STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G619		09/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN-PACT INC	605 SHERWOOD ST CROWN POINT, IN 46307

(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 investigation of Complaint #IN00181191. Complaint #IN00181191: Substantiated, federal/state deficiencies related to the allegation are cited at W104, W140, W149, W154 and W189. Dates of Survey: September 15, 17 and 18, 2015 Facility number: 001178 Provider number: 15G619 AIM number: 100240150 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed by #09182 on 9/24/2015.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 2 of 2 sampled clients and 2 additional clients	W 0104	All management and staff will be re-trained on the policy & procedures for consumer financial management.	10/18/2015

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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	(clients A, B, C and D), to exercise general operating direction in a manner to provide oversight to ensure their consumer financial management policy was implemented. Findings include: A review of the facility's records was conducted on 9/15/15 at 1:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigation records indicated: -BDDS report dated 8/25/15 involving client A indicated: "Upon reviewing consumer finances it was discovered that [client A] was missing $22.26 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client A] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was		Responsible person: Sheila O'Dell, GH Director. Disciplinary action for the manager and Data Specialist for not following policy. Responsible person: Patti Harris, QIDP. If the balance is off &/or a key is missing; this needs to be reported to the QIDP/Director immediately. The money must be checked &/or moved to ensure it is secure and reviewed with in 24 hours. Responsible person: Dana Rock, GH Manager. Daily, staff will check the money/ledger that the consumer's/staff have access to ensure that it balances. Responsible person: Dana Rock, GH Manager. At least twice a week, the manager will check and/or reconcile the balance/ledger to the money that the consumers have access and document when it was reviewed. Responsible person: Dana Rock, GH Manager. Check list was developed for at least weekly checks of finances in the home for all of the consumer's money in the home that is kept secured. Responsible person: Patti Harris, QIDP. To ensure future compliance, Manager will do at least weekly documented checks that the QIDP will make sure is completed. Responsible person: Dana Rock, GH Manager & Patti Harris, QIDP. To ensure future compliance, the QIDP will monitor and count the money monthly. Responsible person: Patti Harris, QIDP. To ensure future	

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	missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client B indicated: "Upon reviewing consumer finances it was discovered that [client B] was missing $62.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client B] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any		compliance, the accounts receivable will review the documents/balances. Responsible person: Debby Cichocki, accounts receivable coord.	

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	missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client C indicated: "Upon reviewing consumer finances it was discovered that [client C] was missing $42.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client C] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies."			

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	-BDDS report dated 8/25/15 involving client D indicated: "Upon reviewing consumer finances it was discovered that [client D] was missing $49.99 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client D] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." A review of client A's record was conducted at the facility's administrative office on 9/18/15 at 10:45 A.M.. Review of client A's "Petty Cash Expenditures Worksheets" dated June 2015 to August			

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	2015 indicated a balance of $149.04 on 6/10/15...a balance of $165.11 on 7/15/15...a balance of $187.11 on 7/15/15 and a balance of 158.75 on 8/12/15. A review of client B's record was conducted at the facility's administrative office on 9/18/15 at 11:25 A.M.. Review of client B's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $153.95 on 6/10/15...a balance of $241.13 on 7/15/15...a balance of $263.13 on 7/15/15...a balance of $254.08 on 7/25/15...a balance of $185.84 on 7/28/15...a balance of 176.86 on 7/29/15 and a balance of 172.16 on 8/28/15. A review of client C's record was conducted at the facility's administrative office on 9/18/15 at 11:05 A.M.. Review of client C's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $172.01 on 7/15/15...a balance of $165.19 on 7/23/15...a balance of $284.32 on 7/24/15...a balance of $253.34 on 7/25/15...a balance of $226.68 on 7/29/18...a balance of $217.08 on 8/3/15... a balance of $210.67 on 8/3/15...a balance of $190.67 on 8/5/15...a balance of $178.67 on 8/12/15, a balance $176.67 on 8/12/15 and a balance of $165.21 on 8/28/15.			

