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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G100 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/04/2013 |
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| NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 6371 VERMONT ST MERRILLVILLE, IN 46410 |
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| W000000 | <p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00128970.</p> <p>Complaint #IN00128970: Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W104, W140, W149 and W154.</p> <p>Dates of Survey: 5/20, 5/21, 5/22, 5/23 and 6/4/13</p> <p>Facility Number: 000638 Provider Number: 15G100 AIMS Number: 100233970</p> <p>Surveyors: Paula Chika, QIDP-TC Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/11/13 by Ruth Shackelford, QIDP.</p> | W000000 | | |

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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| W000104 | <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 observation, interview and record review for 2 of 2 sampled clients (A and B) and for 2 additional clients (C and D), the governing body failed to exercise general policy and operating direction over the facility to develop a financial policy in regard to client A and C's funds. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure facility staff contacted maintenance about running water under the kitchen sink, cleaned and/or removed black substance in the shower stall. The governing body failed to exercise general policy, budget and operating direction over the facility to maintain/clean the carpet and to ensure new living room furniture was purchased for clients A, B, C and D. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A had an appropriate container to carry his lunch in to the day service program.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were</p> | W000104 | <p>A work instruction for protecting and managing client finances will be completed by 7/4/13. See W 140 for additional information.</p> <p>Area managers will have ordered replacement or repair of the furniture by 7/4/13. Carpets will be cleaned by 7/4/13, and are being evaluated for replacement.</p> <p>Maintenance fixed the leaky sink by 5/21/13 and black substance was sanitized with bleach 5/21/13 and again 5/24/13. As stated in the POC the entire bathroom will be remodeled pending final approval.</p> <p>Client A lunch box will be replaced and all other lunch boxes will be inspected for the need for replacement. In the future Area Managers will complete house rounds weekly for four weeks and then monthly thereafter. As part of these rounds they will inspect lunch boxes and will instruct staff to purchase replacement lunch boxes as needed.</p> | 07/04/2013 | | | |

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| | <p>reviewed on 5/20/13 at 1:08 PM. The facility's report dated 4/19/13 at 9:45 AM indicated "on 4/19/13, Guardian [name of guardian] contacted Behavior Health Director (administrative staff #1) to report that [client B] may be missing funds that total \$869.62 without explanation. She reported that \$300.00 was withdrawn from savings on 4/5/13, \$260.00 was withdrawn on 4/9/13, \$200.00 was withdrawn on 2/19/13, and \$109.62 is missing from the house's accounting of his funds. An investigation was launched into this matter. All staff involved in [client B's] care were removed from the schedule as a precaution until the investigation has been completed. The following staff were suspended: [Staff #1]; [staff #2]; staff #3]; [staff #6]. The agency removed the consumer's ID (identification) and money pouch from the home for investigation review and to prevent further exploitation during the course of the investigation...."</p> <p>The facility's 5/14/13 follow-up report indicated the facility was waiting to hear from the guardian about the police investigation. The follow-up report indicated the facility reimbursed client B \$260.00 on 5/13/13. The follow-up report indicated "...Since last follow up, one staff (staff #6) has admitted to taking funds of \$260.00 from consumer account</p> | | | |

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| | <p>and currently remains off the schedule. It was verified and confirmed the other staff was at the group home with other consumers and was not involved in this incident and was returned to the schedule. We have now found the alleged perpetrator in regards to the theft of the funds from this consumer and appropriate agency recommendations are being implemented."</p> <p>The facility's 5/15/13 follow-up report indicated "...Staff [staff #6] admits to having taken \$260.00 out of his account and replacing it three weeks later. [Client B] spent \$149.20 at [name of store]. In surveying the home several of these items cannot be located. These items from [name of store] include: Socks \$7.96 Pillow \$5.88 Hoodie \$12.66 Boxers \$15.97 ----- Total: \$42.46</p> <p>On 4/6/13 \$44.00 was removed from [client B's] cash at the home. The hand written receipts stated 'Break." A total of \$86.46 needs to be reimbursed to [client B]. Guardian has asked that it be deposited in his account and that she be given a copy of the receipt as she will be out of state for the next few weeks.</p> | | | |

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| | <p>Working relationship with the mother have (sic) been established for future control of funds for [client B]."</p> <p>The facility's 5/14/13 investigation indicated the SC was interviewed on 4/22/13. The SC's 4/22/13 witness statement indicated clients' budget sheets were to be submitted to the SC at the beginning and the middle of the month (two times a month). The SC's witness statement indicated bank receipts, withdrawal and deposit slips are submitted with the clients' budget sheets which are reviewed by the SC and signed. The SC's witness statement indicated she would "...review the total balance (to make sure it does not exceed \$1500). I look for strange activity. I do not always balance household budgets to the bank statement unless something strange is noted...." The SC's witness statement indicated "...To insure (sic) future compliance, I will work more closely with the area manager and residential staff to make sure items are turned in in a timely fashion...."</p> <p>The facility's 5/14/13 investigation indicated Residential Services Shift Change Checklists were reviewed from 4/5/13 to 4/19/13 which indicated the clients' funds were counted each shift. The checklists indicated client B had the</p> | | | |

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| | <p>following cash, coins and/or checks total amounts in the group home:</p> <p>-4/5/13 \$360.29 (5:00 PM to 10:00 PM and 4:30 PM to 10:30 PM)</p> <p>-4/6/13 \$320.29 (6:00 AM to 10:30 PM) -4/6/13 \$360.29 (10:30 PM to 7:30 AM)</p> <p>-4/7/13 \$320.29 (6:00 AM to 10:30 PM) -4/7/13 \$320.29 (10:30 PM to 7:30 AM)</p> <p>-4/8/13 \$372.59 (4:30 PM to 10:30 PM)</p> <p>-4/9/13 \$372.59 (4:30 PM to 10:30 PM)</p> <p>-4/10/13 \$372.59 (4:30 PM to 10:30 PM)</p> <p>-4/11/13 \$372.29 (4:30 PM to 10:30 PM)</p> <p>-4/12/13 \$372.29 (6:00 AM to 9:00 AM) -4/12/13 \$376.29(4:30 PM to 10:30 PM and 5:00 PM to 7:30 AM)</p> <p>-4/13/13 \$376.28 ("5:00 PM to 10:30 PM/10:30 PM to 7:30 AM/11:30 AM to 10:30 PM")</p> <p>-4/14/13 \$376.29 (7:00 AM to 10:30 PM) -4/14/13 \$376.28 ("5:00 PM to 10:30 PM/7:30 AM -11:30 PM-10:30 PM")</p> <p>-4/15/13 \$372.29 (4:30 PM to 10:30 PM)</p> | | | |

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| | <p>-4/16/13 \$372.29 (4:30 PM to 10:30 PM)</p> <p>-4/17/13 \$372.29 (4:30 PM to 10:30 PM)</p> <p>-4/18/13 \$372.29 (4:30 PM to 10:30 PM)</p> <p>-4/19/13 \$372.29 (4:30 PM to 10:30 PM)</p> <p>A review of 1 of 2 investigation records submitted for review was conducted on 5/20/13 at 1:30 P.M.. Review of investigation record involving client C indicated: "BDDS report dated 5/8/13 During a review of consumers banking accounts by the Service Coordinator the following discrepancies were discovered: On 1/18/13 \$72.00 subsidy check was cashed and unaccounted for in regards to receipts. On 3/13/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. On 3/15/13 \$200.00 was withdrawn, this money was not accounted for with receipts. On 4/6/13 \$240.00 was withdrawn, no receipts were located. On 4/13/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account...Total missing: \$720.00. Also it was found that on 2/9/13 \$600.00 was withdrawn then on 2/11/13 \$600.00 cash was deposited back into his account. This is being questioned in regards why withdrawal was made and deposited back into account without</p> | | | |

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| | <p>permission of Service Coordinator..."</p> <p>Follow-Up Report dated 5/14/13: "Upon review of financials, the Service Coordinator found discrepancies in consumer funds...The investigation was concluded and it was found staff admitted taking \$240.00 out of consumer's account which was not replaced back. This same staff also admitted to taking \$600.00 out of consumer's account and returned it two days later. Investigator confirmed through banking account that funds (600.00) were replaced back however the \$240.00 was not. 2 staff were removed at the time of this investigation from the schedule. 1 staff has been returned to the schedule and the investigator confirmed that staff had no knowledge that money had been removed by co-worker. Further recommendations is (sic) being made for staff who admitted removing money from the consumer account and remains off of the schedule as of date." Further review of the investigation record indicated: "On 2/9/13, \$600.00 was withdrawn and redeposited on 2/11/13 per statement. On 4/6/13, \$240.00 was withdrawn by [Direct Support Professional #6] and as of 5/10/13 has not been repaid...During a review of consumers banking accounts by the Service Coordinator the following discrepancies were discovered: On 1/18/13 \$72.00 subsidy check was cashed and unaccounted for in regards to</p> | | | |

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| | <p>receipts. On 3/28/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. On 4/6/13 \$240.00 was withdrawn, no receipts were located. On 4/16/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. Also it was found that on 2/9/13 \$600.00 was withdrawn then on 3/11/13 \$600.00 cash was deposited back into his account. Recommendations on investigation on the exploitation of [client C] 5/14/13: [Staff #6] admits to having taken \$600.00 out of his account and returning it two days later. [Staff #6] admits to having taken \$240.00 out of [client C]'s account. These funds are still missing. Reimburse client \$240.00." Further review of the investigation failed to indicate client C was reimbursed the stolen/missing money.</p> <p>The facility's 5/14/13 training for Client Budgets was reviewed on 5/21/13 at 3:21 PM. The Summary indicated the following:</p> <p>"1. ALL money transactions are to be documented the SAME day the transaction occurred. 2. Be specific in what is purchased and always attach receipts. 3. Clients are not to have more than \$25</p> | | | | | | |

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| | <p>cash in the house (unless otherwise specified by coordinator).</p> <p>4. ALL withdrawals from the bank must be approved by the coordinator.</p> <p>5. No checks should be left un-deposited for more than 1 week.</p> <p>6. SIGN YOUR NAME next to each transaction you make.</p> <p>7. Check your math, and the math of other DSPs (Direct Support Professionals). If you see an error correct it.</p> <p>8. Turn budgets in ON TIME.</p> <p>9. If you have questions, please do not hesitate to ask...."</p> <p>The facility's policy and procedures were reviewed on 5/20/13 at 1:00 PM. The facility's policy and procedures did not indicate the facility had a policy in regard to client finances.</p> <p>Interview with administrative staff #1 and #4 on 5/22/13 at 1:15 PM indicated staff #6 had admitted to taking client B's \$260.00. Administrative staff #1 indicated the SC was responsible for monitoring the clients' finances. Administrative staff #1 indicated facility staff had been retrained in regard to client finances. When asked how much money clients could keep in the group home, administrative staff stated "\$25 for other clients." Administrative staff #1 and #4</p> | | | |

