

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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W000000	<p>This visit was for the investigation of complaint #IN00157044.</p> <p>Complaint #IN00157044: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W153, W154, W156 and W159.</p> <p>Dates of Survey: October 21, 22, 23 and November 5, 2014.</p> <p>Facility number: 000771 Provider number: 15G251 AIM number: 100243430</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/17/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to meet the Condition of Participation: Governing Body.</p> <p>The governing body failed to exercise general operating direction over the facility:</p> <p>__ To ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H.</p> <p>__ To ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H.</p> <p>__ To prevent the misappropriations of clients' funds for clients A, B, C, D, E, F, G and H.</p> <p>__ To prevent the neglect of client A.</p> <p>__ To prevent the abuse of clients A, B,</p>	W000102	<p>W 102 Governing Body and Management</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff who failed to report the incident of neglect of Client A was terminated. · Staff who was suspected to have abused Client E was terminated. · The Home Manager for the site was terminated. · Staff who relied on a co-worker to report the incident of neglect of Client A and consequently reported the incident late, received a corrective action. · The Program Director for the site received a corrective action for failing to ensure there was a schedule posted in the home at the time when Client A was left unsupervised. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 	12/05/2014	

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	<p>C, D, E, F, G and H. ___To ensure the QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) monitored/reviewed the clients' financial records, receipts and purchases and to ensure the facility financial policy was implemented in regard to the clients' cash on hand for clients A, B, C, D, E, F, G and H and to ensure nursing was notified of client C's request for a tattoo, provided information and guidance in regard to the risks of getting a tattoo and to ensure client C was monitored after getting the tattoo.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS per IAC 9-3-1(b)(5) and APS per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H, to ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H and to ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of</p>		<p>11-10-14.</p> <ul style="list-style-type: none"> · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any 				

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	<p>abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H. The governing body failed to exercise general policy and operating direction over the facility to prevent the misappropriations of client A's, B's, C's, D's, E's, F's, G's and H's funds, to prevent the neglect of client A and to prevent the abuse of clients A, B, C, D, E, F, G and H. The governing body failed to ensure the PD monitored/reviewed the clients' financial records, receipts and purchases and to ensure the facility financial policy was implemented in regard to the clients' cash on hand for clients A, B, C, D, E, F, G and H, to ensure nursing was notified of client C's request for a tattoo, provided information and guidance in regard to the risks of getting a tattoo and to ensure client C was monitored after getting the tattoo. Please refer to W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for clients A, B, C, D, E, F, G and H. The governing body failed to ensure the facility implemented written policy and procedures to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS per IAC 9-3-1(b)(5) and APS per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H, to ensure all injuries of</p>		<p>purchases that the resident wants to make that are over \$50.00.</p> <ul style="list-style-type: none"> · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit 				

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	<p>unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H and to ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H. The governing body failed to ensure the facility implemented written policy and procedures to prevent the abuse of clients A, B, C, D, E, F, G and H, to prevent the misappropriations of client A's, B's, C's, D's, E's, F's, G's and H's funds and to prevent the neglect of client A. Please refer to W122.</p> <p>This federal tag relates to complaint #IN00157044.</p> <p>9-3-1(a)</p>		<p>the resident finances on a monthly basis.</p> <ul style="list-style-type: none"> · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. 		

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			<ul style="list-style-type: none"> · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in house money has been submitted. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed 	

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			<p>with all staff at their team meeting on 11-10-14.</p> <ul style="list-style-type: none"> · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and 	

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			<p>new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14.</p> <ul style="list-style-type: none"> · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be 	

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			<p>implemented for Client AP to address his attempt to loan staff money.</p> <ul style="list-style-type: none"> · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will 	

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			<p>be reviewed with staff.</p> <ul style="list-style-type: none"> · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in house money has been submitted. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed 		

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H),</p>	W000104	<p>implemented for Client AP to address his attempt to loan staff money.</p> <ul style="list-style-type: none"> · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be <p>W 104 Governing Body The governing body must exercise general policy, budget, and operating direction over the</p>	12/05/2014

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	<p>the governing body failed to exercise general policy and operating direction over the facility:</p> <p>__ To ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H.</p> <p>__ To ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H.</p> <p>__ To prevent the misappropriations of clients' funds for clients A, B, C, D, E, F, G and H.</p> <p>__ To prevent the neglect of client A.</p> <p>__ To prevent the abuse of clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure the QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) monitored/reviewed the clients' financial records, receipts and purchases and to</p>		<p>facility.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff who failed to report the incident of neglect of Client A was terminated. · Staff who was suspected to have abused Client E was terminated. · The Home Manager for the site was terminated. · Staff who relied on a co-worker to report the incident of neglect of Client A and consequently reported the incident late, received a corrective action. · The Program Director for the site received a corrective action for failing to ensure there was a schedule posted in the home at the time when Client A was left unsupervised. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. 				