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	A review of client D's record was conducted at the facility's administrative office on 9/18/15 at 11:45 A.M.. Review of client D's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $294.72 on 7/24/15...a balance of $252.52 on 7/25/15...a balance of $249.33 on 7/28/15...a balance of $236.00 on 7/29/15...a balance of $226.40 on 8/3/15...a balance of $199.99 on 8/5/15...a balance of $187.99 on 8/12/15 and a balance of $183.50 on 8/28/15. A review of the facility's "6. Policy on Consumer Financial Management" policy dated 7/1/15 was conducted on 9/18/15 at 12:50 P.M.. Review of the policy indicated: "In-Pact will make every effort to ensure the protection of the financial interests of all consumers within the home. All individuals residing in the home will be (sic) have access to their own money for use in the community. Those consumers not capable of keeping their own money will, with written authorization from the consumer and/or his guardian, receive assistance from residential staff in handling personal finances. Consumers will be encouraged to maintain savings and/or checking accounts in community financial institutions. In-Pact will provide training			

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	to individuals needing assistance toward accomplishing this. An individual consumer's personal funds are to be used directly by or for the consumer to secure incidentals and special needs or desired items. In no instance will residential staff borrow money from a consumer or use of (sic) a consumer's finances on behalf of another consumer. Consumer's personal funds will be supervised by an In-Pact manager. All income and expenditures are to be noted on the individual's financial report form. Receipts for all purchases are to be retained. Financial report forms will be kept on a monthly basis and filed for reference at the central office. Consumers should not have more than approximately $150.00 in the group home. If a withdrawal is made to make a large purchase and there is over $150.00, it should be spent within 5 days of the withdrawal. All checks should be cashed within 30 days of receiving it. The consumer should not purchase a gift card for themselves unless it has been approved by a supervisor. If one is approved and purchased, an expenditure worksheet will need to be filled out for the card with receipts attached. This will need to be included with the monthly financials until it is all accounted for. If a check or money order is used; it needs to be completely filled out. The carbon copy needs to be detached from the check			

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	or money order and secured. It then needs to be mailed or delivered within 72 hours. If Manager goes on vacation, the money should be counted and signed off on with and to another person. The consumer and/or his/her parent or guardian may receive copies of the financial report forms and receipts for purchases or disbursements at their request." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/18/15 at 2:30 P.M.. The QIDP indicated all staff are trained of the facility's policy and procedures upon hire, annually and as needed. The QIDP indicated alls staff should follow the facility's policies at all times. The QIDP indicated staff are to keep an accurate accounting system of each client's personal petty cash funds. The QIDP indicated the Data Specialist (DS) lost her key to the safe that clients A, B, C and D's personal finances were kept. The QIDP indicated the DS did not report that her key was missing. The QIDP indicated clients should not have more than $150.00 in their petty cash funds kept at the group home. The QIDP indicated only the Group Home Manager (GHM) and the DS have keys to the safe containing clients A, B, C and D's personal petty cash funds. The QIDP			

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	indicated the facility could not determine how the clients' funds ended up missing. The QIDP indicated the facility reimbursed each client for the missing money. Please refer to W149: The Governing Body failed for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), to exercise general operating direction in a manner to provide oversight to implement their abuse and neglect policy in regards to client finances. This federal tag relates to the investigation of Complaint #IN00181191. 9-3-1(a)			
W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a			