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| | <p>indicated client B's guardian wanted client B to keep \$100.00 cash on hand at the group home. When asked how long checks should be kept in the group home, administrative staff #1 stated "No time limit set. We need to look at." When asked if the facility had a policy and procedure in place for client finances, administrative staff #1 indicated the facility was in the process of developing "work instructions." Administrative staff #1 and #4 indicated the facility did not have a written policy on how the group homes were to keep/manage clients' finances. Administrative staff #4 stated the facility's "ISO (Quality Assurance) audited clients' funds."</p> <p>Interview with administrative staff #4 on 5/23/13 at 1:40 PM indicated an audit had not been done on the Vermont group home. Administrative staff #4 stated "Only do sampling. Not systematic part of maintaining finances."</p> <p>2. An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. Upon entering the group home, the living room couch was sunk in and broken. The love seat with an end recliner was broken. The furniture smelled of urine. The living room and family room carpet had black stains throughout. A floor heat vent located</p> | | | |

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| | <p>between the living room and family room was lifted up above the carpeting which left an uneven surface.</p> <p>During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home at 7:12 AM, a black substance (mold) was seen in the shower stall of the bathroom near the bottom of each side of the shower stall walls. In the kitchen, two towels were on the floor near the sink. At 7:45 AM, the towels were soaked with water. There was a steady drip of water from under sink running out of the bottom of the cabinet located under the sink. At 8:02 AM, staff #4 was washing dishes at the sink. Water was running out of the bottom cabinet from under the sink like a waterfall. Staff #5 stated "My feet are wet." Staff #5 removed the wet towels from the floor and placed another towel at the bottom of the cabinet to try and stop the running water. Staff #4 then told staff #5 to try and keep the water into the pan which was in the sink and to throw the water out. Staff #5 returned to washing the dishes with water still running out of the cabinet when the client turned the water on to rinse the dishes. At 8:15 AM, staff #5 took the pan of water and threw out the front door of the group home. Water could be seen standing on the kitchen floor. Staff #5 then went into the dining</p> | | | |

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| | <p>room and retrieved a small industrial fan blower and turned it on the floor in the kitchen. Staff #5 also retrieved a mop and attempted to mop up the water on the floor. At 8:20 AM, client B went into the kitchen to get in the refrigerator. Staff #5 redirected client B to get a glass of water. Client B retrieved a cup and obtained water from the sink. Client B stood in the puddle of water which was near the sink. The bottom of the base of the cabinet was water logged from the leak/running water.</p> <p>Interview with staff #5 on 5/21/13 at 7:45 AM indicated the pipes under the sink had a leak. Staff #5 indicated the dishwasher was also not working due to the leak. Staff #5 indicated the kitchen sink had been leaking for 2 weeks. Staff #5 indicated maintenance came out to the group home last week and looked at the sink. Staff #5 indicated she thought the maintenance staff was coming back this past weekend to finish fixing the sink. Staff #5 stated "It is a fall hazard for the clients."</p> <p>Interview with staff #4 on 5/21/13 at 7:55 AM and at 8:05 AM when asked why the floor was getting wet, stated "Waiting on part. Called maintenance on 16th (5/16/13). We have to use sink. Plugging up and using industrial dryer vac for floor." Staff #4 indicated the staff would</p> | | | |

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| | <p>try to redirect the other clients to not go into the kitchen area at the sink to try and prevent the clients from falling. When asked what the black substance was in the shower stall, staff #4 stated she thought the substance was "black mold, but not sure." Staff #4 stated "It looks like mold." Staff #4 indicated maintenance was aware of the black substance in the shower and came out to the group home to look at it. Staff #4 indicated the maintenance staff indicated it was not black mold. Staff #4 indicated the substance would not clean off with bleach and/or vinegar and water. Staff #4 indicated the bathroom was to be redone.</p> <p>Interview with the Maintenance Director (MD) on 5/21/13 at 1:10 PM indicated he was not sure what the black substance in the shower was. The MD indicated he had not been contacted about the black substance in the shower staff from the group home. The MD indicated the bathroom's remodeling had been approved. The MD indicated maintenance staff had been out to the group home last week to fix the drains. The MD stated they had to replace a section to the pipes/drains due to the drain was "clogged with grease." The MD indicated he was not aware of any leaks with the sink and standing water. The MD indicated he would send someone</p> | | | |

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| | <p>over today (5/21/13). The MD indicated the group home staff should have called if there was a leak.</p> <p>Interview with maintenance staff #2 on 5/21/13 at 2:35 PM indicated the group home showers should be cleaned. Maintenance staff #2 indicated facility staff were not cleaning the showers as maintenance staff #2 was removing the black substance with a bleach cleaner. Maintenance staff #2 indicated the showers should be cleaned after each use.</p> <p>A 11/12/12 typed letter in regard to the Bathroom at Vermont, by the MD, was reviewed on 5/21/13 at 1:47 PM. The typed letter indicated "Existing bath has a wheelchair shower that was made from a rubber membrane and tile, it is leaking and we haven't been able to stop the leak. Water is dripping into the basement...." The typed letter indicated the Director of Community Services approved the \$3717.17 bid to remodel the bathroom on 4/30/13. The handwritten note by the director indicated the remodeling was placed on the "Capital List."</p> <p>3. During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, staff #5 placed food items into client A's lunch box to take to the day service program. Client A's lunch</p> | | | |

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| | <p>box/container was orange in color with client A's initials on the container. The lunch box material was torn and hanging loosely on the lunch box which exposed the insulation of the lunch box. The rest of the material on the lunch box was worn, discolored and not clean.</p> <p>Interview with staff #5 on 5/21/13 at 8:05 AM indicated the orange lunch box was for client A. Staff #5 indicated the group home had bought 2 new lunch boxes for other clients but still needed to purchase 2 lunch boxes. Staff #5 indicated she still needed to purchase a lunchbox for client A. Staff #5 stated "Only had enough money in budget to buy 2."</p> <p>This federal tag is related to complaint #IN00128970.</p> <p>9-3-1(a)</p> | | | | |

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| W000125 | <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, the facility failed to ensure a legally sanctioned decision maker was obtained to assist in financial decisions for 1 of 4 clients (client D) residing at the group home.</p> <p>Findings include:</p> <p>A review of the facility's record was conducted on 5/20/13 at 12:45 P.M.. Review of the group home client roster dated 5/20/13 indicated client D did not have a legally sanctioned decision maker to assist with making financial decisions.</p> <p>A review of client D's record was conducted at the facility's administrative office on 5/21/13 at 3:04 P.M.. Client D's Individual Support Plan (ISP) dated 8/24/12 indicated: "Legal Status: Self..Will match number cards with correct set of pennies (from 1 cent to 5 cents)." The "Conference Summary" dated 8/24/12 indicated "Requires assistance with decision making. Staff</p> | W000125 | Client D will be referred to NIAG for guardianship assignment by 7/4/13. In the interim his sibling continues to act as his advocate. In the event of the need for medical treatment a relationship with VAS has been established so that temporary guardianship can be arranged and treatment acquired.July 3, 2013All other consumers have guardians. | 07/04/2013 |

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| | <p>should assist [client D] and encourage him to make as many simple decisions for himself as possible. The "Developmental Assessment" dated 8/25/12 indicated: "Needs assistance in using money, money handling, banking, budgeting tasks and purchasing tasks. He uses money but does not make change correct (sic), does shopping with close supervision...Cannot write or print any words without assistance...He is nonverbal or nearly nonverbal...He recognizes fewer than ten words...Needs assistance in telling time, time concepts and number tasks. He has no concept of any of these tasks."</p> <p>An interview with the Service Coordinator (SC) was completed at the facility's administrative office on 5/23/13 at 12:45 P.M.. The SC indicated client D did not have a legally sanctioned decision maker to assist him in making financial decisions and was unable to do so independently.</p> <p>9-3-2(a)</p> | | | |

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| W000136 | <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure the clients participated in activities/outings in the community.</p> <p>Findings include:</p> <p>The facility's Daily Logs were reviewed on 5/22/13 at 12:05 PM. The Daily Logs from 9/12 to 5/13 indicated client B had been on one documented community outing/activity on 2/12/13. The 2/12/13 indicated the client went out to eat at a restaurant in the community. Client B's Daily Logs did not indicate any additional documentation of activities/outing in the community.</p> <p>A review of the group home "Daily Logs" was conducted on 5/22/13 at 12:15 P.M.. Client A's "Daily Logs" dated 9/12 to 5/13 did not indicate any documentation of activities/outings in the community.</p> <p>Interview with the Service Coordinator (SC) on 5/23/13 at 12:45 PM stated clients A and B went to a restaurant in the</p> | W000136 | <p>A new method of documenting community outings for all clients will be implemented by 7/4/13. Staff will be trained on documenting these outings and ensuring that all clients actively participate in the community. The service Coordinator will review these activity logs weekly for one month and monthly thereafter to ensure future compliance with community outings. July 3, 2013 All other consumers have guardians.</p> | 07/04/2013 |
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| | community a "couple of weeks ago." The SC indicated facility staff should document the outings/activities in the Daily Logs. 9-3-2(a) | | | |

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| W000140 | <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 to maintain an accurate accounting system for 2 of 4 clients residing at the group home (clients B and C), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>1. A review of 1 of 2 investigation records submitted for review was conducted on 5/20/13 at 1:30 P.M.. Review of investigation record involving client C indicated: "On 2/9/13, \$600.00 was withdrawn and redeposited on 2/11/13 per statement. On 4/6/13, \$240.00 was withdrawn by [Direct Support Professional #6] and as of 5/10/13 has not been repaid...During a review of consumers banking accounts by the Service Coordinator the following discrepancies were discovered: On 1/18/13 \$72.00 subsidy check was cashed and unaccounted for in regards to receipts. On 3/28/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. On 4/6/13 \$240.00 was</p> | W000140 | All client receipts will be reviewed through October 2012 when the alleged perpetrator of exploitation became employed with the Arc. Any suspicious receipts that cannot be accounted for and moneys spent for hot lunches will be reimbursed to the consumer by 7/4/13. A work instruction for protecting and managing client finances will be completed by 7/4/13. Staff in the home will be trained on this system with return demonstration. One proficient at documenting the client's financial information is obtained the service coordinator will audit them weekly for one month and then bi weekly thereafter. | 07/04/2013 | | | |