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	<p>ensure the facility financial policy was implemented in regard to the clients' cash on hand for clients A, B, C, D, E, F, G and H, to ensure nursing was notified of client C's request for a tattoo, provided information and guidance in regard to the risks of getting a tattoo and to ensure client C was monitored after getting the tattoo.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS per IAC 9-3-1(b)(5) and APS per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H, to ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H and to ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H. The governing body failed to exercise general policy and operating direction over the facility to prevent the misappropriations of clients' funds for</p>		<ul style="list-style-type: none"> · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, 	

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	<p>clients A, B, C, D, E, F, G and H, to prevent the neglect of client A and to prevent the abuse of clients A, B, C, D, E, F, G and H. Please see W149.</p> <p>2. The governing body failed to ensure all allegations of abuse were immediately reported to the administrator and to the BDDS and APS according to state law for clients A, B, C, D, E, F, G and H. Please see W153.</p> <p>3. The governing body failed to ensure an investigation was conducted and/or a thorough investigation was conducted for all allegations of abuse/neglect, all injuries of unknown origin and all allegations of misappropriation of funds for clients A, E and H. Please see W154.</p> <p>4. The governing body failed to ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H. Please see W156.</p> <p>5. The governing body failed to ensure the facility PD (Program Director) monitored and reviewed the clients' financial records to ensure large amounts of money was not maintained in the home and the facility financial policy was</p>		<p>investigation process, survey and IN Mentor expectations on 11-12-14.</p> <ul style="list-style-type: none"> · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff 				

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	<p>followed for clients A, B, C, D, E, F, G and H. The governing body failed to ensure the facility PD conducted IDT (Interdisciplinary Team) meetings for clients A, C, E, F and H for requested purchases over \$50.00 and notified nursing of client C's request for a tattoo, to ensure client C was provided with information and guidance in regard to the risks of getting a tattoo and to ensure client C was monitored after getting the tattoo. Please see W159.</p> <p>This federal tag relates to complaint #IN00157044.</p> <p>9-3-1(a)</p>		<p>money.</p> <ul style="list-style-type: none"> · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in 		

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			<p>house money has been submitted.</p> <ul style="list-style-type: none"> · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before 	

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			<p>leaving the house was reviewed with all staff during their team meeting on 11-10-14.</p> <ul style="list-style-type: none"> · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed 		

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			<p>regarding the client's missing money.</p> <ul style="list-style-type: none"> · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the 		

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			<p>types of behavior that constitute abuse and neglect.</p> <ul style="list-style-type: none"> · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff 	

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			<p>schedules will be reviewed with staff.</p> <ul style="list-style-type: none"> · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in house money has been submitted. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for 		

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			<p>before leaving the house was reviewed with all staff during their team meeting on 11-10-14.</p> <ul style="list-style-type: none"> · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. 		

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			<ul style="list-style-type: none"> · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff 	

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			<p>money.</p> <ul style="list-style-type: none"> · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. 		

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H). __The facility neglected to implement written policy and procedures to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H and to ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H and to ensure the results of all investigations were reported to the administrator within 5 working days from the date of</p>	W000122	<ul style="list-style-type: none"> · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The miss <p>W 122 Client Protections The facility must ensure that specific client protections requirements are met.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff who failed to report the incident of neglect of Client A was terminated. · Staff who was suspected to have abused Client E was terminated. · The Home Manager for the site was terminated. · Staff who relied on a co-worker to report the incident of neglect of Client A and consequently reported the incident late, received a corrective action. · The Program Director for the site received a corrective action for failing to ensure there was a schedule posted in the home at the time when Client A was left unsupervised. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the 	12/05/2014	