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	system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based upon record review and interview, the facility failed to maintain an accurate accounting system for 4 of 4 clients who reside at the group home (clients A, B, C and D), for whom the facility managed their personal funds accounts. Findings include: A review of the facility's records was conducted on 9/15/15 at 1:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigation records indicated: -BDDS report dated 8/25/15 involving client A indicated: "Upon reviewing consumer finances it was discovered that [client A] was missing $22.26 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence	W 0140	All management and staff will be re-trained on the policy & procedures for consumer financial management. Responsible person: Sheila O'Dell, GH Director. Disciplinary action for the manager and Data Specialist for not following policy. Responsible person: Patti Harris, QIDP. If the balance is off &/or a key is missing; this needs to be reported to the QIDP/Director immediately. The money must be checked &/or moved to ensure it is secure and reviewed with in 24 hours. Responsible person: Dana Rock, GH Manager. Daily, staff will check the money/ledger that the consumer's/staff have access to ensure that it balances. Responsible person: Dana Rock, GH Manager. At least twice a week, the manager will check and/or reconcile the balance/ledger to the money that the consumers have access and document when it was reviewed. Responsible person: Dana Rock, GH Manager. Check list was developed for at least weekly checks of finances in the home for all of the consumer's money in the home that is kept secured. Responsible person: Patti Harris, QIDP. To ensure future compliance, Manager will do at least weekly documented checks that the QIDP will make sure is	10/18/2015

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	toward a specific person. [Client A] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client B indicated: "Upon reviewing consumer finances it was discovered that [client B] was missing $62.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client B] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money		completed. Responsible person: Dana Rock, GH Manager & Patti Harris, QIDP. To ensure future compliance, the QIDP will monitor and count the money monthly. Responsible person: Patti Harris, QIDP. To ensure future compliance, the accounts receivable will review the documents/balances. Responsible person: Debby Cichocki, accounts receivable coord.	

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	was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client C indicated: "Upon reviewing consumer finances it was discovered that [client C] was missing $42.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client C] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to			

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	administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client D indicated: "Upon reviewing consumer finances it was discovered that [client D] was missing $49.99 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client D] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." A review of client A's record was			

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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) COMPLETION DATE
	conducted at the facility's administrative office on 9/18/15 at 10:45 A.M.. Review of client A's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $149.04 on 6/10/15...a balance of $165.11 on 7/15/15...a balance of $187.11 on 7/15/15 and a balance of 158.75 on 8/12/15. A review of client B's record was conducted at the facility's administrative office on 9/18/15 at 11:25 A.M.. Review of client B's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $153.95 on 6/10/15...a balance of $241.13 on 7/15/15...a balance of $263.13 on 7/15/15...a balance of $254.08 on 7/25/15...a balance of $185.84 on 7/28/15...a balance of 176.86 on 7/29/15 and a balance of 172.16 on 8/28/15. A review of client C's record was conducted at the facility's administrative office on 9/18/15 at 11:05 A.M.. Review of client C's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $172.01 on 7/15/15...a balance of $165.19 on 7/23/15...a balance of $284.32 on 7/24/15...a balance of $253.34 on 7/25/15...a balance of $226.68 on 7/29/18...a balance of $217.08 on 8/3/15... a balance of $210.67 on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G619	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/18/2015

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	8/3/15...a balance of $190.67 on 8/5/15...a balance of $178.67 on 8/12/15, a balance $176.67 on 8/12/15 and a balance of $165.21 on 8/28/15. A review of client D's record was conducted at the facility's administrative office on 9/18/15 at 11:45 A.M.. Review of client D's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $294.72 on 7/24/15...a balance of $252.52 on 7/25/15...a balance of $249.33 on 7/28/15...a balance of $236.00 on 7/29/15...a balance of $226.40 on 8/3/15...a balance of $199.99 on 8/5/15...a balance of $187.99 on 8/12/15 and a balance of $183.50 on 8/28/15. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/18/15 at 2:30 P.M.. The QIDP indicated the facility managed clients A, B, C and D's finances and further indicated the facility was to keep an accurate account of their finances at all times. The QIDP further indicated staff should count and document on each client's financial ledger daily and should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home daily. The QIDP indicated staff did not check the clients'			