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| | <p>withdrawn, no receipts were located. On 4/16/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. Also it was found that on 2/9/13 \$600.00 was withdrawn then on 3/11/13 \$600.00 cash was deposited back into his account. Recommendations on investigation on the exploitation of [client C] 5/14/13: [Staff #6] admits to having taken \$600.00 out of his account and returning it two days later. [Staff #6] admits to having taken \$240.00 out of [client C]'s account. These funds are still missing. Reimburse client \$240.00." Further review of the investigation failed to indicate client C was reimbursed the stolen/missing money.</p> <p>A review of the facility's records was conducted at the administrative office on 5/21/13 at 1:15 P.M.. A review of client C's personal petty cash financial records and saving account records did not indicate the facility maintained an accurate accounting system of the client's personal finances. Review of the record indicated a handwritten receipt dated 10/27/12 by [staff #6] for \$29.00 for a haunted house. Further review of client C's financial record on 5/20/13 did not indicate reimbursement of his stolen finances.</p> | | | | | | |

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| | <p>An interview with the Behavior Health Director (BHD) was conducted on 5/21/13 at 2:20 P.M.. The BHD indicated client B's missing/stolen finances were discovered by his (client B)'s mother. The BHD further indicated the facility was not aware of the missing money until client B's mother inquired as to why large amounts of money were being withdrawn from his personal bank account.</p> <p>An interview with Service Coordinator (SC) was conducted on 5/21/13 at 3:22 P.M.. The SC stated "For the most part we check each client's financial records depending when we get them, sometimes monthly or every two months."</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 5/20/13 at 1:08 PM. The facility's report dated 4/19/13 at 9:45 AM indicated "on 4/19/13, Guardian [name of guardian] contacted Behavior Health Director (administrative staff #1) to report that [client B] may be missing funds that total \$869.62 without explanation. She reported that \$300.00 was withdrawn from savings on 4/5/13, \$260.00 was withdrawn on 4/9/13, \$200.00 was withdrawn on 2/19/13, and \$109.62 is missing from the house's accounting of his funds. An investigation was launched into this matter. All staff involved in</p> | | | |

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| | <p>[client B's] care were removed from the schedule as a precaution until the investigation has been completed. The following staff were suspended: [Staff #1]; [staff #2]; staff #3]; [staff #6]. The agency removed the consumer's ID (identification) and money pouch from the home for investigation review and to prevent further exploitation during the course of the investigation...."</p> <p>The facility's 5/1/13 follow-up report indicated "...The investigator that was assigned to the allegation has a background in finance in our accounting department and training on conducting internal investigations for the agency. All staff involved of having contact with the consumers money was (sic) interviewed separately and questioned in regards to budgets, their duties and duties performed on the alleged dates of the missing money. This helped narrow down staff who worked with budgets on that day and banking. b. Measures the provider put in place to prevent further occurrence while the investigation was in progress; Mother/guardian has changed his savings account so that she needs to accompany him to the bank in order for money to be withdrawn....c. The findings from the investigation As of date the investigation shows that a total of 869.26 was alleged to be missing. It has now been verified</p> | | | | | | |

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| | <p>that all money is accounted for except for \$260.00 that was withdrawn on 4/6/13...4/6/13 \$260.00 posted 4/9/13- Withdrawal was made and no activity shown in budget in regards to how money was accounted for or used and does not show up on their home budget documentation...</p> <p>As of the date the 2 staff that worked and conducted banking for consumer on 2/15/13 and 4/4/13 were returned to the schedule. All money was accounted for through receipts of purchases made or money is confirmed to be in the consumer's home budget. The withdrawal for \$260.00 made on 4/6/13 remains missing and unaccounted for. No receipts or budgets can verify purchases...."</p> <p>The facility's 5/15/13 follow-up report indicated "...Staff [staff #6] admits to having taken \$260.00 out of his account and replacing it three weeks later. [Client B] spent \$149.20 at [name of store]. In surveying the home several of these items cannot be located. These items from [name of store] include: Socks \$7.96 Pillow \$5.88 Hoodie \$12.66 Boxers \$15.97 ----- Total: \$42.46</p> | | | | | | |

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| | <p>On 4/6/13 \$44.00 was removed from [client B's] cash at the home. The hand written receipts stated 'Break.'" A total of \$86.46 needs to be reimbursed to [client B]. Guardian has asked that it be deposited in his account and that she be given a copy of the receipt as she will be out of state for the next few weeks. Working relationship with the mother have (sic) been established for future control of funds for [client B]."</p> <p>The facility's 5/14/13 investigation indicated the SC's was interviewed on 4/22/13. The SC's witness statement indicated she would "...review the total balance (to make sure it does not exceed \$1500). I look for strange activity. I do not always balance household budgets to the bank statement unless something strange is noted...."</p> <p>Client B's financial records were reviewed on 5/21/13 at 12:56 PM. Client B's 3/16/13 to 3/29/13 Budget Sheet indicated \$7 on 3/16 and \$20 on 3/23/13 was withdrawn from the client's account for "Break." The 3/16/13 and 3/23/13 Residential Client Budget Receipts indicated staff #6 withdrew the money from the client's account. The facility's 5/14/13 investigation did not indicate the facility looked at all cash withdrawals</p> | | | | | | |

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| | <p>made by staff #6 to ensure the cash withdrawals and/or purchases were legitimate.</p> <p>Interview with administrative staff #1 and #4 on 5/22/13 at 1:15 PM indicated corrective action was taken in regard to client B's funds as the client's mother now handled the client's savings account. When asked how much money clients could keep in the group home, administrative staff stated "\$25 for other clients." When asked how long checks should be kept in the group home, administrative staff #1 stated "No time limit set. We need to look at." Administrative staff #1 indicated the SC was responsible for monitoring the clients' finances. When asked if the facility had a policy and procedure in place for client finances, administrative staff #1 indicated the facility was in the process of developing "work instructions." Administrative staff #1 and #4 indicated the facility did not have a written policy on how the group homes were to keep/manage clients' finances. Administrative staff #4 stated the facility's "ISO (Quality Assurance) audited clients' funds." Administrative staff #1 and #4 indicated no additional measures were put in place to prevent the exploitation of clients' finances/funds since the 4/19/13 incident with client B.</p> | | | |

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| | <p>Interview with administrative staff #4 on 5/23/13 at 1:40 PM indicated an audit had not been done on the Vermont group home. Administrative staff #4 stated "Only do sampling. Not systematic part of maintaining finances."</p> <p>This federal tag is related to complaint #IN00128970.</p> <p>9-3-2(a)</p> | | | |

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| W000149 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 1 of 2 sampled clients (B) and for 1 additional client (C), the facility neglected to implement its written policy and procedures to prevent abuse/exploitation of the clients' funds.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 5/20/13 at 1:08 PM. The facility's report dated 4/19/13 at 9:45 AM indicated "on 4/19/13, Guardian [name of guardian] contacted Behavior Health Director (administrative staff #1) to report that [client B] may be missing funds that total \$869.62 without explanation. She reported that \$300.00 was withdrawn from savings on 4/5/13, \$260.00 was withdrawn on 4/9/13, \$200.00 was withdrawn on 2/19/13, and \$109.62 is missing from the house's accounting of his funds. An investigation was launched into this matter. All staff involved in [client B's] care were removed from the schedule as a precaution until the investigation has been completed. The following staff were suspended: [Staff #1]; [staff #2]; staff #3]; [staff #6]. The</p> | W000149 | All client receipts will be reviewed through October 2012 when the alleged perpetrator of exploitation became employed with the Arc. Any suspicious receipts that cannot be accounted for and moneys spent for hot lunches will be reimbursed to the consumer by 7/4/13. A work instruction for protecting and managing client finances will be completed by 7/4/13. Staff in the home will be trained on this system with return demonstration. One proficient at documenting the client's financial information is obtained the service coordinator will audit them weekly for one month and then bi weekly thereafter. | 07/04/2013 | | | |

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| | <p>agency removed the consumer's ID (identification) and money pouch from the home for investigation review and to prevent further exploitation during the course of the investigation...."</p> <p>The facility's 5/1/13 follow-up report indicated "...The investigator that was assigned to the allegation has a background in finance in our accounting department and training on conducting internal investigations for the agency. All staff involved of having contact with the consumers money was (sic) interviewed separately and questioned in regards to budgets, their duties and duties performed on the alleged dates of the missing money. This helped narrow down staff who worked with budgets on that day and banking. b. Measures the provider put in place to prevent further occurrence while the investigation was in progress; Mother/guardian has changed his savings account so that she needs to accompany him to the bank in order for money to be withdrawn....c. The findings from the investigation: As of date the investigation shows that a total of 869.26 was alleged to be missing. It has now been verified that all money is accounted for except for \$260.00 that was withdrawn on 4/6/13. See breakdown of funds per the investigator:</p> | | | |

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| | <p>2/15/13 \$200.00 posted 2/19/13-Money remains in the home. Staff did not conduct any shopping for purchases after this withdrawal. Investigator verified this amount that remains currently in consumer's home budget.</p> <p>4/4/13 \$300.00 posted 4/6/13-Withdrawal made was accounted for. Receipts balance to the budget dated for the period of 3/3/13-4/12/13. Investigator verified that this money was spent down after review of receipts and budget.</p> <p>4/6/13 \$260.00 posted 4/9/13-Withdrawal was made and no activity shown in budget in regards to how money was accounted for or used and does not show up on their home budget documentation.</p> <p>\$109.62 is accounted for. This money was reported missing from the consumers money that was at the home. The investigator verified this money to be at home in consumer's budget.</p> <p>d. If the alleged violation is verified, the corrective action taken by the provider.</p> <p>As of the date the 2 staff that worked and conducted banking for consumer on 2/15/13 and 4/4/13 were returned to the schedule. All money was accounted for</p> | | | |

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| | <p>through receipts of purchases made or money is confirmed to be in the consumer's home budget. The withdrawal for \$260.00 made on 4/6/13 remains missing and unaccounted for. No receipts or budgets can verify purchases. Both staff who worked on this day remain off the schedule as of date. A police report has been filed by the guardian. The police will go to the bank seeking photos of who made the withdrawal on the day so that further recommendations can be made for 2 staff remaining off the schedule."</p> <p>The facility's 5/14/13 follow-up report indicated the facility was waiting to hear from the guardian about the police investigation. The follow-up report indicated the facility reimbursed client B \$260.00 on 5/13/13. The follow-up report indicated "...Since last follow up, one staff (staff #6) has admitted to taking funds of \$260.00 from consumer account and currently remains off the schedule. It was verified and confirmed the other staff was at the group home with other consumers and was not involved in this incident and was returned to the schedule. We have now found the alleged perpetrator in regards to the theft of the funds from this consumer and appropriate agency recommendations are being implemented."</p> | | | | | | |

