

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/26/2015
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NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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W 0000 Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 23, 24, 25 and 26, 2015.</p> <p>Facility Number: 000948 Provider Number: 15G434 AIMS Number: 100244700</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>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 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure a full and complete accounting of the clients' funds and expenditures and to ensure the facility's financial policy was followed in regard to account balances and providing client #2's representative payee with copies of client #2's financial records.</p> <p>Findings include:</p>	W 0140	<p>140 Now and in the future, all staff will be trained and retrained on how to assure a full and complete accounting of client's personal funds. The JRDS Policy on Funds of Persons Served has been revised to clarify the \$52 location and to address non JRDS representative payees. Staff will count each client's cash on hand (COH) at the end of each shift and document findings on the ledger. Staff will also ensure all receipts are completed and entered at the end of each shift.</p>	07/24/2015

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>Client #1's, #2's and #3's financial records were reviewed on 6/25/15 at 11:30 AM with staff #3. Staff #3 indicated each client had a zippered pouch of money that was stored in a binder along with each client's PSRs (Personal Spending Records). Staff #3 counted the money in client #2's money pouch and indicated a total of \$69.48.</p> <p>Client #1's PSRs/financial records indicated the following: 6/1/13 a beginning balance of COH (Cash on Hand) of \$54.30. 5/1/14 a beginning balance of COH of \$56.81. 3/1/15 a beginning balance of \$82.23. 2/1/15 a beginning balance of \$59.04. 1/1/15 a beginning balance of \$114.00</p> <p>Client #2's PSRs/financial records indicated the following: Client #2's June 2015 PSR indicated a balance of \$69.47. One penny difference from client #2's COH. Client #2's June 2015 PSR indicated a \$5.00 purchase for a graduation gift on 6/7/15. Client #2's financial records indicated no receipt dated 6/7/15 for a graduation gift. Client #2's financial records indicated a receipt dated 4/1/15 for \$2.00</p>		<p>The Home Manager will weekly review each account and that all accounts balance and have completed receipts. The Home Manager will ensure at the end of the month monies over the amount of \$52 will be returned to the client's bank account. Also, monthly, the Home Manager will ensure that any representative payees, other than JRDS, will receive monthly copies of the COH ledger and receipts. The JRDS Fiscal Department, Home Manager and Lead Home Manager are responsible.</p>	

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	<p>pocket money. Client #2's April 2015 PSR indicated no entry dated 4/1/15 for the \$2.00.</p> <p>Client #2's March 2015 PSR indicated client #2 received \$2.00 on March 2, 4 and 18, 2015. Client #2's financial records indicated no receipts for \$2.00 for March 2, 4 and 18, 2015.</p> <p>Client #2's March 2015 PSR indicated a beginning balance of \$56.93.</p> <p>Client #2's February 2015 PSR indicated a beginning balance of \$63.70.</p> <p>Client #2's January 2015 PSR indicated a beginning balance of \$67.78.</p> <p>Client #3's PSRs/financial records indicated the following:</p> <p>Client #3's June 2015 PSR indicated a \$5.00 purchase for a graduation gift on 6/7/15. Client #3's financial records indicated no receipt dated 6/7/15 for a graduation gift.</p> <p>Client #3's financial records indicated a receipt dated 5/22/15 for "take home money" for \$10.00. Client #3's May 2015 PSR indicated no entry for 5/22/15 for \$10.00.</p> <p>Client #3's financial records indicated a receipt dated 5/26/15 for pocket money for \$10.00. Client #3's May 2015 PSR indicated no entry for 5/26/15 for \$10.00.</p>			