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	finances daily as they should. This federal tag relates to the investigation of Complaint #IN00181191. 9-3-2(a)			
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 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), the facility failed to implement written policy and procedures to prevent abuse and neglect in regards to clients' finances. Findings include: A review of the facility's records was conducted on 9/15/15 at 1:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigation records indicated: -BDDS report dated 8/25/15 involving client A indicated: "Upon reviewing	W 0149	All management and staff will be re-trained on the policy & procedures for consumer financial management. Responsible person: Sheila O'Dell, GH Director. Disciplinary action for the manager and Data Specialist for not following policy. Responsible person: Patti Harris, QIDP. If the balance is off &/or a key is missing; this needs to be reported to the QIDP/Director immediately. The money must be checked &/or moved to ensure it is secure and reviewed with in 24 hours. Responsible person: Dana Rock, GH Manager. Daily, staff will check the money/ledger that the consumer's/staff have access to ensure that it balances. Responsible person: Dana Rock, GH Manager. At least twice a week, the manager will	10/18/2015

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	consumer finances it was discovered that [client A] was missing $22.26 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client A] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client B indicated: "Upon reviewing consumer finances it was discovered that [client B] was missing $62.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15		check and/or reconcile the balance/ledger to the money that the consumers have access and document when it was reviewed. Responsible person: Dana Rock, GH Manager. Check list was developed for at least weekly checks of finances in the home for all of the consumer's money in the home that is kept secured. Responsible person: Patti Harris, QIDP. To ensure future compliance, Manager will do at least weekly documented checks and reconciled the monies. The QIDP will make sure is completed. Responsible person: Dana Rock, GH Manager & Patti Harris, QIDP. To ensure future compliance, the QIDP will monitor and count the money monthly. Responsible person: Patti Harris, QIDP. To ensure future compliance, the accounts receivable will review the documents/balances. Responsible person: Debby Cichocki, accounts receivable coord. To ensure future compliance, the accounts receivable will review the documents/balances and report whenever the consumer's are over $150.00 to the Director. Responsible person: Debby Cichocki, accounts receivable coord.	

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	indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client B] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client C indicated: "Upon reviewing consumer finances it was discovered that [client C] was missing $42.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were			

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	unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client C] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client D indicated: "Upon reviewing consumer finances it was discovered that [client D] was missing $49.99 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client D] is being reimbursed his missing funds.			

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	Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." A review of client A's record was conducted at the facility's administrative office on 9/18/15 at 10:45 A.M.. Review of client A's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $149.04 on 6/10/15...a balance of $165.11 on 7/15/15...a balance of $187.11 on 7/15/15 and a balance of 158.75 on 8/12/15. A review of client B's record was conducted at the facility's administrative office on 9/18/15 at 11:25 A.M.. Review of client B's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $153.95 on 6/10/15...a balance of $241.13 on 7/15/15...a balance of $263.13 on 7/15/15...a balance of $254.08 on 7/25/15...a balance of $185.84 on 7/28/15...a balance of 176.86 on 7/29/15 and a balance of 172.16 on 8/28/15.			

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	A review of client C's record was conducted at the facility's administrative office on 9/18/15 at 11:05 A.M.. Review of client C's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $172.01 on 7/15/15...a balance of $165.19 on 7/23/15...a balance of $284.32 on 7/24/15...a balance of $253.34 on 7/25/15...a balance of $226.68 on 7/29/18...a balance of $217.08 on 8/3/15... a balance of $210.67 on 8/3/15...a balance of $190.67 on 8/5/15...a balance of $178.67 on 8/12/15, a balance $176.67 on 8/12/15 and a balance of $165.21 on 8/28/15. A review of client D's record was conducted at the facility's administrative office on 9/18/15 at 11:45 A.M.. Review of client D's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $294.72 on 7/24/15...a balance of $252.52 on 7/25/15...a balance of $249.33 on 7/28/15...a balance of $236.00 on 7/29/15...a balance of $226.40 on 8/3/15...a balance of $199.99 on 8/5/15...a balance of $187.99 on 8/12/15 and a balance of $183.50 on 8/28/15. A review of the facility's records was conducted at the facility's administrative			

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	office on 9/17/15 at 8:30 A.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and			