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| | <p>The facility's 5/15/13 follow-up report indicated "...Staff [staff #6] admits to having taken \$260.00 out of his account and replacing it three weeks later. [Client B] spent \$149.20 at [name of store]. In surveying the home several of these items cannot be located. These items from [name of store] include:</p> <p>Socks \$7.96 Pillow \$5.88 Hoodie \$12.66 Boxers \$15.97 ----- Total: \$42.46</p> <p>On 4/6/13 \$44.00 was removed from [client B's] cash at the home. The hand written receipts stated 'Break." A total of \$86.46 needs to be reimbursed to [client B]. Guardian has asked that it be deposited in his account and that she be given a copy of the receipt as she will be out of state for the next few weeks. Working relationship with the mother have been established for future control of funds for [client B]."</p> <p>The facility's 5/14/13 Investigation Fact Sheet Summary and Conclusion indicated the facility conducted an investigation in regard to "Exploitation of Client Funds." The investigation/summary sheet indicated a withdrawal of \$200 was done</p> | | | |

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| | <p>on 2/15/13 by staff #2 to take client B shopping per the Service Coordinator (SC). The investigation indicated the money remained in the home as the shopping was not done. The investigation indicated staff #2 was instructed "...to spend \$300 on [client B], however, [staff #2] interpreted the instructions as to withdraw \$300 from his account and spend it. [Staff #2] did the withdrawal and spent the money....The money is not missing and accounted for." The investigative summary indicated on 4/6/13 \$260.00 was withdrawn from client B's saving account. The summary sheet indicated on 4/6/13, staff #6 took clients B and C "on a bowling trip," per staff #6's statement. The summary sheet indicated staff #6 also indicated she stopped at a grocery store to get the clients a pop. The summary sheet indicated staff #1 stayed at the group home with client D. The summary sheet indicated "...*on 4/23/13 vehicle mileage sheets for Vermont van were requested, as of time investigation completed summary it has not been retrieved from vehicle." The investigative summary indicated the \$260 withdrawn on 4/6/13 was not accounted for. The investigative summary also indicated staff #1 and #6 "...were generally uncooperative during the investigation interview with several of their answers being 'I don't know' and</p> | | | |

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| | <p>That's the weekday staff job.'...' The investigation summary sheet indicated "...5/10/13 Staff [staff #6] admitted in another investigation that she did take client's money with intent to return it. To be terminated from agency and never returned to schedule. Staff [staff #1] cleared & (and) able to return to the schedule."</p> <p>The facility's 5/14/13 investigation indicated staff #6 was interviewed on 4/22/13 and 4/23/13. The 4/22/13 witness statement indicated staff #6 was questioned about the "banking procedure." Staff #6's witness statement indicated she took clients B and C to the bowling alley in her personal vehicle, but the staff person was not able to give any specific details about the bowling trip. Staff #6's witness statement indicated the staff was not specifically interviewed in regard to the clients' break money. A 5/10/13 note written and signed by staff #6 indicated "Also withdrew from [client B's] account \$260.00 and was put back appr. (approximately) 3 weeks later the amount of \$260.00. An attached deposit slip indicated staff #6 placed the \$260.00 back into the client's account on 4/23/13 at 1:28 PM.</p> <p>The SC's 4/22/13 witness statement indicated clients' budget sheets were to be</p> | | | | | | |

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| | submitted to the SC at the beginning and the middle of the month (two times a month). The SC's witness statement indicated bank receipts, withdrawal and deposit slips are submitted with the clients' budget sheets which are reviewed by the SC and signed. The SC's witness statement indicated she would "...review the total balance (to make sure it does not exceed \$1500). I look for strange activity. I do not always balance household budgets to the bank statement unless something strange is noted...." The SC's witness statement indicated the SC called the group home for client B's bank statements as the SC needed the statements for Medicaid. The witness statement indicated staff #1 told the SC client B's bank statements came quarterly and she would need to purchase the statements for \$5.00 which the SC approved. The 4/22/13 witness statement indicated staff #2 brought the statements to SC on 4/4/13. The witness statement indicated "...Other than noting [client B's] balance at nearly \$1500.00, I (SC) did not see any suspicious activity...I've spoken to residential staff in regards (sic) to missing budgets from 3/30-4/12. She agreed to send them in but I have yet to receive them. To insure (sic) future compliance, I will work more closely with the area manager and residential staff to make sure items are turned in a timely | | | |

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| | <p>fashion. Addem (addendum) After further review, I found a household budget on my desk, misfiled dated 3-30-13 to 4-14-13."</p> <p>The facility's 5/14/13 investigation indicated Residential Services Shift Change Checklists were reviewed from 4/5/13 to 4/19/13 which indicated the clients' funds were counted each shift. The checklists indicated client B had the following cash, coins and/or checks total amounts in the group home:</p> <p>-4/5/13 \$360.29 (5:00 PM to 10:00 PM and 4:30 PM to 10:30 PM)</p> <p>-4/6/13 \$320.29 (6:00 AM to 10:30 PM) -4/6/13 \$360.29 (10:30 PM to 7:30 AM)</p> <p>-4/7/13 \$320.29 (6:00 AM to 10:30 PM) -4/7/13 \$\$320.29 (10:30 PM to 7:30 AM)</p> <p>-4/8/13 \$372.59 (4:30 PM to 10:30 PM)</p> <p>-4/9/13 \$372.59 (4:30 PM to 10:30 PM)</p> <p>-4/10/13 \$372.59 (4:30 PM to 10:30 PM)</p> <p>-4/11/13 \$372.29 (4:30 PM to 10:30 PM)</p> <p>-4/12/13 \$372.29 (6:00 AM to 9:00 AM) -4/12/13 \$376.29(4:30 PM to 10:30 PM and 5:00 PM to 7:30 AM)</p> | | | |

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| | -4/13/13 \$376.28 ("5:00 PM to 10:30 PM/10:30 PM to 7:30 AM/11:30 AM to 10:30 PM") | | | |
| | -4/14/13 \$376.29 (7:00 AM to 10:30 PM) | | | |
| | -4/14/13 \$376.28 ("5:00 PM to 10:30 PM/7:30 AM -11:30 PM-10:30 PM") | | | |
| | -4/15/13 \$372.29 (4:30 PM to 10:30 PM) | | | |
| | -4/16/13 \$372.29 (4:30 PM to 10:30 PM) | | | |
| | -4/17/13 \$372.29 (4:30 PM to 10:30 PM) | | | |
| | -4/18/13 \$372.29 (4:30 PM to 10:30 PM) | | | |
| | -4/19/13 \$372.29 (4:30 PM to 10:30 PM) | | | |
| | The facility's 5/14/13 Recommendation on the exploitation of client B indicated the following (not all inclusive): "Staff (staff #6) admits to having taken \$260 out of his account and replacing it three weeks later. Recommend discipline up to termination. Return other staff to schedule Retrain all staff on client funds...On 4/16/13 \$44.00 was removed from [client B's] cash at the home. The hand written receipts stating 'Break' in discussion with | | | |

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| | <p>staff at the East Center (facility owned day program) this money was used for the purchase of hot meals (sic). The residential program is responsible for providing three meals a day and the consumers (sic) funds should not have been used for this purpose. Therefore this money should also be reimbursed to [client B]...Finally a pair of Stacy Adams Corrado style shoes was purchased. [Client B] is not in need of dress shoes nor does he prefer to wear dress shoes...."</p> <p>The recommendation sheet indicated the group home should attempt to exchange the shoes for a pair of tennis shoes. The recommendation sheet indicated if they were not able to exchange the shoes, they should contact the guardian on what to do with the shoes. The recommendation sheet also indicated "...We will continue to provide [client B's guardian] with copies of [client B's] budgets and receipts every three months..." The facility neglected to include recommendations on how the facility would put measures in place to prevent future exploitation of clients' funds, and/or how the facility was going to monitor the clients' accounts.</p> <p>The facility's investigation indicated the facility neglected to remove all clients' finances from the group home during the investigation to ensure all clients' monies/funds were protected and/or</p> | | | | | | |

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| | <p>accounted for.</p> <p>2. A review of 1 of 2 investigation records submitted for review was conducted on 5/20/13 at 1:30 P.M.. Review of investigation record involving client C indicated: "BDDS report dated 5/8/13 During a review of consumers banking accounts by the Service Coordinator the following discrepancies were discovered: On 1/18/13 \$72.00 subsidy check was cashed and unaccounted for in regards to receipts. On 3/13/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. On 3/15/13 \$200.00 was withdrawn, this money was not accounted for with receipts. On 4/6/13 \$240.00 was withdrawn, no receipts were located. On 4/13/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account...Total missing: \$720.00. Also it was found that on 2/9/13 \$600.00 was withdrawn then on 2/11/13 \$600.00 cash was deposited back into his account. This is being questioned in regards why withdrawal was made and deposited back into account without permission of Service Coordinator..." Follow-Up Report dated 5/14/13: "Upon review of financials, the Service Coordinator found discrepancies in consumer funds...The investigation was</p> | | | |

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| | <p>concluded and it was found staff admitted taking \$240.00 out of consumer's account which was not replaced back. This same staff also admitted to taking \$600.00 out of consumer's account and returned it two days later. Investigator confirmed through banking account that funds (600.00) were replaced back however the \$240.00 was not. 2 staff were removed at the time of this investigation from the schedule. 1 staff has been returned to the schedule and the investigator confirmed that staff had no knowledge that money had been removed by co-worker. Further recommendations is (sic) being made for staff who admitted removing money from the consumer account and remains off of the schedule as of date." Further review of the investigation record indicated: "On 2/9/13, \$600.00 was withdrawn and redeposited on 2/11/13 per statement. On 4/6/13, \$240.00 was withdrawn by [Direct Support Professional #6] and as of 5/10/13 has not been repaid...During a review of consumers banking accounts by the Service Coordinator the following discrepancies were discovered: On 1/18/13 \$72.00 subsidy check was cashed and unaccounted for in regards to receipts. On 3/28/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. On 4/6/13 \$240.00 was withdrawn, no receipts were located. On</p> | | | |

