

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G480		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/02/2012	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 9520 E GEMINI DR INDIANAPOLIS, IN 46229			
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W0000	<p>This visit was for investigation of complaint #IN00117166.</p> <p>Complaint #IN00117166: Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W140, W149 and W157.</p> <p>Dates of Survey: October 31, November 1 and 2, 2012.</p> <p>Facility Number: 000994 Provider Number: 15G480 AIMS Number: 100244960</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed 11/13/12 by Dotty Walton, Medical Surveyor III.</p>			W0000			

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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W0140	<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 sample clients (clients A, B and C) and for 2 additional clients (clients D and E), for whom the facility managed their personal funds accounts, the facility failed to maintain an accurate accounting system for each client's individual personal fund account.</p> <p>Findings include:</p> <p>On 10/31/12 at 12:00 PM the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 07/30/12 through 10/30/12 and indicated the following:</p> <p>1. 07/30/12: Separate BDDS reports for clients A, B, C and E all contained the following information: "It was reported on 7-30-12 that a total of \$31.00 in consumer funds was missing. A report has been filed with the [name] Police Department in regards to this incident. An investigation has been initiated regarding the missing consumer funds. DSA will continue to monitor their health and safety at DSA. Additional follow up will be sent following the outcome of the</p>	W0140	<p>The agency has created a system in which an accurate and full accounting of consumers accounts will be maintained. The consumer cash on hand audit form is used as a daily accounting of the monies held in the home. Additionally, this form is reviewed routinely by the Residential Director. The cash on hand ledger and the checking account ledger has also been revised so as to provide a more detailed accounting of the purchases made using the consumers funds. These are reviewed on a routine basis and no less than monthly. Persons Responsible: Area Director and Residential Director</p>	12/02/2012			

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	<p>investigation."</p> <p>07/30/12: Investigation Summary indicated: "RE: On 7/30/23, it was reported that money was missing from the cash on hand and behavioral money book in the [name] group home...7/31/12 IO (Investigating Officer) counts money in cash on hand book: [Client C]...missing 1 dollar. [Client E]...missing 5 dollars. [Client B]...missing 2 dollars. [Client A]...missing 15 dollars...7/31/12 IO review of behavior money:...[client A]...missing 8 dollars..."</p> <p>2. 09/25/12: Separate BDDS report for clients A, B, C and D all contained the following information: "On 09/25/12 direct care staff determined that cash was missing from the residents of the home when performing a shift change count of cast that is completed per agency policy. The total shortage is \$32.00. Management was immediately notified and an investigation was initiated. The cash amounts remaining were counted and verified with the staff members who found and reported the shortage. A police report was filed. The residents have been reimbursed for the shortages to their cash on hand by DSA Inc. Two staff members had access to the funds during the period of time that the cash came up missing. One of those staff members is a possible</p>						

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	<p>suspect in an unrelated and on-going police theft investigation at another program. This staff member refused to submit to a drug screen as part of the investigation on 09/26/12. This staff member's employment with DSA has been terminated and this information has been communicated to the police. It has not been substantiated that the other employee is responsible for the missing funds. Staff members in the home were following agency policy by performing witnessed counts of funds at each shift change. The funds were accounted for at 6am on 9/25 and it was discovered at 3pm on 9/25/12 that funds were missing."</p> <p>09/25/12: Investigation Summary Report indicated the following: "...Shortages are as follows: [Client B] - \$3.00, [Client A] - \$9.00, and [Client D] - \$9.00, and [Client C] - \$12.00..."</p> <p>Client A's records were reviewed on 10/31/12 at 12:45 PM. Client A's ISP (Individual Support Plan) dated 02/09/12 indicated client A was not able to independently handle her money and required assistance.</p> <p>Client B's records were reviewed on 10/31/12 at 1:11 PM. Client B's ISP dated 03/14/12 indicated client B was not able to independently handle her money</p>						