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	other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and documenting any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/18/15 at 2:30 P.M.. The QIDP indicated all staff are trained of the facility's policy and procedures upon hire, annually and as needed. The QIDP indicated alls staff should follow the facility's policies at all times. The QIDP indicated staff are to keep an accurate accounting system of each client's personal petty cash funds. The QIDP indicated the Data Specialist (DS) lost her key to the safe that clients A, B, C and D's personal finances were kept. The QIDP indicated the DS did not			

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	report that her key was missing. The QIDP indicated clients should not have more than $150.00 in their petty cash funds kept at the group home. The QIDP indicated only the Group Home Manager (GHM) and the DS have keys to the safe containing clients A, B, C and D's personal petty cash funds. The QIDP indicated the facility could not determine how the clients' funds ended up missing. The QIDP indicated the facility reimbursed each client for the missing money. This federal tag relates to the investigation of Complaint #IN00181191. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), the facility failed to provide written evidence thorough investigations were conducted in regard to clients' missing funds.	W 0154	All management and staff will be re-trained on the policy & procedures for consumer financial management and thorough investigation. Responsible person: Sheila O'Dell, GH Director. A thorough investigation was completed,	10/18/2015

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	Findings include: A review of the facility's records was conducted on 9/15/15 at 1:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigation records indicated: -BDDS report dated 8/25/15 involving client A indicated: "Upon reviewing consumer finances it was discovered that [client A] was missing $22.26 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client A] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any		which is why we had discovered missing money amounts for all four out of the four consumer's living in this home. Due to our investigation is how we found out that DS had lost her key and it was found later in the home, but never reported. What was reviewed, but not included, as part of the investigation packet was copies of all the financial documents. It will now be included as part of the investigation packet. Responsible person: Patti Harris, QIDP. Disciplinary action for the manager and Data Specialist for not following policy. Responsible person: Patti Harris, QIDP. If the balance is off &/or a key is missing; this needs to be reported to the QIDP/Director immediately. The money must be checked &/or moved to ensure it is secure and reviewed with in 24 hours. Responsible person: Dana Rock, GH Manager. Daily, staff will check the money/ledger that the consumer's/staff have access to ensure that it balances. Responsible person: Dana Rock, GH Manager. At least twice a week, the manager will check and/or reconcile the balance/ledger to the money that the consumers have access and document when it was reviewed. Responsible person: Dana Rock, GH Manager. Check list was developed for at least weekly checks of finances in the home for all of the	

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	missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client B indicated: "Upon reviewing consumer finances it was discovered that [client B] was missing $62.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client B] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies."		consumer's money in the home that is kept secured. Responsible person: Patti Harris, QIDP. To ensure future compliance, Manager will do at least weekly documented checks and reconciled the monies. The QIDP will make sure is completed. Responsible person: Dana Rock, GH Manager & Patti Harris, QIDP. To ensure future compliance, the QIDP will monitor and count the money monthly. Responsible person: Patti Harris, QIDP. To ensure future compliance, the accounts receivable will review the documents/balances. Responsible person: Debby Cichocki, accounts receivable coord. To ensure future compliance, the accounts receivable will review the documents/balances and report to the manager & QIDP, whenever the consumer's balance/ledger is not accurate/math error/etc to reconcile. Responsible person: Debby Cichocki, accounts receivable coord.	

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	-BDDS report dated 8/25/15 involving client C indicated: "Upon reviewing consumer finances it was discovered that [client C] was missing $42.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client C] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client D indicated: "Upon reviewing consumer finances it was discovered that [client D] was missing $49.99 from his funds located in the group home. An			

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	ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client D] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." Review of the reports failed to indicate the facility reviewed each client's personal funds records to ensure no further funds were missing. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/18/15 at 2:30 P.M.. The QIDP indicated she did not review each client's personal funds			