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| | <p>4/16/13 \$100.00 subsidy check issued by agency but unaccounted for if cashed or deposited in banking account. Also it was found that on 2/9/13 \$600.00 was withdrawn then on 3/11/13 \$600.00 cash was deposited back into his account. Recommendations on investigation on the exploitation of [client C] 5/14/13: [Staff #6] admits to having taken \$600.00 out of his account and returning it two days later. [Staff #6] admits to having taken \$240.00 out of [client C]'s account. These funds are still missing. Reimburse client \$240.00." Further review of the investigation failed to indicate client C was reimbursed the stolen/missing money.</p> <p>Client B's financial records were reviewed on 5/21/13 at 12:56 PM. Client B's 3/16/13 to 3/29/13 Budget Sheet indicated \$7 on 3/16 and \$20 on 3/23/13 was withdrawn from the client's account for "Break." The 3/16/13 and 3/23/13 Residential Client Budget Receipts indicated staff #6 withdrew the money from the client's account.</p> <p>Client C's financial records was reviewed on 5/21/13 at 12:56 PM. Client C's 10/1/12 to 3/29/13 Budget Sheet indicated \$29.00 on 10/27/12 for a haunted house, \$7 on 3/16/13 and \$10 on 3/23/13 was withdrawn from the client's account for</p> | | | | | | |

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| | <p>"Break." The 3/16/13 and 3/23/13 Residential Client Budget Receipts indicated staff #6 withdrew the money from the client's account. The facility's 5/14/13 investigation did not indicate the facility looked at all cash withdrawals made by staff #6 to ensure the withdrawals and/or purchases were legitimate.</p> <p>The facility's 5/14/13 training for Client Budgets was reviewed on 5/21/13 at 3:21 PM. The Summary indicated the following:</p> <ol style="list-style-type: none"> "1. ALL money transactions are to be documented the SAME day the transaction occurred. 2. Be specific in what is purchased and always attach receipts. 3. Clients are not to have more than \$25 cash in the house (unless otherwise specified by coordinator). 4. ALL withdrawals from the bank must be approved by the coordinator. 5. No checks should be left un-deposited for more than 1 week. 6. SIGN YOUR NAME next to each transaction you make. 7. Check your math, and the math of other DSPs (Direct Support Professionals). If you see an error correct it. 8. Turn budgets in ON TIME. | | | |

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| | <p>9. If you have questions, please do not hesitate to ask...."</p> <p>The facility's policy and procedures were reviewed on 5/20/13 at 1:00 PM. The facility's policy and procedures did not indicate the facility had a policy in regard to client finances.</p> <p>Interview with administrative staff #1 and #4 on 5/22/13 at 1:15 PM indicated the facility's finance department conducted the investigation in regard to the exploitation of client B's funds. Administrative staff #1 and #4 indicated client B's funds were removed from the group home and brought into the office. Administrative staff #1 indicated client A, C and D's funds were not removed from the group home at the time of the allegation. Administrative staff #1 and #4 indicated corrective action was taken in regard to client B's funds as the client's mother now handled the client's savings account. Administrative staff #1 and #4 indicated the client's mother would take client B to the bank to retrieve money for the client's group home account. Administrative staff #1 indicated the mother wanted client B to keep \$100 at the group home. Administrative staff #1 and #4 indicated the facility did not file a police report as client B's mother/guardian had filed a report. Administrative staff #1</p> | | | | | | |

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| | <p>indicated while staff #6 was off duty/suspended, the staff deposited \$260 back into client B's saving account. Administrative staff #4 stated staff #6 was "Not allowed on property. Had not officially worked since 4/19/13." Administrative staff #1 and #4 indicated staff #6 had not been terminated as of 5/22/13. Administrative staff #1 indicated the facility had written a check to reimburse client B when staff #6 replaced the money without informing them. Administrative staff #1 indicated facility staff had been retrained in regard to client finances. When asked how much money clients could keep in the group home, administrative staff stated "\$25 for other clients." When asked how long checks should be kept in the group home, administrative staff #1 stated "No time limit set. We need to look at." Administrative staff #1 indicated the SC was responsible for monitoring the clients' finances. When asked if the facility had a policy and procedure in place for client finances, administrative staff #1 indicated the facility was in the process of developing "work instructions." Administrative staff #1 and #4 indicated the facility did not have a written policy on how the group homes were to keep/manage clients' finances. Administrative staff #4 stated the facility's "ISO (Quality Assurance) audited clients'</p> | | | |

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| | <p>funds." Administrative staff #1 and #4 indicated no additional measures were put in place to prevent the exploitation of clients' finances/funds since the 4/19/13 incident with client B.</p> <p>Interview with administrative staff #4 on 5/23/13 at 1:40 PM indicated an audit had not been done on the Vermont group home. Administrative staff #4 stated "Only do sampling. Not systematic part of maintaining finances."</p> <p>The facility's policy and procedures were reviewed on 5/20/13 at 1:00 PM. The facility's 2/15/12 policy entitled Policy For Handling Cases of Neglect And Abuse indicated "...I. The Arc Northwest Indiana prohibits all abuse, neglect and exploitation of our clients...III. All allegations of abuse, neglect, humiliation or exploitation will be investigated per the Arc Northwest Indiana's investigation process while protecting the individual."</p> <p>This federal tag is related to complaint #IN00128970.</p> <p>9-3-2(a)</p> | | | | | | |

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| W000154 | <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 2 of 2 allegations of abuse, neglect, and/or injuries of unknown source reviewed, the facility failed to conduct thorough investigations in regard to allegations of exploitation for clients B and C.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 5/20/13 at 1:08 PM. The facility's report dated 4/19/13 at 9:45 AM indicated "on 4/19/13, Guardian [name of guardian] contacted Behavior Health Director (administrative staff #1) to report that [client B] may be missing funds that total \$869.62 without explanation. She reported that \$300.00 was withdrawn from savings on 4/5/13, \$260.00 was withdrawn on 4/9/13, \$200.00 was withdrawn on 2/19/13, and \$109.62 is missing from the house's accounting of his funds. An investigation was launched into this matter. All staff involved in [client B's] care were removed from the schedule as a precaution until the investigation has been completed. The following staff were suspended: [Staff #1]; [staff #2]; staff #3]; [staff #6]. The</p> | W000154 | Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. | 07/04/2013 | | | |

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| | <p>agency removed the consumer's ID (identification) and money pouch from the home for investigation review and to prevent further exploitation during the course of the investigation...."</p> <p>The facility's 5/1/13 follow-up report indicated "...The investigator that was assigned to the allegation has a background in finance in our accounting department and training on conducting internal investigations for the agency. All staff involved of having contact with the consumers money was (sic) interviewed separately and questioned in regards to budgets, their duties and duties performed on the alleged dates of the missing money. This helped narrow down staff who worked with budgets on that day and banking. b. Measures the provider put in place to prevent further occurrence while the investigation was in progress; Mother/guardian has changed his savings account so that she needs to accompany him to the bank in order for money to be withdrawn....c. The findings from the investigation: As of date the investigation shows that a total of 869.26 was alleged to be missing. It has now been verified that all money is accounted for except for \$260.00 that was withdrawn on 4/6/13. See breakdown of funds per the investigator:</p> | | | |

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| | <p>2/15/13 \$200.00 posted 2/19/13-Money remains in the home. Staff did not conduct any shopping for purchases after this withdrawal. Investigator verified this amount that remains currently in consumer's home budget.</p> <p>4/4/13 \$300.00 posted 4/6/13-Withdrawal made was accounted for. Receipts balance to the budget dated for the period of 3/3/13-4/12/13. Investigator verified that this money was spent down after review of receipts and budget.</p> <p>4/6/13 \$260.00 posted 4/9/13-Withdrawal was made and no activity shown in budget in regards to how money was accounted for or used and does not show up on their home budget documentation.</p> <p>\$109.62 is accounted for. This money was reported missing from the consumers money that was at the home. The investigator verified this money to be at home in consumer's budget.</p> <p>d. If the alleged violation is verified, the corrective action taken by the provider.</p> <p>As of the date the 2 staff that worked and conducted banking for consumer on 2/15/13 and 4/4/13 were returned to the schedule. All money was accounted for</p> | | | | | | |

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| | <p>through receipts of purchases made or money is confirmed to be in the consumer's home budget. The withdrawal for \$260.00 made on 4/6/13 remains missing and unaccounted for. No receipts or budgets can verify purchases. Both staff who worked on this day remain off the schedule as of date. A police report has been filed by the guardian. The police will go to the bank seeking photos of who made the withdrawal on the day so that further recommendations can be made for 2 staff remaining off the schedule."</p> <p>The facility's 5/14/13 follow-up report indicated the facility was waiting to hear from the guardian about the police investigation. The follow-up report indicated the facility reimbursed client B \$260.00 on 5/13/13. The follow-up report indicated "...Since last follow up, one staff (staff #6) has admitted to taking funds of \$260.00 from consumer account and currently remains off the schedule. It was verified and confirmed the other staff was at the group home with other consumers and was not involved in this incident and was returned to the schedule. We have now found the alleged perpetrator in regards to the theft of the funds from this consumer and appropriate agency recommendations are being implemented."</p> | | | |

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| | <p>The facility's 5/15/13 follow-up report indicated "...Staff [staff #6] admits to having taken \$260.00 out of his account and replacing it three weeks later. [Client B] spent \$149.20 at [name of store]. In surveying the home several of these items cannot be located. These items from [name of store] include:</p> <p>Socks \$7.96 Pillow \$5.88 Hoodie \$12.66 Boxers \$15.97 ----- Total: \$42.46</p> <p>On 4/6/13 \$44.00 was removed from [client B's] cash at the home. The hand written receipts stated 'Break." A total of \$86.46 needs to be reimbursed to [client B]. Guardian has asked that it be deposited in his account and that she be given a copy of the receipt as she will be out of state for the next few weeks."</p> <p>The facility's 5/14/13 Investigation Fact Sheet Summary and Conclusion indicated the facility conducted an investigation in regard to "Exploitation of Client Funds." The investigation/summary sheet indicated a withdrawal of \$200 was done on 2/15/13 by staff #2 to take client B shopping per the Service Coordinator (SC). The investigation indicated the</p> | | | |

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| | <p>money remained in the home as the shopping was not done. The investigation indicated staff #2 was instructed "...to spend \$300 on [client B], however, [staff #2] interpreted the instructions as to withdraw \$300 from his account and spend it. [Staff #2] did the withdrawal and spent the money....The money is not missing and accounted for." The investigative summary indicated on 4/6/13 \$260.00 was withdrawn from client B's saving account. The summary sheet indicated on 4/6/13, staff #6 took clients B and C "on a bowling trip," per staff #6's statement. The summary sheet indicated staff #6 also indicated she stopped at a grocery store to get the clients a pop. The summary sheet indicated staff #1 stayed at the group home with client D. The summary sheet indicated "...*on 4/23/13 vehicle mileage sheets for Vermont van were requested, as of time investigation completed summary it has not been retrieved from vehicle." The investigative summary indicated the \$260 withdrawn on 4/6/13 was not accounted for. The investigative summary also indicated staff #1 and #6 "...were generally uncooperative during the investigation interview with several of their answers being 'I don't know' and 'That's the weekday staff job!...' The investigation summary sheet indicated "...5/10/13 Staff [staff #6] admitted in</p> | | | |