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	<p>Client #3's May 2015 PSR indicated an entry on 5/26/15 in the "amount spent" column of the PSR "Pd (paid) PC (petty cash) Back/Weekend \$ (money)" of \$10.00. The PSR indicated the \$10 was deducted from client #3's balance.</p> <p>Client #3's March 2015 PSR indicated an entry on 3/2/15 for "Weekly work money" for \$10.00. Client #3's financial records indicated no receipt for 3/2/15 for \$10.00.</p> <p>Client #3's March 2015 PSR indicated a beginning balance of \$78.34.</p> <p>Review of the June 2015 "Client's Petty Cash/Money Counted Log" on 6/25/15 at 1 PM indicated "You (the staff) should count money each time you take money out of the client's money bag to ensure it lines up with the ledger, and they (the clients) aren't short any money. Also, is you saying all money is accounted for (sic)." The log indicated the clients' petty cash was checked on June 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 15, 16, 17, 18, 19 and 22, 2015.</p> <p>Review of the 5/7/14 facility policy entitled "Policy On Funds Of Persons Served" on 6/25/15 at 1:45 PM indicated there was to be a payment voucher and/or receipt for each transaction made and a</p>			

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	<p>"limit of \$52.00 can be accumulated over a one month period. At the end of the month any personal spending money left over \$52.00 should be brought to the Accounting Technician - Payables/Receivables and she will deposit the money back into the client's checking account. A ledger with receipts attached will be kept for personal spending money."</p> <p>During interview with staff #3 on 6/25/15 at 11:30 AM, staff #3: __ Stated, "I found an extra penny in his (client #2's) pouch and I'm not sure where it came from. It must have been stuck on some of the papers." __ Indicated client #2's COH balance and PSR for June 2015 did not match. __ Indicated the clients' money was counted frequently and stated, "I'm not sure why this hadn't been noticed before now."</p> <p>During interview with client #2's guardian/mother/representative payee on 6/26/15 at 12:30 PM, client #2's mother: __ Indicated the facility had never offered her copies of client #2's PSRs and/or receipts. __ Stated, "I offered to share with them (the facility) copies of [client #2's] bank statements for their (the facility) records but they never offered to share what they</p>			

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	<p>had with me. I would like to have copies of his financial records."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/25/15 at 2 PM, the QIDP:</p> <p>__ Indicated each client's COH was to match the client's PSR to the penny.</p> <p>__ Indicated the staff were to ensure receipts and/or vouchers for all transactions made in regard to the clients' COH and to ensure all transactions were entered into each client's PSR.</p> <p>__ Indicated according to their facility policy, at the end of every month there was to be no more than \$52.00 in each client's COH account in the home.</p> <p>__ Indicated at the end of each month the HM (Home Manager) was to return any balance of money over \$52.00 back into each client's checking account.</p> <p>__ Indicated client #2's mother/guardian served as client #2's representative payee.</p> <p>__ Indicated client #2's mother controlled client #2's checking account and provided client #2 money for the COH account within the home.</p> <p>__ Indicated the facility had not provided client #2's guardian with copies of client #2's PSRs and receipts to account for the money given to the facility and stated, "She (client #2's guardian) never asked for them."</p>			

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W 0249 Bldg. 00	<p>___ Indicated she did not know if client #2's guardian had ever been asked if she wanted copies of the receipts or not.</p> <p>___ Indicated the staff were to follow the facility's financial policy.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #2) and 1 additional client (#5), the facility failed to provide the clients' medication training during formal and informal training opportunities.</p> <p>Findings include:</p> <p>During observation of the medication pass at the group home on 6/24/15</p>	W 0249	W249 Now and in the future all clients will receive continuous active treatment programming consistent with his/her needs. All staff will be trained and retrained on providing medication training formally and informally. The Home Manager, QIDP, LPN or Home Lead Manager will informally visit during routine medication med passes to ensure of medication training, formally and informally. See attachment	07/23/2015

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	<p>between 8 AM and 8:30 AM:</p> <p>At 8:05 AM staff #4 gave client #2 the following medications/treatments: A multivitamin to prevent vitamin deficiency. Lisinopril 20 mg (milligrams) for high blood pressure. Luvox 10 mg for OCD (Obsessive Compulsive Disorder).</p> <p>At 8:14 AM staff #4 gave client #5 the following medications/treatments: Toprol XL 50 mg for high blood pressure. Luvox 100 mg for OCD. Zantac 150 mg to decrease acid indigestion. Lisinopril 20 mg for high blood pressure. Hydrocortisone lotion to client #5's back for a skin irritation.</p> <p>At 8:26 AM staff #4 gave client #1 the following medications/treatments: Claritin 10 mg for allergies. Trileptal 300 mg for seizures. Florastor 250 mg to improve digestion. Cymbalta 60 mg for behavior modification. Flonase nasal spray one spray in each nostril for allergies. Genteal eye drops one drop in each eye for dry eyes. Ammonium Lactate lotion to both feet</p>			

