

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G489	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7469 KINGSWOOD ST TERRE HAUTE, IN 47802
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 5, 6, 7, 8, 9, 2015</p> <p>Provider Number: 15G489 Aims Number: 100235260 Facility Number: 001003</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/13/15.</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, the facility failed for 7 of 8 clients residing in the group home (#1, #2, #4, #5, #6, #7, #8), to maintain a complete and accurate accounting system of clients' funds entrusted to the facility.</p>	W 0140	<p>The facility has established and maintains a system that assures a complete accounting of each client personal funds entrusted to the facility on the client's behalf. The agency has current policies and procedures regarding client's personal funds. All staff at the home along with the Residential</p>	11/06/2015

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>Findings include:</p> <p>Record review of the facility reportable incident reports was done on 10/6/15 at 11:10a.m. An incident report on 8/25/15 indicated clients #1, #2, #4, #5, #6, #7 and #8 had an alleged mistreatment incident (missing funds totaling \$46.86) and the investigation was initiated on 8/26/15. The allegation alleged the clients' had the following missing funds, that had been entrusted to the facility: client #1- \$28.14; client #2- .06; client #4- \$8.17; client #5- \$4.49; client #6- .12 cents; client #7- .64 cents; client #8- \$4.24. The documentation indicated the investigation findings/summary had recommended all staff be retrained ("inserviced") on their responsibilities in maintaining accurate financial records. The recommendations also indicated all client missing funds would be reimbursed to the clients.</p> <p>Staff #1 was interviewed on 10/8/15 at 12:02p.m. Staff #1 indicated client funds entrusted to the facility should be kept locked and monitored by the home manager and program coordinator weekly. Staff #1 indicated the clients had missing funds (funds that did not equal the receipts for money deposited/spent) that had been entrusted to the facility.</p>		<p>Manager and the Clinical Supervisor/QIDP will receive training on this policy and the procedures on proper documentation of transactions and securing client personal funds. The Program Manager will be responsible for the training. The Residential Manager and Clinical Supervisor/QIDP will monitor and audit client personal funds on at least a weekly basis to assure that client funds are secured and accounted for. The Program Manager or designee will also complete an audit on at least a quarterly basis to ensure that all client funds are being handled and secured according to facility policy and procedures. Any discrepancies noted will be resolved immediately. Addendum added 11-12-15: All of the missing funds have been reimbursed by ResCare to the individuals involved. All of the staff at the home has completed re-training on the accounting and safe guarding of client funds. Trainig included the acknowlwdgement that staff are aware of their responsibilities to count and account for the client funds at the beginning of each shift and the process to follow if there should ever be a discrepancy noted. This training was provided to each direct support staff by the Residential Manager. Training was documented and placed in the employee file. New</p>		

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W 0156 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed for 1 of 1 reportable incident investigations reviewed (clients #1, #2, #4, #5, #6, #7, #8) to ensure reportable incident investigation results were reported to the administrator within five working days.</p> <p>Findings include:</p> <p>Record review of the facility reportable incident reports was done on 10/6/15 at 11:10a.m. An incident report on 8/25/15 indicated clients #1, #2, #4, #5, #6, #7 and #8 had an alleged mistreatment incident (missing client funds totaling \$46.86) and the investigation was initiated on 8/26/15. The allegation alleged the clients' had the following missing funds, that had been entrusted to the facility: client #1- \$28.14; client #2-.06; client #4- \$8.17; client #5- \$4.49;</p>			W 0156	<p>employees receive this training as part of their orientation training. Any staff that does not follow the procedures for the safe-keeping of client funds will be subject to corrective action up to and including termination.</p> <p>The facility has developed and will consistently implement written policies concerning the procedures for reporting suspected abuse immediately to the administrator or other officials in accordance with State law through established procedures.</p> <p>The facility has policies and procedures in place that outline the definition of abuse, neglect and mistreatment, reporting requirements for all allegations; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow up to any such allegations reported. All incidents are to be reported immediately according to facility procedures and that follow up and should be reported to the administrator within 5 working days. The Program Manager is responsible to see that</p>		11/06/2015