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| | <p>another investigation that she did take client's money with intent to return it. To be terminated from agency and never returned to schedule. Staff [staff #1] cleared & (and) able to return to the schedule."</p> <p>The facility's 5/14/13 investigation indicated staff #6 was interviewed on 4/22/13 and 4/23/13. The 4/22/13 witness statement indicated staff #6 was questioned about the "banking procedure." Staff #6's witness statement indicated she took clients B and C to the bowling alley in her personal vehicle, but the staff person was not able to give any specific details about the bowling trip. Staff #6's witness statement indicated the staff was not specifically interviewed in regard to the clients' break money. A 5/10/13 note written and signed by staff #6 indicated "Also withdrew from [client B's] account \$260.00 and was put back appr. (approximately) 3 weeks later the amount of \$260.00. An attached deposit slip indicated staff #6 placed the \$260.00 back into the client's account on 4/23/13 at 1:28 PM.</p> <p>The SC's 4/22/13 witness statement indicated clients' budget sheets were to be submitted to the SC at the beginning and the middle of the month (two times a month). The SC's witness statement</p> | | | | |

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| | <p>indicated bank receipts, withdrawal and deposit slips are submitted with the clients' budget sheets which are reviewed by the SC and signed. The SC's witness statement indicated she would "...review the total balance (to make sure it does not exceed \$1500). I look for strange activity. I do not always balance household budgets to the bank statement unless something strange is noted...." The SC's witness statement indicated the SC called the group home for client B's bank statements as the SC needed the statements for Medicaid. The witness statement indicated staff #1 told the SC client B's bank statements came quarterly and she would need to purchase the statements for \$5.00 which the SC approved. The 4/22/13 witness statement indicated staff #2 brought the statements to SC on 4/4/13. The witness statement indicated "...Other than noting [client B's] balance at nearly \$1500.00, I (SC) did not see any suspicious activity...."</p> <p>The facility's 5/14/13 Recommendation on the exploitation of client B indicated the following (not all inclusive):</p> <p>"Staff (staff #6) admits to having taken \$260 out of his account and replacing it three weeks later. Recommend discipline up to termination.</p> | | | |

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| | <p>Return other staff to schedule</p> <p>Retrain all staff on client funds...On 4/16/13 \$44.00 was removed from [client B's] cash at the home. The hand written receipts stating 'Break' in discussion with staff at the East Center (facility owned day program) this money was used for the purchase of hot meals (sic). The residential program is responsible for providing three meals a day and the consumers (sic) funds should not have been used for this purpose...." The facility failed to include recommendations on how the facility would put measures in place to prevent future exploitation of clients' funds, and/or how the facility was going to monitor the clients' accounts.</p> <p>Client B's financial records were reviewed on 5/21/13 at 12:56 PM. Client B's 3/16/13 to 3/29/13 Budget Sheet indicated \$7 on 3/16 and \$20 on 3/23/13 was withdrawn from the client's account for "Break." The 3/16/13 and 3/23/13 Residential Client Budget Receipts indicated staff #6 withdrew the money from the client's account.</p> <p>Client C's financial records were reviewed on 5/21/13 at 12:56 PM. Client C's 3/16/13 to 3/29/13 Budget Sheet indicated \$7 on 3/16/13 and \$10 on 3/23/13 was withdrawn from the client's account for</p> | | | |

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| | <p>"Break." The 3/16/13 and 3/23/13 Residential Client Budget Receipts indicated client #6 withdrew the money from the client's account. The facility's 5/14/13 investigation did not indicate the facility looked at all cash withdrawals made by staff #6 to ensure the withdrawals and/or purchases were legitimate.</p> <p>Interview with administrative staff #1 and #4 on 5/22/13 at 1:15 PM indicated the facility's finance department conducted the investigation in regard to the exploitation of client B's funds. Administrative staff #1 indicated while staff #6 was off duty/suspended, the staff deposited \$260 back into client B's savings account. Administrative staff #4 stated staff #6 was "Not allowed on property. Had not officially worked since 4/19/13." Administrative staff #1 and #4 indicated staff #6 had not been terminated as of 5/22/13. Administrative staff #1 indicated the facility had written a check to reimburse client B when staff #6 replaced the money without informing them.</p> <p>This federal tag is related to complaint #IN00128970.</p> <p>9-3-2(a)</p> | | | |

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| W000156 | <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 interview and record review for 1 of 2 allegations of abuse and neglect reviewed, the facility failed to complete investigations within 5 working days for client B.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 5/20/13 at 1:08 PM. The facility's report dated 4/19/13 at 9:45 AM indicated "on 4/19/13, Guardian [name of guardian] contacted Behavior Health Director (administrative staff #1) to report that [client B] may be missing funds that total \$869.62 without explanation. She reported that \$300.00 was withdrawn from savings on 4/5/13, \$260.00 was withdrawn on 4/9/13, \$200.00 was withdrawn on 2/19/13, and \$109.62 is missing from the house's accounting of his funds. An investigation was launched into this matter. All staff involved in [client B's] care were removed from the schedule as a precaution until the investigation has been completed. The following staff were suspended: [Staff</p> | W000156 | Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. | 07/04/2013 | | | |

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| | <p>#1]; [staff #2]; staff #3]; [staff #6]. The agency removed the consumer's ID (identification) and money pouch from the home for investigation review and to prevent further exploitation during the course of the investigation...."</p> <p>The facility's 5/1/13 follow-up report indicated "...The investigator that was assigned to the allegation has a background in finance in our accounting department and training on conducting internal investigations for the agency. All staff involved of having contact with the consumers money was (sic) interviewed separately and questioned in regards to budgets, their duties and duties performed on the alleged dates of the missing money. This helped narrow down staff who worked with budgets on that day and banking. b. Measures the provider put in place to prevent further occurrence while the investigation was in progress; Mother/guardian has changed his savings account so that she needs to accompany him to the bank in order for money to be withdrawn....c. The findings from the investigation: As of date the investigation shows that a total of 869.26 was alleged to be missing. It has now been verified that all money is accounted for except for \$260.00 that was withdrawn on 4/6/13...As of the date the 2 staff that worked and conducted banking for</p> | | | | | | |

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| | <p>consumer on 2/15/13 and 4/4/13 were returned to the schedule. All money was accounted for through receipts of purchases made or money is confirmed to be in the consumer's home budget. The withdrawal for \$260.00 made on 4/6/13 remains missing and unaccounted for. No receipts or budgets can verify purchases. Both staff who worked on this day remain off the schedule as of date...."</p> <p>The facility's 5/15/13 follow-up report indicated "...Staff [staff #6] admits to having taken \$260.00...."</p> <p>The facility's 5/14/13 Investigation Fact Sheet Summary and Conclusion indicated the facility conducted an investigation in regard to "Exploitation of Client Funds." The investigation/summary sheet indicated the investigation was completed on 5/14/13.</p> <p>Interview with administrative staff #1 and #4 on 5/22/13 at 1:15 PM indicated the facility's finance department conducted the investigation in regard to the exploitation of client B's funds. Administrative staff #1 indicated the date of 5/14/13 on the facility's investigation summary sheet was the date the investigation was completed.</p> <p>9-3-2(a)</p> | | | | | | |

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| W000220 | <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B) and for 2 additional clients (C and D), the comprehensive functional assessment failed to include a speech assessment of the client's language skills.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. During the entire observation period, clients A, B, C and D were non verbal in communication in that the clients did not speak. Facility staff did not utilize any communication training with each client.</p> <p>During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, client B was nonverbal in communication in that the client did not speak. Staff #4 and #4 did not utilize any communication training with the client.</p> <p>A review of client A's record was conducted at the facility's administrative office on 5/21/13 at 12:20 P.M.. Review of the Individualized Support Plan (ISP) dated 9/14/12 indicated: "Will learn to</p> | W000220 | <p>Speech and language Assessments will be scheduled by 7/4/13 for all consumers at this home. Recommendations will be integrated into the individuals IPP and goals developed as appropriate. Once scheduled this appointment and its follow up appointments will be maintained in an annual schedule of required appointments by the Health Care Manager. The Community Services Nurse will audit the consumers file to ensue other required assessments are completed annually and will audit the file annually as needed following this initial audit. July 3, 2013 To ensure future compliance the service coordinator will audit the file weekly until Speech and language, auditory Functioning and other assessments are completed and then quarterly thereafter.</p> | 07/04/2013 | |

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| | <p>communicate by pointing to pictures." Further review of the ISP and/or record did not indicate the client's language skills had been assessed.</p> <p>Client B's record was reviewed on 5/21/13 at 2:43 PM. Client B's 9/12/12 Individual Support Plan (ISP) indicated client B had an objective to increase his language/communication skills in identifying his emotions. Client B's 9/12/12 ISP and/or record did not indicate the client's language skills had been assessed.</p> <p>A review of client C's record was conducted at the facility's administrative office on 5/21/13 at 2:45 P.M.. Review of the ISP dated 9/6/12 indicated: "Will learn to communicate by pointing to pictures." Further review of the ISP and/or record did not indicate the client's language skills had been assessed.</p> <p>A review of client D's record was conducted at the facility's administrative office on 5/21/13 at 3:04 P.M.. Review of the ISP dated 8/24/12 indicated: "Will learn to use a communication book." Further review of the ISP and/or record did not indicate the client's language skills had been assessed.</p> <p>Interview with the Service Coordinator</p> | | | |

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| W000221 | <p>(SC) and administrative staff #2 on 5/23/13 at 12:45 PM indicated they could not provide documentation of an assessment of client A, B, C and D's speech and language.</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include auditory functioning. Based on interview and record review for 1 of 2 sampled clients (B), the client's comprehensive functional assessment failed to assess the client's auditory functioning.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 5/21/13 at 2:43 PM. Client B's 9/12/12 Individual Support Plan (ISP) and/or record indicated client B's auditory functioning had not been assessed.</p> <p>Interview with the Service Coordinator (SC) and administrative staff #2 on 5/23/13 at 12:45 PM indicated they could not provide documentation client B had an auditory assessment of the client's hearing/function.</p> <p>9-3-4(a)</p> | W000221 | <p>Auditory functioning assessment will be scheduled by 7/4/13 for the identified client and other clients in need of assessment. Once scheduled this appointment and its follow up appointments will be maintained in an annual schedule of required appointments by the Health Care Manager. The Community Services Nurse will audit the consumers file to ensure other required assessments are completed annually and will audit the file annually as needed following this initial audit. July 3, 2013 To ensure future compliance the service coordinator will audit the file weekly until Speech and language, auditory Functioning and other assessments are completed and then quarterly thereafter.</p> | 07/04/2013 |