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	<p>and required assistance.</p> <p>Client C's records were reviewed on 10/31/12 at 1:25 PM. Client C's ISP dated 03/14/12 indicated client C was not able to independently handle her money and required assistance.</p> <p>Client D's records were reviewed on 10/31/12 at 1:40 PM. Client D's ISP dated 11/10/11 indicated client D was not able to independently handle her money and required assistance.</p> <p>Client E's records were reviewed on 10/31/12 at 2:15 PM. Client E's ISP dated 03/14/12 indicated client E was not able to independently handle her money and required assistance.</p> <p>On 10/31/12 at 2:50 PM an interview with the Area Director (AD) was conducted. She indicated the agency was responsible for assisting clients A, B, C, D and E with their funds as they were not independent with their money and required assistance. She indicated the investigation summary was incorrect as client D's missing amount was \$8.00 not \$9.00 which was typed incorrectly in the investigation report. She indicated client funds were missing on 7/30/12 in the amount of \$21.00 and because of the missing money, the funds did not balance.</p>				

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	<p>She further indicated client funds were missing on 9/25/12 in the amount of \$32.00 and because of the missing money, the funds did not balance. The AD indicated client funds should be accurate.</p> <p>This federal tag relates to complaint #IN00117166.</p> <p>9-3-2(a)</p>			

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W0149	<p>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 8 of 12 BDDS (Bureau of Developmental Disabilities Services) reports regarding client protection, the facility neglected to implement the facility's policy and procedure and neglected to ensure proper use of client funds (clients A, B, C, D and E) and prevent financial exploitation.</p> <p>Findings include:</p> <p>On 10/31/12 at 12:00 PM the facility's BDDS Reports were reviewed from 07/30/12 through 10/30/12 and indicated the following:</p> <p>1. 07/30/12: Separate BDDS reports for clients A, B, C and E all contained the following information: "It was reported on 7-30-12 that a total of \$31.00 in consumer funds was missing. A report has been filed with the [name] Police Department in regards to this incident. An investigation has been initiated regarding the missing consumer funds. DSA will continue to monitor their health and safety at DSA. Additional follow up will be sent following the outcome of the investigation."</p>	W0149	<p>In the event that an incident occurs in which there is an allegation of financial exploitation of a consumer the Area Director will initiate an investigation into the incident which will provide a factual basis for management decisions. Investigations will be completed within 5 business days and will include administrator review. Reviews of consumer funds and finances is completed by the Residential Director as well as a member of the Corporate finance department routinely. Persons Responsible: Area Director and Residential Director</p>	12/02/2012			

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	<p>08/12/12: Follow-up Reports for clients A, B, C and E indicated: "After investigation we were not able to determine where the money might have gone. Since it is the responsibility of the Residential Coordinator (RC) to manage all funds in the home and she did not do so she has since stepped down from her position and will work as a PSA (Professional Support Assistant). The Residential Director (RD) will handle the funds in the home from this point until a new RC has been put into place. The funds in the home are being closely monitored by a tracking sheet that is sent to the Area Director and Program Director weekly for Review. We will continue to monitor their health and safety at DSA." No record of documented effective corrective action was available for review.</p> <p>07/30/12: Investigation Summary Form indicated: "A routine audit of the money on 7/30/12 in the home revealed that \$31.00 was found to be missing from the Cash On Hand (23.00) and the behavior money (8.00)...".</p> <p>07/30/12: Investigation Summary indicated: "RE: On 7/30/23, it was reported that money was missing from the cash on hand and behavioral money book in the [name] group home...7/31/12 IO (Investigating Officer) counts money in</p>						

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	<p>cash on hand book: [Client C]...missing 1 dollar. [Client E]...missing 5 dollars. [Client B]...missing 2 dollars. [Client A]...missing 15 dollars...7/31/12 IO review of behavior money:...[client A]...missing 8 dollars...8/1/12 Review of recommendations from 6/15/12 investigation as they pertain to this investigation...No behavior money should be kept in the home because at this point only the RC purchases the reinforces the ladies in this home do not receive money as reinforcers...After reviewing the investigation and [RC's] statement, it was evident that his recommendation was not followed. [RC] did acknowledge in the interview that she was told she was not to keep the behavior money in the home...There is evidence that a cash box audit was completed by the RD on 6/29/12. All staff who failed to complete a financial verification count on 6/14/12 should receive a form of progressive DA (Disciplinary Action) for not following the ash (sic) in home policies as they have been trained on it...</p> <p>Findings: ...[RC] was the only staff member present in the home from 9am-2pm. [RC] was the only staff member alone with the money. All staff members interviewed indicated that they were aware that they were supposed to dual count the money. All</p>				