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	<p>knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H.</p> <p>__ The facility failed to implement written policy and procedures to prevent the abuse of clients A, B, C, D, E, F, G and H, to prevent the misappropriations of clients' funds for clients A, B, C, D, E, F, G and H and to prevent the neglect of client A.</p> <p>Findings include:</p> <p>1. The facility neglected to implement written policy and procedures:</p> <p>__ To prevent the misappropriations of clients' funds for clients A, B, C, D, E, F, G and H.</p> <p>__ To prevent the neglect of client A.</p> <p>__ To prevent the abuse of clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H.</p>		<p>importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14.</p> <ul style="list-style-type: none"> · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have 				

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	<p>__ To ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H. Please see W149.</p> <p>2. The facility failed to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS per IAC 9-3-1(b)(5) and APS per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H. Please see W153.</p> <p>3. The facility failed to ensure all allegations of abuse, all injuries of unknown origin and all allegations of misappropriation of funds were investigated and/or a thorough investigation was conducted for clients A, E and H. Please see W154.</p> <p>4. The facility failed to report the results of all investigations to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H. Please see W156.</p> <p>This federal tag relates to complaint #IN00157044.</p>		<p>access to this money.</p> <ul style="list-style-type: none"> · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in 				

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9-3-2(a)			<p>the home.</p> <ul style="list-style-type: none"> · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the 	

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			<p>residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14.</p> <ul style="list-style-type: none"> · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in house money has been submitted. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. 	

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			<ul style="list-style-type: none"> · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that 	

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			<p>only designated staff and the Home Manager have access to.</p> <ul style="list-style-type: none"> · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date 	

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			<p>of knowledge of the alleged incident of abuse, neglect and exploitation.</p> <ul style="list-style-type: none"> · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries 	

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			<p>on 12-12-14.</p> <ul style="list-style-type: none"> · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in house money has been submitted. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff 		

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			<p>meeting on 11-10-14.</p> <ul style="list-style-type: none"> · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being 	

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			<p>secured with a combination lock that only designated staff and the Home Manager have access to.</p> <ul style="list-style-type: none"> · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. 	

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			<ul style="list-style-type: none"> · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager 		

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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 record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), the facility failed to implement written policy and procedures: __To prevent the misappropriations of clients' funds for clients A, B, C, D, E, F,</p>	W000149	<p>was trained on resident rights on 11-18-14.</p> <ul style="list-style-type: none"> · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. <p>W 149 Staff Treatment of Clients The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff who failed to report the 	12/05/2014	

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	<p>G and H.</p> <p>__ To prevent the neglect of client A.</p> <p>__ To prevent the abuse of clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F, G and H.</p> <p>__ To ensure all injuries of unknown origin, all allegations of abuse/neglect and all misappropriation of funds were investigated and/or thoroughly investigated for clients A, E and H.</p> <p>__ To ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM. A 9/20/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/19/14 at 10 PM an employee called the PD (Program Director) to report abuse by</p>		<p>incident of neglect of Client A was terminated.</p> <ul style="list-style-type: none"> · Staff who was suspected to have abused Client E was terminated. · The Home Manager for the site was terminated. · Staff who relied on a co-worker to report the incident of neglect of Client A and consequently reported the incident late, received a corrective action. · The Program Director for the site received a corrective action for failing to ensure there was a schedule posted in the home at the time when Client A was left unsupervised. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 	

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	<p>another staff toward client E. The report indicated "As the investigation began, it was suggested that a second employee might also have been abusive. Both (staff #5 and staff #7) were suspended pending the outcome of the investigation."</p> <p>The "Summary of Internal Investigation Report" dated 10/1/14 indicated: _An interview with staff #10 on 9/20/14. The interview indicated client E had told her (staff #10) and staff #8 that staff #5 had "slapped her (client E) about a month ago." Staff #10 indicated in the interview the HM (Home Manager) was aware of the abuse and "said it would be taken care of.... Said today (9/20/14) [client E] told her [staff #7] had pinched her (client E) on the breast.... Asked [client E] if they were joking around and [client E] said [staff #7] was mad at her (client E)." Staff #10 indicated in the interview she (staff #10) "has been concerned that the clients (clients A, B, C, D, E, F, G and H) might have been abused by co-workers. Said [client B] ([client E's] housemate) had some little bruises on her leg like someone might have been poking her about two weeks ago.... Said [client D] ([client E's] housemate) has a bruise on her arm like someone grabbed her - noting she just saw it this morning. Said she didn't think the bruise looked like someone had</p>		<p>11-10-14.</p> <ul style="list-style-type: none"> · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was 				