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| W000227 | <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 2 of 2 sampled clients (A and B), and 1 additional client (D), the clients' Individual Support Plans (ISPs) failed to address the clients' identified needs in regard to mealtime and behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. At 6:20 P.M., client D sat at the dining table to eat his evening meal which consisted of baked chicken patties, hamburger helper and mixed vegetables. Client D grabbed a whole chicken patty with his hands and began biting large pieces. He then grabbed the serving spoon from the serving bowl and began eating the hamburger helper directly from the serving bowl. Client D then picked up the pitcher of lemonade and attempted to drink directly from the pitcher. Client D ate his meal rapidly without redirection and/or prompting to slow down. | W000227 | <p>All Clients will have their IPP evaluated by the IDT for meal time and behavior management needs by 7/4/13. Once identified modifications to meal time plans and behavior plans will be made with IDT, Guardian, and HRC approval where applicable. In the future when new behaviors emerge a baseline will be developed and the team will evaluate this baseline for programming needs within a week to a month of emergence depending on type of behavior. July 3, 2013 To monitor for the emergence of new behaviors the Service Coordinator review daily logs and all incident reports. As a further measure of monitoring the Behavior Health director will monitor all incident reports which report behaviors. A log of maladaptive behaviors will be maintained by the Service coordinator, and this log will be reviewed by the behavior health director monthly and then faded to quarterly.</p> | 07/04/2013 | | | |

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| | <p>During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, client B placed a whole pineapple slice in his mouth without redirection to take smaller bites. Client B ate his oatmeal and toast rapidly without redirection and/or prompts to slow down.</p> <p>Client B's record was reviewed on 5/21/13 at 2:43 PM. Client B's 11/24/12 Nutritional Assessment indicated client B "eats too fast." The nutritional assessment indicated client B needed to be monitored at meals.</p> <p>Client B's 9/12/12 ISP indicated client B did not have a formal training objective which addressed the client's identified meal training need.</p> <p>A review of client D's record was conducted at the facility's administrative office on 5/21/13 at 3:04 P.M.. Review of the ISP dated 8/24/12 did not indicate a formal training objective which addressed the client's identified meal training need.</p> <p>Interview with the Service Coordinator on 5/21/13 at 12:45 PM indicated clients B and D did not have formal training objectives in regard to the clients eating too fast and/or putting large amount of food into his mouth.</p> | | | | | | |

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| | <p>2. During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, client A had 2 linear red and scabbed scratches on the back of his neck. The 2 linear scratches were approximately 1 1/2 inches in length. During the 5/21/13 observation period, client A scratched at his head when staff was redirecting the client to stand and walk. Client A also attempted to grab at client D's shoes to get client D's shoe strings. At one point, staff #4 had client D move to a different seat to keep client A from grabbing at the client.</p> <p>A review of client A's record was conducted at the facility's administrative office on 5/21/13 at 12:20 P.M.. Review of Individualized Support Plan (ISP) dated 9/14/12 did not address client A's identified behavioral needs.</p> <p>Interview with staff #5 on 5/21/13 at 5:55 AM when asked what happened to client A's neck, stated "Well I think he scratched himself. He tends to do that."</p> <p>Interview with the SC on 5/23/13 at 12:45 PM indicated facility staff told her client A scratched himself 2 to 3 days ago. The SC indicated client A demonstrated self-injurious behavior. The SC indicated client A did not have a behavior plan/objective which addressed the</p> | | | | |

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| | client's behavior. 9-3-4(a) | | | |

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| W000240 | <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 2 sampled clients (A), the client's Individual Support Plan (ISP) failed to indicate how facility staff were to ambulate with client A in a safe manner.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. During the observation client A was observed sitting in his wheelchair. Client A kicked his legs around and bent his legs around hitting his side of each leg on the side bars of the wheelchair seat. Client A's legs had dark purple and brown bruising on each side of each leg where he hit his legs on the sides of the wheelchair.</p> <p>During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, client A sat in a office chair on wheels where staff wheeled the client to different areas. Client A also ambulated/walked with facility staff as the staff walked backwards holding the client's hands, and/or with client A holding onto the staff's wrists with his</p> | W000240 | <p>Client A will have a PT evaluation scheduled by 7/4/ Recommendations will be integrated into the individuals IPP and goals developed as appropriate. The other Clients ambulation needs and fall risks will be evaluated and their plan revised as applicable. Nursing staff will review risk plans on a quarterly basis to ensure they adequately cover current risks.</p> | 07/04/2013 | | | |

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| | <p>arms extended out in front of him. Each time staff #4 and/or #5 walked with the client, client A had on a gait belt. Facility staff did not utilize the gait belt.</p> <p>During the 5/21/13 observation period between 10:05 AM and 11:40 AM, at the facility's owned day program, day program staff #1 walked backwards while client placed his hands in the staff's hands with his arms extended out in front of him. Client A was also wearing a gait belt which was not utilized.</p> <p>A review of client A's record was conducted at the facility's administrative office on 5/21/13 at 12:20 P.M.. Review of Individualized Support Plan (ISP) dated 9/14/12 did not contain guidelines on how staff should ambulate with the client.</p> <p>An interview with the Service Coordinator was conducted on 5/23/13 at 12:50 P.M.. The SC indicated client A's ISP and/or record did not include guidelines on how staff were to ambulate with client A safely.</p> <p>9-3-4(a)</p> | | | |

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| W000249 | <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), the facility failed to implement the clients' Individual Support Plan (ISP) objectives when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, client B kept trying to get into the kitchen to get food and/or drinks. At 6:50 AM, at the dining room table client B tried to serve himself more oatmeal. Staff #5 told the client he had already had 2 servings. Client B kept trying to grab the oatmeal bowl. Staff moved the bowl to the other end of the table. Staff #4 redirected client B to the kitchen to put food away. At 7:12 AM, client B attempted to get food out of the trash can. Staff #5 redirected the client and moved the trash can to the other side</p> | W000249 | <p>All staff will be retrained on implementing the client's IPP, providing training at naturally occurring moments, and active treatment on an ongoing basis by 7/4/13. To ensure future compliance, The Service Coordinator will visit the home once a week for 2 months and bimonthly thereafter to ensure that active treatment is taking place. The Service Coordinator will also review client goal data to ensure goals are being consistently run. July 3, 2013</p> <p>To ensure that this practice continues the service coordinator, community services nurse, and management will visit the home five times a week including weekends and will observe the staff to ensure that their goals and active treatment needs are being met, until staff show proficiency in independently prompting clients into participation. Once proficiency is developed monitoring will reduce to bi monthly visits.</p> | 07/04/2013 | | | |

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| | <p>of the room. A few minutes later, client B walked over to the trash can reached in, grabbed food from the trash can and placed it in his mouth. Staff #5 was at the other end of the table and not able to reach the client before he consumed the food from the trash can. Also during the above mentioned observation period, client B was nonverbal in communication in that the client did not speak. Staff did not utilize any communication training with the client.</p> <p>Client B's record was reviewed on 5/21/13 at 2:43 PM. Client B's 9/12/12 ISP indicated the client had an objective to increase his language skills (identify emotions) which facility staff did not implement when formal and/or informal training opportunities existed.</p> <p>Client B's 9/12 Positive Behavioral Support Plan (PBSP) indicated client B demonstrated the targeted behavior of "Stealing Food." Client B's 9/12 PBSP indicated after food items are disposed in the garbage/trash, the garbage bag should be tied shut and removed to an outside receptacle. Client B's PBSP also indicated "When stealing food is observed, remind [client B] that it is not mealtime and that he receives plenty of food at those designated times. If he would like a snack, he needs to point to a</p> | | | | | | |

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| | <p>healthy food item that he would like or should be offered a glass of water. Healthy items may include a calorie-free snack like celery, carrots, fat free popcorn, diet Jell-O, diet pop, etc...." Client B's PBSP indicated when client B digs in the garbage, facility staff were to follow the same guidelines as written for stealing food (above guidelines).</p> <p>Interview with the Service Coordinator (SC) on 5/23/13 at 12:45 PM stated communication goals should be implemented "anytime of the day." The SC indicated client goals and behavior plans should be implemented throughout the day.</p> <p>2. An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. During the entire observation client A sat in the living room in front of the television, clients B and D sat in the living room with no activity and client C walked around the group home with no activity while Direct Support Professional (DSP) #3 prepared the entire evening meal. Clients A, B, C and D were not prompted to assist and/or offered an activity to participate in. Client A sat in his wheelchair in front of the television and/or attempted to grab client D's shoe strings until dinner time at 6:20 P.M.. No communication training, activities and/or</p> | | | |

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| | <p>formal training were provided to the non-verbal clients.</p> <p>During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, staff #5 assisted client A to walk to the dining room table at 6:06 AM. Client A sat at the dining room table reaching for the plates setting on the table. Staff #5 removed the place setting out of the client's reach. Client A sat at the table while staff #5 made the toast and prepared for breakfast. Client A was not prompted to assist and/or offered an activity to participate in. At 6:22 AM, client A got down out of his chair and started crawling on the floor. Staff #5 redirected and assisted the client to return to the dining room table where the client sat without an activity and/or training until 6:47 AM when breakfast started. Once client A was finished with breakfast (staff assisted the client to eat), at 7:15 AM, facility staff assisted the client to walk into the living room. Client A sat without an activity in the living room except to look at the TV, and/or attempt to grab client D's shoe strings until the clients prepared to leave for work at 8:40 AM. No communication training, activities and/or formal training was provided to the non-verbal client (client could not speak).</p> | | | |

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| | <p>During the 5/21/13 observation period between 10:05 AM and 11:40 AM, at the facility's owned day program, client A sat without activity and/or training except to throw a ball which the client did a couple of times. Staff would periodically interact with the client, but did not provide any training and/or activity with the client. Client A sat in his wheelchair with his legs crossed over the side of his wheelchair arm from 10:10 AM until 10:55 AM, when the client was assisted to walk/ambulate to the cafeteria area for lunch.</p> <p>A review of client A's record was conducted at the facility's administrative office on 5/21/13 at 12:20 P.M.. Review of the Individualized Support Plan (ISP) dated 9/14/12 indicated: "Will continue to increase his efforts to walk...Will match coins to like coins (nickel and quarter)...Will learn to communicate by pointing to pictures...Will continue to participate in a fine motor activity."</p> <p>A review of client C's record was conducted at the facility's administrative office on 5/21/13 at 2:45 P.M.. Review of the ISP dated 9/6/12 indicated: "Will continue to increase his efforts to walk...Will match coins to like coins (nickel and quarter)...Will learn to communicate by pointing to</p> | | | |