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W 0157 Bldg. 00	<p>client #6- .12 cents; client #7- .64 cents; client #8- \$4.24. The documentation indicated the investigation findings/summary had been reported to the facility administrator on 9/14/15.</p> <p>Staff #1 was interviewed on 10/8/15 at 12:02p.m. Staff #1 indicated the alleged mistreatment investigation for client missing funds had begun on 8/26/15 and had been completed and submitted to the administrator on 9/14/15. Staff #1 indicated the facility failed to complete the investigation within 5 working days.</p> <p>9-3-2(a)</p> <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, the facility failed for 1 of 1 investigations of alleged mistreatment reviewed (clients #1, #2, #4, #5, #7, #8), to ensure appropriate identified corrective action was taken.</p> <p>Findings include: Record review of the facility reportable</p>	W 0157	<p>investigations are timely and reported appropriately.</p> <p>The Clinical Supervisor, QIDP and Program Manager will complete re-training on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by policy are investigated immediately and thoroughly and immediately reported to the administrator, and completed within five working days. This training was completed by the ResCare Corporate QA Director on Oct 29, 2015 with all Leadership Team members.</p> <p>The facility has a "zero-tolerance" policy for abuse, neglect or mistreatment of individuals served. The facility will actively and aggressively investigate all allegations of abuse, neglect, and/ or mistreatment. All incidents are to be reported immediately according to the facility procedures and will be followed up accordingly. Follow-up is to be initiated immediately. The</p>	11/06/2015

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	<p>incident reports was done on 10/6/15 at 11:10a.m. An incident report on 8/25/15 indicated clients #1, #2, #4, #5, #6, #7 and #8 had an alleged mistreatment incident (missing funds totaling \$46.86) and the investigation was initiated on 8/26/15. The allegation alleged the clients had the following missing funds, that had been entrusted to the facility: client #1- \$28.14; client #2- .06; client #4- \$8.17; client #5- \$4.49; client #6- .12 cents; client #7- .64 cents; client #8- \$4.24. The documentation indicated the investigation findings/summary had recommended all staff be retrained ("inserviced") on their responsibilities in maintaining accurate financial records. The recommendations also indicated all client missing funds would be reimbursed to the clients.</p> <p>Staff #1 was interviewed on 10/8/15 at 12:02p.m. Staff #1 indicated the facility's corrective action identified for the 8/25/15 incident, had included retraining facility staff on clients funds kept in the group home and the reimbursement of client funds. Staff #1 indicated as of 10/8/15, there was no documentation the facility staff had been retrained on this identified corrective action and client funds had not been reimbursed.</p> <p>9-3-2(a)</p>		<p>Program Manager is responsible to see that follow-up to the recommendations of an investigation is completed in a timely fashion which could include staff training and, such as this incident, reimbursement. The Program Manager is aware of this responsibility. All investigations will be reviewed with the Executive Director within 5 days and a plan for follow-up will be developed and assigned at that time. All staff including the Home Manager will complete training on the agency's policy for handling client funds. The Program Manager will be responsible for implementing this training with all staff members. The Home Manager and/ or Clinical Supervisor is responsible for conducting an at least weekly check of the clients funds that are maintained at the home to insure accuracy and balanced accounting. Any issues are to be addressed immediately. The amount of cash will be accounted for at all times. Addendum added 11-12-15: All of the missing funds have been reimbursed by ResCare to the individuals involved. All of the staff at the home has completed re-training on the accounting and safe guarding of client funds. Training included the acknowledgement that staff are aware of their responsibilities to count and account for the client funds at the beginning of each shift and the</p>	

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			process to follow if there should ever be a discrepancy noted. This training was provided to each direct support staff by the Residential Manager. Training was documented and placed in the employee file. New employees receive this training as part of their orientation training. Any staff that does not follow the procedures for the safe-keeping of client funds will be subject to corrective action up to and including termination.		