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	<p>grabbed her but [staff #6] thought it did when she saw it."</p> <p>__An interview with staff #6 on 9/21/14. The interview indicated "[Client E] told her (staff #6) [staff #5] had hit her and she (staff #6) told [the HM]. Said this occurred about a month or so ago and [the HM] said she took care of it." The interview indicated client E told staff #6 "[Staff #7] had hit her and pinched her breast. [Client E's] eyes were watering up. Said [client E] told her Friday (9/19/14) about [staff #7] - about a month ago about [staff #5]. Said the report of [staff #5] hitting [client E] was reported to [the HM] - [client E] told [the HM] and [the HM] said she would take care of it (about a month ago).... Said [staff #5] said [client E] hit her so she (staff #5) hit her (client E) back adding [the HM] was there when [staff #5] said this.... Said [staff #5] would call [client C] a b--h but not to [client C's] face. This would occur 'a lot of times'." The interview indicated "[Client D] ([client E's] housemate) never bruises but it looked like she had a thumb print on her arm - thought she started to fall and someone caught her.... Said when she (staff #6) was documenting on [client B] ([client E's] housemate) who had 'little dots like black bruises on her leg' (this week).... Said she (staff #6) and (staff #10) came to the conclusion that something was going on.... Said [staff #5]</p>		<p>trained on the resident finance process on 11-24-14.</p> <ul style="list-style-type: none"> · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. 	

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	<p>gets uncontrollably mad adding that she goes off a lot on [client G] but she will just ignore [client E]. Described going off on [client G] as if [client G] is yelling she (staff #5) will yell back, get in his face, get mad at him."</p> <p>__An interview with staff #8 on 9/21/14. The interview indicated client E told staff #8 "about 3 weeks ago" that staff #5 had hit client E. "States he (staff #8) mentioned this to [the HM] right after [client E] told him and [the HM] asked [staff #5] to the kitchen. States [staff #5] later told him (staff #8) that [the HM] had talked to her (staff #5) about what [client E] said. Added that [staff #5] is verbally abusive, yelling at [client E] and saying I don't give a s--t." The interview indicated client E had told staff #8 that staff #5 "was mean" and staff #8 had heard staff #5 tell clients E and C if they (clients E and C) hit her (staff #5) then staff #5 would hit them back. Staff #8 indicated in his interview he had concern that the clients (clients A, B, C, D, E, F, G and H) might have been abused by co-workers and had reported it to the HM.</p> <p>__An interview with staff #11 on 9/21/14. The interview indicated "He (staff #11) has heard [staff #5] say to [the HM] that if [client E] hits her (staff #5) she will hit her (client E) back - adding that she was not joking. Said [the HM]</p>		<ul style="list-style-type: none"> · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in house money has been submitted. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. 				

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	told [staff #5] that we are not allowed to hit our clients back and took [staff #5] outside to have a conversation with her. Said about two day (sic) after the above incident, he (staff #11) was passing morning medications to [client E] and [the HM] walked into the medication room. [Client E] told he (sic) (staff #11) and [the HM] that [staff #5] hit her probably 2 weeks to a month ago. Said [the HM] told [client E] 'I (the HM) am sorry, you (client E) hit me all the time too, but I will have a talk with her (staff #5) okay?' Said [client E] answered 'okay, she (staff #5) is mean'.... Added he (staff #11) doesn't know if it is abusive but [staff #5] yells at all the clients (clients A, B, C, D, E, F, G and H) and gets angry. He feels very uncomfortable about the way [staff #5] 'gets angry very easily and impatient with our client (sic) (clients A, B, C, D, E, F, G and H)." __An interview with the HM on 9/22/14. The interview indicated the HM was not aware of any abuse from staff towards client E. "Said [staff #5] asked her 'if she [client E] hits me again can I give her a little smack so she'll know what it feels like?" The interview indicated on 8/22/14 the HM received a call from an anonymous female caller. "The caller quickly said [staff #5] beats [client E] and [the PD] needed to know, then hung up. She (the HM) attempted to return a		<ul style="list-style-type: none"> · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when 				