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| | <p>pictures...Will continue to participate in a fine motor activity."</p> <p>A review of client D's record was conducted at the facility's administrative office on 5/21/13 at 3:04 P.M.. Review of the ISP dated 8/24/12 indicated: "Will match the number cards with correct group of pennies (1 cent to 5 cents)... Will learn to use a communication book...Will participate in a group hab activity."</p> <p>Interview with day program staff #1 on 5/21/13 at 11:40 AM indicated client A would refuse to participate in activities/training. Day program staff #1 indicated client A had goals to feed self with hand over hand assistance, to increase efforts to walk, and to engage in fine motor skills activity.</p> <p>Interview with the Service Coordinator (SC) on 5/23/13 at 12:45 PM stated communication goals should be implemented "anytime of the day." The SC indicated client goals and behavior plans should be implemented throughout the day.</p> <p>9-3-4(a)</p> | | | | | | |

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| W000268 | <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 4 clients residing at the group home (client C), to promote his dignity by not ensuring he was groomed.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. During the entire observation client C was observed to have facial hair. Client C's hair was long and not combed and the client was unshaven.</p> <p>An interview with the Service Coordinator (SC) was conducted on 5/23/13 at 12:50 P.M.. The SC stated client should be taken for haircuts at least monthly and clients should be shaven daily.</p> <p>9-3-5(a)</p> | W000268 | <p>Client was shaved on 5/25/13 all other consumers were evaluated for the need for shaving. To ensure future compliance a shaving schedule was developed as each individual required shaving at a different frequency. This schedule is posed in the home. The service coordinator will visit the home to ensure the consumers are adequately groomed on a weekly basis and then faded bi weekly visits, and professional staff at the day program will observe the client daily and will reports any questionable hygiene practices to the Service coordinator on an ongoing basis.</p> | 07/04/2013 |
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| W000331 | <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on interview and record review for 1 of 2 sampled clients (B), the facility's nursing services failed to ensure facility staff reported a change in a client's health status.</p> <p>Findings include:</p> <p>Client D's Daily Logs were reviewed on 5/22/13 at 12:05 PM. Client D's 4/20/13 Daily Log indicated "Upon my arrival he had a bowel movement. While cleaning him up it appeared that he had worms in his stool. The item I saw did not move. I called the nurse emergency number. No message left as the voice mail is not set up."</p> <p>Client D's record was reviewed on 5/22/13 at 2:30 PM. Client D's Cumulative Medical Record indicated there was no nurse documentation and/or medical notes in regard to the above mentioned 4/20/13 Daily Log entry/concern.</p> <p>Client D's 8/12 behavioral plan indicated client D's diagnosis included PICA which was defined as "consumption or attempt to consume inedible compounds and/or objects."</p> | W000331 | <p>By 7/4/13 Staff will be retrained on contacting the community services nurse via the emergency phone system when changes in client condition are noted. To ensure future compliance, the organization has made modifications to the incident reporting system to accelerate the delivery of incident reporting. The voice mail on the Nurse emergency phone has been set-up. The service coordinator will monitor logs daily, any anomalous reports or findings will be investigated. July 3, 2013</p> <p>In addition To ensure that this practice continues the service coordinator, community services nurse, and management will visit the home five times a week including weekends and will observe the consumers for emerging needs, until staff show proficiency and reporting changes in condition. Once proficiency is developed monitoring will reduce to bi monthly visits.</p> | 07/04/2013 | |

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| | <p>Interview with the Service Coordinator (SC) on 5/23/13 at 12:45 PM indicated the facility's nurse and/or she (SC) should have been contacted about the questionable worms in client D's stools. The SC indicated she was not aware of the Daily log until 5/22/13 as she had not reviewed the 4/30/13 Daily Log that was sent to her. The SC indicated the nurse should have received the daily log first.</p> <p>Interview with LPN #1 and administrative staff #2 on 5/23/13 at 2:46 PM indicated there was nothing indicated on the on-call nurse log which indicated a nurse had been contacted. LPN #1 indicated the facility staff should have called a nurse and/or continued to call if they were not able to reach the nurse. LPN #1 indicated she had not seen the daily log until yesterday when it was brought to her attention. LPN #1 indicated the 4/20/13 Daily Log should have been sent to her but it was instead sent to the Service Coordinator. LPN #1 indicated client D did not have a history of parasites to her knowledge. LPN #1 indicated she had obtained an order to get a stool sample of client D's on 5/23/13. Administrative staff #2 indicated the 4/20/13 Daily Log was in a pile on the Service Coordinator's desk which had not been reviewed yet. Administrative staff #2 indicated the</p> | | | |
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| | Daily Logs were to be reviewed daily. Administrative staff and LPN #1 stated "The staff should have been persistent in reporting." 9-3-6(a) | | | |

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| W000455 | <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination during mealtime. This failure had the potential to affect all clients living in the group home (clients A, B, C and D).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. During the observation period client A repeatedly stuck his finger in his mouth. Client A then grabbed client D's shoe laces. Client C walked around the group home scratching his head. At 6:20 P.M., clients A, B, C and D were prompted to the dining table to eat dinner. Each client served themselves and ate independently and/or with staff assistance. Clients A, B, C and D did not and were not prompted to wash their hands before sitting down to eat dinner.</p> <p>An interview with the Service Coordinator (SC) was conducted on 5/23/13 at 12:30 P.M.. The SC indicated staff should always prompt clients to</p> | W000455 | All staff will be trained to execute universal precautions and basic sanitization practices by 7/4/13. To ensure future compliance professional staff will audit the home three times per week on a random schedule to ensure that all staff are practicing universal precautions. Once routine is established monitoring will fade to the weekly visits and then biweekly visits. | 07/04/2013 | | | |

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| NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 6371 VERMONT ST MERRILLVILLE, IN 46410 |
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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 |
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| | wash their hands before eating meals. 9-3-7(a) | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G100 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 06/04/2013 | |
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| W000460 | <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 1 of 4 clients residing at the group home (client D), the facility failed to assure the staff provided food in accordance with client's diet order.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. At 6:20 P.M., staff placed a whole chicken patty on client D's plate in front of him. Client D then grabbed the whole chicken patty with his hands and began taking large bites. The facility staff did not encourage client D to cut his chicken patty into bite size pieces, and/or assist the client to cut the chicken patty up.</p> <p>A review of client D's record was conducted on 5/21/13 at 3:04 P.M.. Review of client D's Physician's Order dated 5/2013 indicated: "Regular diet...Cut food into small pieces."</p> <p>An interview with the Service Coordinator (SC) was conducted on 5/23/13 at 12:50 P.M.. The SC indicated</p> | W000460 | All Clients will have their IPP evaluated by the IDT for meal time needs by 7/4/13. Once identified modifications to meal time plans will be made with IDT and Guardian approval where applicable. Once these plans are implemented professional staff will monitor two meals per week for four weeks once proficiency is established monitoring will fade to bi monthly. July 3, 2013 To ensure that this practice continues the service coordinator, community services nurse, and management will visit the home five times a week including weekends and will observe medication passes and meal preparation, until staff show proficiency in hand washing and sanitation. Once proficiency is developed monitoring will reduce to bi monthly visits. | 07/04/2013 | | | |

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| | <p>staff should have followed the client's prescribed diet and cut client D's food into small pieces.</p> <p>9-3-8(a)</p> | | | |

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| W000488 | <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B) and for 2 additional clients (C and D), the facility failed to ensure clients participated in aspects of meal preparation to the best of their abilities, and/or to eat in an appropriate manner.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/20/13 from 5:00 P.M. until 6:30 P.M.. During the observation Direct Support Professional (DSP) #3 custodially prepared the evening meal which consisted of baked chicken patties, hamburger helper and mixed vegetables as clients A, B, C and D sat in the living room area with no meaningful activity. At 6:10 P.M., DSP #3 set the dining table while clients A, B, C and D sat at the dining table. At 6:20 P.M., client D grabbed a whole chicken patty with his hands and began biting large pieces. He then grabbed the serving spoon from the serving bowl and began eating the hamburger helper directly from the serving bowl. Client D then picked up the pitcher of lemonade and attempted to drink directly from the pitcher. Client</p> | W000488 | All Clients will have their IPP evaluated by the IDT for meal time needs by 7/4/13. Once identified modifications to meal time plans will be made with IDT and Guardian approval where applicable. In addition staff will be trained on procuring client participation in meal preparation to the best of their ability. Once these plans are implemented and staff are trained professional staff will monitor two meals per week for four weeks, once proficiency is established monitoring will fade to bi monthly. July 3, 2013To ensure that this practice continues the service coordinator, community services nurse, and management will visit the home five times a week including weekends and will observe medication passes and meal preparation, until staff show proficiency in hand washing and sanitation. Once proficiency is developed monitoring will reduce to bi monthly visits. | 07/04/2013 | | | |

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| | <p>D ate his meal rapidly without redirection and/or prompting to slow down. DSPs #3 and #7 did not prompt or encourage clients A, B, C or D to assist in meal preparation or setting the dining table.</p> <p>During the 5/21/13 observation period between 5:43 AM and 8:40 AM, at the group home, the dining room table had been preset before the clients were up and dressed. Staff #5 custodially prepared the toast for client A, B, C and D's breakfast without involving the clients. Staff #4 had client B assist in stirring the oatmeal but staff #4 and #5 did not encourage the client to make the toast and/or open the pineapples the clients had for breakfast. At 6:47 AM, client B placed a whole pineapple slice in his mouth without redirection to take smaller bites. Client B ate his oatmeal and toast rapidly without redirection and/or prompts to slow down. Client D grabbed 3 slices of toast from the plate and took a bite out each slice of toast. Client D laid it down and attempted to grab a fourth slice of toast while staff #5 was assisting client A to eat and staff #5 went into the kitchen. Staff #5 came out of the kitchen and moved the plate of toast away from client D. Staff #4 stated to staff #5 "He grabbed it (the toast)." Client D also ate large bites of oatmeal without redirection and/or training to take smaller bites. Client D</p> | | | |

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| | <p>grabbed client C's toast and ate the toast. Also during the 5/21/13 observation period, staff #4 placed containers of food in the clients' lunch boxes and other food items without involving clients A, B, C and D.</p> <p>Client B's record was reviewed on 5/21/13 at 2:43 PM. Client B's 11/24/12 Nutritional Assessment indicated client B "eats too fast." The nutritional assessment indicated client B needed to be monitored at meals.</p> <p>Interview with the Service Coordinator (SC) on 5/23/13 at 12:45 PM indicated clients should be encouraged to help and assist with food preparation. The SC indicated clients A, B, C and D were capable of helping fix toast with physical assistance.</p> <p>9-3-8(a)</p> | | | |