION DATE
W 0000 Bldg. 00	This visit was for the PCR (post certification revisit) to the annual recertification and state licensure survey and to the investigation of complaint #IN00199601 completed on 7/14/16. Complaint #IN00199601: Not corrected. This visit was in conjunction with the PCR to the PCR completed 7/14/16 to the PCR completed 5/20/16 to the investigation of complaints #IN00192910 and #IN00193699 completed on 4/8/16. Dates of Survey: 9/7, 9/8 and 9/9, 2016. Facility Number: 000945 Provider Number: 15G431 AIM Number: 100235210 This deficiency reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/27/16.	W 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 2 of 2 sampled clients (A and B) and 1 additional client (C), the facility failed to maintain an accurate accounting of the clients' personal funds. Findings include: During evening observation at the group home on 9/7/16 between 4:10 PM and 8:15 PM, the clients' petty cash kept in the home was reviewed with the group home manager at 5:00 PM. Prior to the group home manager counting the money, she stated "I gave 3 of the 4 clients either a $1 or 75 cents this morning before leaving for the day program so they would have money for sodas and snacks. I grabbed the money for the clients but didn't subtract it in the ledger to reflect the correct amount of money. I was in a hurry and decided I would mark it down this afternoon when I had more time. I still haven't done it yet." On 9/7/16 at 5:00 PM the group home manager reviewed/counted the clients' petty cash. Client A's ledger had $20.77 written down indicating the current amount of petty cash available. The group	W 0140	W140: The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients. Corrective Action: (Specific): The Residential Manager will be re-trained on the operation standard for client finance management and documentation of all transactions immediately. How others will be identified: (Systemic): The Program Manager will review the client finances at least three times weekly to ensure that transactions are being documented timely and accurately. The Program Manager will meet with the	10/10/2016

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	home manager counted $19.77. She stated "I gave [client A] $1 before I took the clients to the day program this morning." Client B's ledger had $9.61 written down indicating the current amount of petty cash. The group home manager counted $8.86. She stated "I gave [client B] 75 cents this morning." Client C's ledger had $38.79 written down indicating the current amount of petty cash available. The group home manager counted $37.79. After counting client C's petty cash she stated "I gave [client C] $1 for snacks and soda at the day program. I still haven't written it down in [client C's] ledger." This deficiency was cited on 7/14/16. The facility failed to implement a systemic plan of correction to prevent recurrence. This federal tag relates to complaint #IN00199601. 9-3-2(a)		Residential Manager one on one at least twice weekly during reviews of client finances to provide additional training, support and oversight. Measures to be put in place: The Residential Manager will be re-trained on the operation standard for client finance management and documentation of all transactions immediately. Monitoring of Corrective Action: The Program Manager will review the client finances at least three times weekly to ensure that transactions are being documented timely and accurately. The Program Manager will meet with the Residential Manager one on one at least twice weekly during reviews of client finances to provide additional training, support and oversight. Completion date: 10/09/2016	

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