

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 926 S TENTH ST LAFAYETTE, IN 47905		
(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 an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 13, 14, and 15, 2012</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>Facility number: 000785 Provider number: 15G265 AIM number: 100249010</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/15/12 by Ruth Shackelford, 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.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2, and #3) to ensure the cash ledger and cash amount were the same amount and for 2 additional clients (clients #6 and #7) to ensure checking accounts were not overdrawn.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6-13-12 at 4:30 p.m. a review of clients #1, #2, and #3's cash on hand was conducted. Client #1's ledger indicated she had \$22.04 but the cash available was \$21.80. Client #2's ledger indicated he had \$10.65 but the cash available was \$10.60. Client #3's ledger indicated he had \$0.00 but the cash available was \$.03. On 6-13-12 at 12:00 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The BDDS reports indicated the following: <ul style="list-style-type: none"> -A BDDS report dated 8-5-11 for client #7 indicated her bank had notified the facility that her checking account had been 	W0140	<p>The facility will establish and maintain a system that assures a full and complete accounting of the clients personal funds entrusted to the facility on behalf of clients. The Program Director will retrain the Home Manager and Direct Support Staff on policy and guidelines for client finances, maintaining client checking accounts, cash accounts, and reconciling bank statements, to ensure that client accounts are never overdrawn. The Program Director will review all finances monthly. Finances will be turned in to the Client Financial Specialist, to ensure proper documentation and reconciliation per company and social security guidelines. Responsible Parties: Program Director, Home Manager, Client Financial Specialists</p> <p>Completion Date: 7/15/12</p>	07/15/2012			

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	<p>overdrawn. The facility did reimburse client #7 the \$33.00 overdraft fee.</p> <p>-A BDDS report dated 4-16-12 for client #6 indicated he had written 3 checks which caused the overdraft fee of \$33.00. The facility did reimburse client #6 for the overdraft fee.</p> <p>On 6-13-12 at 12:45 p.m. an interview with the Qualified Mental Retardation Professional indicated clients #6 and #7 needed assistance with budgeting and facility staff should assist to ensure insufficient checks are not written.</p> <p>9-3-2(a)</p>				