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	<p>for dry skin.</p> <p>During this observation period staff #4 prepared the medications and gave them to the clients, the clients took the medications and then initialed the MAR (Medication Administration Record) where staff #4 prompted the clients to initial signifying the clients had received their medications. Staff #4 did not offer client #1, client #2 and/or client #5 any medication training in regard to the medications and/or treatments the clients were provided.</p> <p>Client #1's record was reviewed on 6/23/15 at 2 PM. Client #1's ISP (Individualized Support Plan) dated 10/6/14 indicated client #1 was not independent with medication administration and required training and assistance from the staff. The ISP indicated client #1 had a formal objective to state why he took Trileptal. The ISP indicated the staff were to continue to ask client #1 why he took Zyprexa (for behavior modification) along with the Trileptal "so as to remember and not lose that skill."</p> <p>Client #2's record was reviewed on 6/24/15 at 1 PM. Client #2's ISP dated 10/20/15 indicated client #2 was not independent with medication</p>			

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	<p>administration and required training and assistance from the staff. The ISP indicated client #2 had a formal objective to state why he took Lipitor. The ISP indicated the staff were also to continue to ask client #2 why he took Luvox along with the Lipitor "so he remembers and doesn't lose that skill."</p> <p>Client #5's record was reviewed on 6/24/15 at 2 PM. Client #5's ISP dated 10/20/14 indicated client #5 was not independent with medication administration and required training and assistance from the staff. The ISP indicated client #5 had a formal objective to state why he took Terazosin (for high blood pressure). The ISP indicated the staff were also to continue to ask client #5 why he took Luvox along with the Terazosin "so he doesn't forget and lose that skill."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 4/25/15 at 2 PM, the QIDP indicated the staff were to offer the clients formal and informal medication training with every medication pass and at every opportunity available.</p> <p>9-3-4(a)</p>			

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6) who resided in the group home, the facility failed to ensure evacuation drills were conducted at least quarterly for the day shift (7 AM to 3 PM) of personnel for the third quarter (July, August and September) 2014.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 6/23/15 at 12 PM. The review indicated the facility had failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5 and #6 for the day shift of personnel for the third quarter of 2014.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/23/15 at 2 PM, the QIDP: ___ Indicated evacuation drills were to be conducted quarterly for each shift of staff. ___ Indicated no evacuation drill for the day shift of personnel for the third quarter of 2014 could be found for review.</p>	W 0440	<p>440 Now and in the future, the facility will hold evacuation drills at least quarterly for each shift of personnel. The attached Evacuation Drill Schedule is currently being followed to ensure compliance. Evacuation Drill reports are reviewed by the Home Manager and submitted monthly to the QIDP. Staff were trained and will be retrained on a routine basis. Group Home Staff, Home Manager, QIDP and Home Lead Manager responsible See attachments</p>	07/23/2015

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W 9999 Bldg. 00	<p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-2 Resident protections (c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum,... three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>Based on record review and interview for 1 of 3 staff persons reviewed (staff #4), the facility failed to ensure three references were provided for staff #4.</p> <p>Findings include:</p>	W 9999	<p>9999 Now and in the future, the Human Resource Director will ensure three references are provided, for all incoming and existing staff. The attached "Checklist for Background....." form will be used by the Human Resource Department to ensure three references are completed prior to hiring a potential employee. All staff that interview and hire are trained at least annually on the hiring process.</p>	07/24/2015

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	<p>The facility personnel records were reviewed on 6/24/15 at 11 AM. The records indicated staff #4 was employed with the facility on 7/11/14. Staff #4's personnel file indicated no references.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/25/15 at 2 PM, the QIDP:</p> <p>__ Indicated each employee was to provide three references prior to hire.</p> <p>__ Indicated she reviewed staff #4's personnel file and stated "I couldn't find any references either."</p> <p>__ Indicated she called the personnel department administrator and no references were found for review in regard to staff #4.</p> <p>9-3-2(c)(3)</p>			