

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W0000	<p>This visit was for investigation of Complaint #IN00102561.</p> <p>Complaint #IN00102561 - Substantiated, Federal and State deficiency related to the allegation(s) is cited at W104.</p> <p>Survey Dates: February 10, 13 and 20, 2012</p> <p>Facility Number: 000723 Provider Number: 15G193 Aim Number: 100234760</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 4/13/12 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 5 of 6 clients living in the home (clients A, B, C, D and E) and 1 additional client recently moved (client G), the governing body failed to reimburse money missing from the clients' Home Cash Accounts.</p> <p>Findings include:</p> <p>Review of the facility Bureau of Developmental Disability Services (BDDS) incident reports was conducted on 2/10/12 at 11:00 AM. The incident report dated 1/11/12 and reported on 1/12/12 indicated "When the Program Coordinator completed their monthly financial audit, it was determined that the client accounts were short a total of \$240.00. Res Care called the [name of county] County Sheriff's office as required by the Elder Protection Act and Officer [name of officer] came to the office and made a report." The plan to resolve in the BDDS incident report indicated "The Quality Assurance Department will be completing a (sic) investigation regarding the missing funds after the conclusion of the Police Investigation. As an immediate protective measure, the facility has</p>	W0104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility. Corrective Action: (Specific): All missing money was reimbursed to each consume and A Policy had been developed that states that all missing money will be reimbursed within 7 days of the report. How others will be identified: The business office staff has been trained on the Reimbursement of Missing Funds Policy and Procedure. Measures to be put in place: All missing money was reimbursed to each consumer and a policy had been developed that states that all missing money will be reimbursed within 7 days of the report. Monitoring of Corrective Action: The Executive Director or designee will ensure that all missing funds are reimbursed according to the Reimbursement of Missing Funds Policy and Procedure. Completion date: 4/27/12</p>	04/27/2012			

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	<p>implemented a financial audit that will be completed at the conclusion of each shift. The \$240.00 will be reimbursed to the consumers by Res Care upon the conclusion of the investigation." Review of the client finance record indicated the clients were missing the following amounts:</p> <ul style="list-style-type: none"> Client A - \$50.00 Client B - \$52.00 Client C - \$42.00 Client D - \$31.00 Client E - \$50.00 Client G - \$15.00 <p>Interview with staff #2, Administrator, on 2/10/12 at 1:30 PM indicated the investigation had been turned over to the county sheriff and there had not been a conclusion on who could have taken the money. Staff #2, Administrator, indicated the money had not been replaced in the clients' accounts. Staff #2, administrator, indicated their policy was to replace the money in the clients' accounts when the investigation had been completed by the sheriff's department. Staff #2, administrator, did not provide documentation of the policy indicating the delay in refunding the money until the investigation was completed by the sheriff's office.</p> <p>9-3-1(a)</p>						

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