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	records to ensure accurate accounting of each client's personal funds. This federal tag relates to the investigation of Complaint #IN00181191. 9-3-2(a)			
W 0189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview, for 2 of 2 sampled clients (A and B), and two additional clients (C and D), the facility failed to assure competence in keeping an accurate accounting system of the clients' personal funds and failed to ensure staff assured competence in reporting incidents. Findings include: A review of the facility's records was conducted on 9/15/15 at 1:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs)	W 0189	All management and staff will be re-trained on the policy & procedures for consumer financial management. Responsible person: Sheila O'Dell, GH Director. Reliability will be completed on each staff to show competency. Responsible person: Dana Rock, GH Manager. Disciplinary action for the manager and Data Specialist for not following policy. Responsible person: Patti Harris, QIDP. If the balance is off &/or a key is missing; this needs to be reported to the QIDP/Director immediately. The money must be checked &/or moved to ensure it is secure and reviewed with in 24 hours. Responsible person: Dana Rock, GH Manager. Daily, staff will check the money/ledger that	10/18/2015

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	and investigation records indicated: -BDDS report dated 8/25/15 involving client A indicated: "Upon reviewing consumer finances it was discovered that [client A] was missing $22.26 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client A] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client B indicated: "Upon reviewing consumer finances it was discovered that		the consumer's/staff have access to ensure that it balances. Responsible person: Dana Rock, GH Manager. Manager will observer staff's daily checks when present to ensure accuracy of the accounting systems that are put into place for a month and then at least weekly thereafter. This will include asking them how and when to report and incident. Responsible person: Dana Rock, GH Manager. At least twice a week, the manager will check and/or reconcile the balance/ledger to the money that the consumers have access and document when it was reviewed. Responsible person: Dana Rock, GH Manager. Check list was developed for at least weekly checks of finances in the home for all of the consumer's money in the home that is kept secured. Responsible person: Patti Harris, QIDP. To ensure future compliance, Manager will do at least weekly documented checks and reconciled the monies. The QIDP will make sure is completed. Responsible person: Dana Rock, GH Manager & Patti Harris, QIDP. To ensure future compliance, the QIDP will monitor and count the money monthly. Responsible person: Patti Harris, QIDP. To ensure future compliance, the accounts receivable will review the documents/balances. Responsible person: Debby	

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	[client B] was missing $62.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client B] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client C indicated: "Upon reviewing consumer finances it was discovered that [client C] was missing $42.00 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective		Cichocki, accounts receivable coord. To ensure future compliance, the accounts receivable will review the documents/balances and report whenever the consumer's are over $150.00 to the Director. Responsible person: Debby Cichocki, accounts receivable coord.	

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	Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client C] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." -BDDS report dated 8/25/15 involving client D indicated: "Upon reviewing consumer finances it was discovered that [client D] was missing $49.99 from his funds located in the group home. An ongoing investigation is being conducted. "Follow-Up report dated 9/1/15 indicated: "CPS (Child Protective Services) was contacted via fax with incident report. No contact name since it was faxed. Contacted them on 8/26/15. Investigation was completed. We were unable to determine how the money was			

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	missing. Staff were not suspended due to the allegation due to any lack of evidence toward a specific person. [Client D] is being reimbursed his missing funds. Investigation showed that 2 staff did not follow procedures. When a key was missing, they did not report it and money was not checked as often as required. A manager checklist for verifying funds developed. Monies to be checked daily and reconciled at least weekly. Any missing monies to be reported to administration immediately. Disciplinary action provided to those who didn't follow policies." A review of client A's record was conducted at the facility's administrative office on 9/18/15 at 10:45 A.M.. Review of client A's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $149.04 on 6/10/15...a balance of $165.11 on 7/15/15...a balance of $187.11 on 7/15/15 and a balance of 158.75 on 8/12/15. A review of client B's record was conducted at the facility's administrative office on 9/18/15 at 11:25 A.M.. Review of client B's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $153.95 on 6/10/15...a balance of $241.13 on 7/15/15...a balance of $263.13 on			

