

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G422	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/08/2013
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220		
(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 investigation of complaint #IN00122101.</p> <p>Complaint #IN00122101: Substantiated. Federal/state deficiency related to the allegation is cited at W104.</p> <p>Dates of Survey: February 04, 05, 06, 07 and 08, 2013.</p> <p>Facility Number: 000936 Provider Number: 15G422 AIMS Number: 100244610</p> <p>Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III/QMRP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed February 14, 2013 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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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 1 of 3 sample clients (client C) for whom the facility managed their personal funds accounts, the Governing Body failed to exercise general operating direction over the facility by failing to ensure policy and procedure was followed regarding the client's individual personal fund account.</p> <p>Findings include:</p> <p>Client C's records were reviewed on 02/06/13 at 1:53 PM. Client C's ISP (Individual Support Plan) dated 04/23/12 indicated client C was not able to independently handle her money and required assistance. Client C's Resident Fund Management Service Statement (RFMS) dated 08/01/12 to 02/05/13 indicated on 12/20/12 client C was issued a check for \$200.00. The December 2012 "Cash on Hand Ledger" indicated the \$200.00 was "deposited" onto client C's ledger. The December 2012 ledger contained an entry, "12/21 - \$50.00 - Loan to [client C's] grandmother/HCR (Health Care Representative)."</p> <p>On 02/06/13 at 5:20 PM a review of the</p>	W0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, facility professional staff will be retrained on agency client financial procedures including but not limited to the fact that "no individual funds will be loaned or otherwise transferred to employees, or other individuals"</i></p> <p>PREVENTION: The Residential Manager will maintain responsibility for maintaining client financial records and the Clinical Supervisor will audit these records no less than weekly. All Supervisory and direct support staff will be retrained regarding the need to assist clients with budgeting and collecting receipts including but not limited to when clients go shopping with family members. This retraining will focus on the facility's responsibility for protective oversight of clients who are not assessed as being able to make informed choices about the use of their personal funds.. The Clinical Supervisor will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally,</p>	03/10/2013
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	<p>agency's policy, "Individual Finance Management including RFMS" was conducted. The policy indicated, "It is the policy of this operation to responsibly manage and monitor individual finances at all the locations...17. No individual funds will be loaned or otherwise transferred to employees, or other individuals...".</p> <p>On 02/05/13 an interview with staff #1 indicated the \$50.00 was loaned to client C's grandmother/HCR.</p> <p>On 02/06/13 at 4:00 PM an interview with the Program Manager (PM) was conducted. She indicated the agency was responsible for assisting client C with her funds as she was not independent with her money and required assistance. She indicated the agency's policy prohibited any client money from being loaned to any individual. She indicated staff should not have allowed client C to loan the \$50.00.</p> <p>This federal tag relates to complaint #IN00122101.</p> <p>9-3-1(a)</p>		<p>members of the Operations and Quality Assurance Teams will include audits of client finances as part of an ongoing facility audit process.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Operations Team, Quality Assurance Team</p>		

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