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	<p>staff members failed to duel count the money at each shift change., [RC] lied during the investigation... There was an investigation completed in June 2012 regarding missing money in the same home. All levels of management failed to provide the oversight as recommended by the previous investigation. [RC] as present for the two other incidents where money was discovered missing...</p> <p>Recommendations: It is recommended that management assist staff in complying with policies and procedures regarding money that is kept in the home One barrier to ensuring the staff are following policy and procedures regarding money counts in the home is that one shift ends at the same time the next shift begins. Management should consider overlapping shifts so that a duel count can be completed and verified. It is recommended that the management continue to provide oversight regarding money kept in the home. It is recommended that each time management is in the home they complete a count of the money to ensure it is accurate.</p> <p>8/2/12: Program Services Director's (PSD) Administrative Review indicated:</p>				

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	<p>I concur with the IO findings and add the following:</p> <ol style="list-style-type: none"> 1) The Central Area has had 3 thefts occur in the past 3 months. Area leadership has failed to ensure that criminal activity does not occur within our agency. 2) The RD and AD failed to ensure the recommendations of the previous investigation were followed. 3) Lack of professional oversight has resulted in significant misuse of resource. 4) [RD] unintentionally impeded the investigation with the actions she took immediately following the report of missing money. 5) The RC, [name] failed to follow company policy and procedure regarding the safe keeping of consumer and agency finances. 6) In all 3 incident (sic) involving missing money at 531 (group home location) and 533 (group home location), [RC] is the only staff that had opportunity in all 3 situations to take the missing money. In all 3 occasions [RC] had periods of time where she was the only staff present in the home. <p>I amend the IO's recommendations as follows:</p> <ol style="list-style-type: none"> 1) [RC] to receive a written warning for 						

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	<p>misuse of resources and poor performance.</p> <p>2) [RC] is to be removed from her position as RC effective immediately.</p> <p>3) [RC] will not be paid for the time she was on investigative suspension.</p> <p>4) [Staff #3] and [staff #4] will be paid for any time they were scheduled to work while they were suspended.</p> <p>5) The RD and AD to receive a verbal warning for poor performance.</p> <p>6) The AD will ensure that the RD submits a copy of the Cash on Hand Audit for each home in the Central Area to the PSD by 5pm each Friday until the PSD directs otherwise.</p> <p>7) If the area procedure is going to require dual counts of money, they need to ensure the staffing schedules allow for time for staff to complete these counts.</p> <p>8) All Central Area staff to be retrained on policy and procedures regarding consumer finances by 8.17.12."</p> <p>08/13/12: Assertion of Understanding All Staff Meeting [group home name] indicated the following information was covered and signed off by staff attending: "...1. I understand that it is my responsibility when I come in for my shift I am to count ALL the money in the home and log it correctly in the money book. I further understand that this count must occur under dual control. This means that</p>						

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	<p>myself and a co-worker must sign on the log sheet to show that it was counted and verified together and that we log the time that it was verified along with the date. I understand this money should be kept locked in the med cabinet at ALL times. I understand that should money be missing or that I cannot find the money books I am to contact the RD immediately...".</p> <p>2. 09/25/12: Separate BDDS report for clients A, B, C and D all contained the following information: "On 09/25/12 direct care staff determined that case was missing from the residents of the home when performing a shift change count of cast that is completed per agency policy. The total shortage is \$32.00. Management was immediately notified and an investigation was initiated. The case amount remaining were counted and verified with the staff members who found and reported the shortage. A police report was filed. The residents have been reimbursed for the shortages to their cash on hand by DSA Inc. Two staff members had access to the funds during the period of time that the cash came up missing. One of those staff members is a possible suspect in an unrelated and on-going police theft investigation at another program. This staff member refused to submit to a drug screen as part of the investigation on 09/26/12. This staff</p>				

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	<p>member's employment with DSA has been terminated and this information has been communicated to the police. It has not been substantiated that the other employee is responsible for the missing funds. Staff members in the home were following agency policy by performing witnessed counts of funds at each shift change. The funds were accounted for at 6am on 9/25 and it was discovered at 3pm on 9/25/12 that funds were missing."</p> <p>09/25/12: Investigation Summary Report indicated the following: "...Findings: 1. Counts of the COH (Cash on Hand) in the home have been completed by two staff at each shift change. All money was accounted for when [staff #1] and [staff #2] counted the cash at 6AM on 9/25/12. 2. The med keys did exchange hands between [staff #1] and [staff #2] on 9/25/12. There was discussion about (sic) shall pass meds. [Staff #2] passed meds to most of the clients as she insisted to do so per [staff #1's] report. 3. The COH was short for a total of \$32.00 when [staff #1] and [staff #2] counted the money at 2pm on 9/25/12. 4. Both [staff #1] and [staff #2] had access to the funds between 6am and 2pm on 9/25/12. 5. [Staff #1] was forthcoming in providing information and there are</p>			