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	7/15/15...a balance of $254.08 on 7/25/15...a balance of $185.84 on 7/28/15...a balance of 176.86 on 7/29/15 and a balance of 172.16 on 8/28/15. A review of client C's record was conducted at the facility's administrative office on 9/18/15 at 11:05 A.M.. Review of client C's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $172.01 on 7/15/15...a balance of $165.19 on 7/23/15...a balance of $284.32 on 7/24/15...a balance of $253.34 on 7/25/15...a balance of $226.68 on 7/29/18...a balance of $217.08 on 8/3/15... a balance of $210.67 on 8/3/15...a balance of $190.67 on 8/5/15...a balance of $178.67 on 8/12/15, a balance $176.67 on 8/12/15 and a balance of $165.21 on 8/28/15. A review of client D's record was conducted at the facility's administrative office on 9/18/15 at 11:45 A.M.. Review of client D's "Petty Cash Expenditures Worksheets" dated June 2015 to August 2015 indicated a balance of $294.72 on 7/24/15...a balance of $252.52 on 7/25/15...a balance of $249.33 on 7/28/15...a balance of $236.00 on 7/29/15...a balance of $226.40 on 8/3/15...a balance of $199.99 on 8/5/15...a balance of $187.99 on 8/12/15			

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	and a balance of $183.50 on 8/28/15. A review of the facility's "6. Policy on Consumer Financial Management" policy dated 7/1/15 was conducted on 9/18/15 at 12:50 P.M.. Review of the policy indicated: "In-Pact will make every effort to ensure the protection of the financial interests of all consumers within the home. All individuals residing in the home will be (sic) have access to their own money for use in the community. Those consumers not capable of keeping their own money will, with written authorization from the consumer and/or his guardian, receive assistance from residential staff in handling personal finances. Consumers will be encouraged to maintain savings and/or checking accounts in community financial institutions. In-Pact will provide training to individuals needing assistance toward accomplishing this. An individual consumer's personal funds are to be used directly by or for the consumer to secure incidentals and special needs or desired items. In no instance will residential staff borrow money from a consumer or use of a consumer's finances on behalf of another consumer. Consumer's personal funds will be supervised by an In-Pact manager. All income and expenditures are to be noted on the individual's financial report form. Receipts for all			

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	purchases are to be retained. Financial report forms will be kept on a monthly basis and filed for reference at the central office. Consumers should not have more than approximately $150.00 in the group home. If a withdrawal is made to make a large purchase and there is over $150.00, it should be spent within 5 days of the withdrawal. All checks should be cashed within 30 days of receiving it. The consumer should not purchase a gift card for themselves unless it has been approved by a supervisor. If one is approved and purchased, an expenditure worksheet will need to be filled out for the card with receipts attached. This will need to be included with the monthly financials until it is all accounted for. If a check or money order is used; it needs to be completely filled out. The carbon copy needs to be detached from the check or money order and secured. It then needs to be mailed or delivered within 72 hours. If Manager goes on vacation, the money should be counted and signed off on with and to another person. The consumer and/or his/her parent or guardian may receive copies of the financial report forms and receipts for purchases or disbursements at their request." An interview with the Qualified Intellectual Disabilities Professional			

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	(QIDP) was conducted on 9/18/15 at 2:30 P.M.. The QIDP indicated all staff are trained of the facility's policy and procedures upon hire, annually and as needed. The QIDP indicated alls staff should follow the facility's policies at all times. The QIDP indicated staff are to keep an accurate accounting system of each client's personal petty cash funds. The QIDP indicated the Data Specialist (DS) lost her key to the safe that clients A, B, C and D's personal finances were kept. The QIDP indicated the DS did not report that her key was missing. The QIDP indicated clients should not have more than $150.00 in their petty cash funds kept at the group home. The QIDP indicated only the Group Home Manager (GHM) and the DS have keys to the safe containing clients A, B, C and D's personal petty cash funds. The QIDP indicated the facility could not determine how the clients' funds ended up missing. The QIDP indicated the facility reimbursed each client for the missing money. This federal tag relates to the investigation of Complaint #IN00181191.			

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