

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G277	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/30/2012
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1887 S SR 1 CONNERSVILLE, IN 47331
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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
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: November 27, 28, 29, and 30, 2012.</p> <p>Surveyors: Susan Eakright, Medical Surveyor III/QMRP Vickie Kolb, Public Health Nurse Surveyor III</p> <p>Provider Number: 15G277 AIM Number: 100243560 Facility Number: 000797</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/6/12 by Tim Shebel, 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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, for 3 of 3 sample clients (clients #1, #2, and #3) the facility's governing body failed to ensure clients #1, #2, and #3 were not charged fees for financial arrangements for flu shots the facility established.</p> <p>Findings include:</p> <p>On 11/29/12 at 11:30am, clients #1, #2, and #3's facility financial records were reviewed for the period from 11/2011 through 11/29/12. Client #1, #2, and #3's 10/2012 "Weekly Budget" forms each indicated on 10/26/12 a "\$10.00 (receipt) from the [Name of County] Health Dept. (Department) [Each with Client #1, #2, and #3's full names] Received influenza vaccine 10/26/12." Clients #1, #2, and #3 each had an "Influenza Vaccine Administration Record of Parent/Guardian or Recipient Signature" sheet which indicated each received the vaccine, each client signed the form, and each client's signature was co-signed by a facility staff person authorizing the vaccine.</p> <p>On 11/29/12 at 11:30am, an interview with the facility's Nurse was completed.</p>	W0104	<p>W 0104 Governing Body....Budget The facility had the flu vaccinations completed by the Rush County Health Nurse for the consumers #1, #2, and #3. Shares Inc. had facilitated the process, and the shots were given to all consumers. Each consumer was asked to give a small donation to cover the cost of the vaccine. Each consumer paid this donation. Residential CRF has contacted Shares, Inc. and informed them that consumers would no longer participate in their flu shot program. Consumers will receive their vaccines from their physicians or the agency nursing staff, without cost to the consumer. In light of the fact that each consumer gave a donation, Residential CRF, Inc. will refund the cost of the donation, (\$10) to each consumer who did in fact pay for the vaccination. Residential CRF will inform all individuals that consumers will not pay for their medical care, including receiving vaccines. Date of Completion: 12/31/2012 Person Responsible: QMRP, Nursing staff, Agency financial staff</p>	12/31/2012			

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	<p>The nurse indicated clients #1, #2, and #3 each received the flu vaccine and stated each client gave a "donation" for their influenza vaccine of \$10.00.</p> <p>On 11/30/12 at 10:20am, an interview with the facility's three administrative staff (Administrative Office Manager, the Qualified Mental Retardation Professional (QMRP), and the Administrative Assistant) was conducted. The three administrative staff indicated clients #1, #2, and #3 should not have incurred a fee for their flu vaccinations. The three administrative staff stated clients #1, #2, and #3 paid a "donation" to the county health nurse for their flu vaccinations and should not have.</p> <p>9-3-1(a)</p>				