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	<p>several pieces of documentation that substantiate her report. She was in two money pouches when obtaining state IDs (Identification cards) and putting new IDs in the pouches during the day. By her own report she did not look for the cash when she did this and did not notice whether the cash was present or not. There is not a history of [staff #1] being suspected for theft or abuse or neglect. It can not be substantiated that she is responsible for the missing funds.</p> <p>6. [Staff #2] refused to go for a drug screen and left the home before she could be interviewed about the missing funds. She has not responded to calls. Her behavior indicates that she is likely responsible for the missing funds. Her employment has been terminated.</p> <p>7. DSA management staff are complying with the police investigation and have made contact to provide requested information. The police will be informed that [staff #2] is also suspect in the missing narcotic case (in another current investigation in a different group home).</p> <p>8. The women have been reimbursed for their shortages in funds.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. DSA to comply with the police investigation. 2. Staff to continue to follow agency policy to count and account for funds. 				

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	<p>3. Staff to be trained that the staff assigned the med keys per the job list shall maintain those keys. Shall another staff need to the access the cabinet- the staff responsible for the keys shall witness their access."</p> <p>On 10/31/12 at 12:06 PM, a review of the facility's 11/04/11 Policy on Preventing Abuse and Neglect indicated, "DSA, Inc. prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves...'Exploitation' means:</p> <ol style="list-style-type: none"> 1. unauthorized use of the personal services, the property, or the identity of an individual; or 2. any other type of criminal exploitation, including exploitation under IC 35-46-1-1; for one's own profit or advantage or for the profit or advantage of another..." <p>On 10/31/12 at 2:50 PM an interview with the Area Director (AD) was conducted. The AD indicated there had been 3 separate incidents of money missing from the home. She indicated the policy was not followed as exploitation of funds occurred. She indicated on 6/15/12 the money missing from the home was not client money it was "behavioral money" which was used to purchase client reinforcers, but it was not client</p>				

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	<p>funds because they did not "earn" actual reinforcement money. She indicated client funds were missing on 7/30/12 and the recommendations from the investigation on 7/30/12 were not all followed. She further indicated client funds were again missing on 9/25/12. She indicated all client funds had been reimbursed by the agency.</p> <p>This federal tag relates to complaint #IN00117166.</p> <p>9-3-2(a)</p>			

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W0157	<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 8 of 12 BDDS (Bureau of Developmental Disabilities Services) reports reviewed, the facility neglected to initiate and document effective corrective action to prevent further incidents of client exploitation for clients A, B, C, D and E.</p> <p>Findings include:</p> <p>On 10/31/12 at 12:00 PM the facility's BDDS Reports were reviewed from 07/30/12 through 10/30/12 and indicated the following:</p> <p>1. 07/30/12: Separate BDDS reports for clients A, B, C and E all contained the following information: "It was reported on 7-30-12 that a total of \$31.00 in consumer funds was missing. A report has been filed with the [name] Police Department in regards to this incident. An investigation has been initiated regarding the missing consumer funds. DSA will continue to monitor their health and safety at DSA. Additional follow up will be sent following the outcome of the investigation."</p> <p>08/12/12: Follow-up Reports for clients A, B, C and E indicated: "After</p>	W0157	<p>The agency has created a system in which an accurate and full accounting of consumers accounts will be maintained. The consumer cash on hand audit form is used as a daily accounting of the monies held in the home. Additionally, this form is reviewed routinely by the Residential Director. The cash on hand ledger and the checking account ledger has also been revised so as to provide a more detailed accounting of the purchases made using the consumers funds. These are reviewed on a routine basis and no less than monthly. Any allegations of financial exploitation will result in a full investigation into the incident which will provide factual basis for management decisions. Persons Responsible: Area Director and Residential Director</p>	12/02/2012			

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	<p>investigation we were not able to determine where the money might have gone. Since it is the responsibility of the Residential Coordinator (RC) to manage all funds in the home and she did not do so she has since stepped down from her position and will work as a PSA (Professional Support Assistant). The Residential Director (RD) will handle the funds in the home from this point until a new RC has been put into place. The funds in the home are being closely monitored by a tracking sheet that is sent to the Area Director and Program Director weekly for Review. We will continue to monitor their health and safety at DSA."</p> <p>07/30/12: Investigation Summary Form indicated: "A routine audit of the money on 7/30/12 in the home revealed that #31.00 was found to be missing from the Cash on Hand (23.00) and the behavior money (8.00)...".</p> <p>07/30/12: Investigation Summary indicated: "RE: On 7/30/23, it was reported that money was missing from the cash on hand and behavioral money book in the [name] group home...7/31/12 IO (Investigating Officer) counts money in cash on hand book: [Client C]...missing 1 dollar. [Client E]...missing 5 dollars. [Client B]...missing 2 dollars. [Client A]...missing 15 dollars...7/31/12 IO</p>						

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	<p>review of behavior money:...[client A]...missing 8 dollars...8/1/12 Review of recommendations from 6/15/12 investigation as they pertain to this investigation...No behavior money should be kept in the home because at this point only the RC purchases the reinforces the ladies in this home do not receive money as reinforcers...After reviewing the investigation and [RC's] statement, it was evident that his recommendation was not followed. [RC] did acknowledge in the interview that she was told she was not to keep the behavior money in the home...There is evidence that a cash box audit was completed by the RD on 6/29/12. All staff who failed to complete a financial verification count on 6/14/12 should receive a form of progressive DA (Disciplinary Action) for not following the ash (sic) in home policies as they have been trained on it...</p> <p>Findings: ...[RC] was the only staff member present in the home from 9am-2pm. [RC] was the only staff member alone with the money. All staff members interviewed indicated that they were aware that they were supposed to dual count the money. All staff members failed to dual count the money at each shift change., [RC] lied during the investigation... There was an investigation completed in</p>				

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	<p>June 2012 regarding missing money in the same home. All levels of management failed to provide the oversight as recommended by the previous investigation.</p> <p>[RC] as present for the two other incidents where money was discovered missing...</p> <p>Recommendations: It is recommended that management assist staff in complying with policies and procedures regarding money that is kept in the home One barrier to ensuring the staff are following policy and procedures regarding money counts in the home is that one shift ends at the same time the next shift begins. Management should consider overlapping shifts so that a duel count can be completed and verified. It is recommended that the management continue to provide oversight regarding money kept in the home. It is recommended that each time management is in the home they complete a count of the money to ensure it is accurate.</p> <p>8/2/12: Program Services Director's (PSD) Administrative Review indicated:</p> <p>I concur with the IO findings and add the following:</p> <p>1) The Central Area has had 3 thefts</p>				

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	<p>occur in the past 3 months. Area leadership has failed to ensure that criminal activity does not occur within our agency.</p> <p>2) The RD and AD failed to ensure the recommendations of the previous investigation were followed.</p> <p>3) Lack of professional oversight has resulted in significant misuse of resource.</p> <p>4) [RD] unintentionally impeded the investigation with he actions she took immediately following the report of missing money.</p> <p>5) The RC, [name] failed to follow company policy and procedure regarding the safe keeping of consumer and agency finances.</p> <p>6) In all 3 incident (sic) involving missing money at 531 (group home location) and 533 (group home location), [RC] is the only staff that had opportunity in all 3 situations to take the missing money. In all 3 occasions [RC] had periods of time where she was the only staff present in the home.</p> <p>I amend the IO's recommendations as follows:</p> <p>1) [RC] to receive a written warning for misuse of resources and poor performance.</p> <p>2) [RC] is to be removed from her position as RC effective immediately.</p>			

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	<p>3) [RC] will not be paid for the time she was on investigative suspension.</p> <p>4) [Staff #3] and [staff #4] will be paid for any time they were scheduled to work while they were suspended.</p> <p>5) The RD and AD to receive a verbal warning for poor performance.</p> <p>6) The AD will ensure that the RD submits a copy of the Cash on Hand Audit for each home in the Central Area to the PSD by 5pm each Friday until the PSD directs otherwise.</p> <p>7) If the area procedure is going to require dual counts of money, they need to ensure the staffing schedules allow for time for staff to complete these counts.</p> <p>8) All Central Area staff to be retrained on policy and procedures regarding consumer finances by 8.17.12."</p> <p>08/13/12: Assertion of Understanding All Staff Meeting [group home name] indicated the following information was covered and signed off by staff attending: "...1. I understand that it is my responsibility when I come in for my shift I am to count ALL the money in the home and log it correctly in the money book. I further understand that this count must occur under dual control. This means that myself and a co-worker must sign on the log sheet to show that it was counted and verified together and that we log the time that it was verified along with the date. I</p>						

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	<p>understand this money should be kept locked in the med cabinet at ALL times. I understand that should money be missing or that I cannot find the money books I am to contact the RD immediately...".</p> <p>2. 09/25/12: Separate BDDS report for clients A, B, C and D all contained the following information: "On 09/25/12 direct care staff determined that cash was missing from the residents of the home when performing a shift change count of cash that is completed per agency policy. The total shortage is \$32.00. Management was immediately notified and an investigation was initiated. The cash amounts remaining were counted and verified with the staff members who found and reported the shortage. A police report was filed. The residents have been reimbursed for the shortages to their cash on hand by DSA Inc. Two staff members had access to the funds during the period of time that the cash came up missing. One of those staff members is a possible suspect in an unrelated and on-going police theft investigation at another program. This staff member refused to submit to a drug screen as part of the investigation on 09/26/12. This staff member's employment with DSA has been terminated and this information has been communicated to the police. It has not been substantiated that the other</p>			

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	<p>employee is responsible for the missing funds. Staff members in the home were following agency policy by performing witnessed counts of funds at each shift change. The funds were accounted for at 6am on 9/25 and it was discovered at 3pm on 9/25/12 that funds were missing." No record of documented effective corrective action was available for review.</p> <p>09/25/12: Investigation Summary Report indicated the following: "...Findings: 1. Counts of the COH (Cash on Hand) in the home have been completed by two staff at each shift change. All money was accounted for when [staff #1] and [staff #2] counted the cash at 6AM on 9/25/12. 2. The med keys did exchange hands between [staff #1] and [staff #2] on 9/25/12. There was discussion about (sic) shall pass meds. [Staff #2] passed meds to most of the clients as she insisted to do so per [staff #1's] report. 3. The COH was short for a total of \$32.00 when [staff #1] and [staff #2] counted the money at 2pm on 9/25/12. 4. Both [staff #1] and [staff #2] had access to the funds between 6am and 2pm on 9/25/12. 5. [Staff #1] was forthcoming in providing information and there are several pieces of documentation that substantiate her report. She was in two</p>						

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	<p>money pouches when obtaining state IDs (Identification cards) and putting new ID's in the pouches during the day. By her own report she did not look for the cash when she did this and did not notice whether the cash was present or not. There is not a history of [staff #1] being suspected for theft or abuse or neglect. It cannot be substantiated that she is responsible for the missing funds.</p> <p>6. [Staff #2] refused to go for a drug screen and left the home before she could be interviewed about the missing funds. She has not responded to calls. Her behavior indicates that she is likely responsible for the missing funds. Her employment has been terminated.</p> <p>7. DSA management staff are complying with the police investigation and have made contact to provide requested information. The police will be informed that [staff #2] is also suspect in the missing narcotic case (in another current investigation in a different group home).</p> <p>8. The women have been reimbursed for their shortages in funds.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. DSA to comply with the police investigation. 2. Staff to continue to follow agency policy to count and account for funds. 3. Staff to be trained that the staff assigned the med keys per the job list 						

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	<p>shall maintain those keys. Shall another staff need to the access the cabinet- the staff responsible for the keys shall witness their access."</p> <p>On 10/31/12 at 2:50 PM an interview with the Area Director (AD) was conducted. The AD indicated there had been 3 separate incidents of money missing from the home. She indicated on 6/15/12 the money missing from the home was not client money it was "behavioral money" which was used to purchase client reinforcers, but it was not client funds because they did not "earn" actual reinforcement money. She indicated client funds were missing on 7/30/12 and the recommendations from the investigation on 7/30/12 were not all followed. She indicated the agency neglected to implement and document effective corrective action for the BDDS incidents as client funds were again missing on 9/25/12. She indicated all client funds had been reimbursed by the agency and client funds are being reviewed by management daily.</p> <p>This federal tag relates to complaint #IN00117166.</p> <p>9-3-2(a)</p>						

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