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	call to the caller but there was no answer. Said she (the HM) tried contacting her supervisor [the PD] immediately but she was unavailable. She then called [another PD] to report the call. Said [the other PD] told her she had done what she needed to do by reporting it and took the phone number from her (the HM). ([The other PD] confirmed this was reported to her by [the HM] - estimating it to be around the week of August 18th (2014). [The other PD] communicated she reported directly to her supervisor [the AD (Area Director)]. [The AD] confirmed that [the other PD] informed her there was an anonymous call and instructed [the HM] to return call to get information as what was reported to [the AD] did not include allegation or information - just that an anonymous call had been received. [The AD] states there was no further communication from [the HM] regarding the call)." The HM indicated "After she reported the call, she received no further communications from either [the PD] or [the AD] regarding follow up.... Said [client E] told her (the HM) that [staff #5] wouldn't let her (client E) have coffee because she (client E) peed too much. Said she (the HM) told [staff #5] that [client E] could have coffee if she (client E) wanted it. Said [staff #5] has 'really struggled' with [clients E, B and D] - pureeing for instance. Said [staff #5] has		they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. · The new Home Manager was trained on the ISP and IPOP		

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	<p>tried to feed them (clients B, D and E) things she felt didn't need to be pureed and denying coffee to [clients D and E].... Added that [client E] had told her [the HM] that [staff #5] would not let her (client E) have coffee. Said she called [staff #5]... and explained to her that we (the staff) could not restrict the clients.... When asked if she (the HM) has ever observed [staff #5] being verbally inappropriate with [client E] replied, 'I think at most it's something like, I'm not giving you coffee because you pee too much.'" The interview indicated client E had not told the HM that staff #5 had hit her and client E had not told the HM that staff #7 had pinched her "but [client E] has told her (the HM) she doesn't like [staff #7]."</p> <p>The 10/1/14 investigative summary indicated the evidence supported the following:</p> <ol style="list-style-type: none"> 1. Two staff reported witnessing staff #5 yelling at clients. 2. Two staff witnessed staff #5 saying client E "pees too much." 3. Three staff report witnessing staff #5 referring to clients as "b---h." 4. Three staff and one client witnessed staff #5 threatening to hit client E if client E hit staff #5. 5. Three staff refer to staff #5 as "short tempered and verbally abusive." 		<p>processes on 11-18-14.</p> <ul style="list-style-type: none"> · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be implemented for all clients on reporting abuse and neglect. · Programming will be 				

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	<p>6. Staff #5 confirmed she (staff #5) had said client E pees too much and had said if client E hits her she would hit her back.</p> <p>7. Staff #5 did put her hand on client E "describing it was a tap."</p> <p>8. Client E reported staff #5 hitting her to "at least 5 staff in the home, including the Home Manager."</p> <p>9. Three staff report the HM's knowledge of client E's concerns and allegations with staff #5.</p> <p>10. The HM received three reports of abuse from three different staff approximately one month ago and the HM did not immediately report the allegations to the administrator and/or initiate an investigation.</p> <p>The 10/7/14 follow up BDDS report indicated staff #5's and the HM's employment was terminated and staff #7 was removed from the home due to a personality conflict with client E. The report indicated all staff would be retrained on abuse, neglect, exploitation, resident rights, treating clients with respect, professional boundaries, reporting procedures, chain of command and on proper documentation of bruises and injuries.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD: __ Indicated all allegations of</p>		<p>implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase.</p> <ul style="list-style-type: none"> · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed with staff. · The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed. · The request for client H's in 				

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	<p>abuse/neglect were to be reported immediately to the administrator and to BDDS and APS as indicated per state law.</p> <p>__ Indicated the previous HM failed to report client E's allegations of abuse that staff #5 had hit her and staffs' allegations of abuse that staff #5 was abusive toward client E.</p> <p>__ Indicated an investigation was to be initiated when an allegation of abuse was reported.</p> <p>__ Indicated the facility staff and the HM failed to follow the abuse/neglect policy and an investigation of abuse was not initiated until 9/19/14 when a staff called and reported the abuse of client E to the PD.</p> <p>__ Indicated through investigation it was discovered the allegations of abuse of staff #5 toward client E goes back several weeks to a month.</p> <p>__ Indicated the staff failed to follow the chain of command when the HM neglected to follow the facility abuse/neglect policy/procedures for the clients living in the home (clients A, B, C, D, E, F, G and H).</p> <p>__ Stated, "They (the staff) should have called [name of the PD] when the home manager didn't address their concerns of abuse" in regard to the client E's and staffs' allegations of abuse for clients A, B, C, D, E, F, G and H.</p>		<p>house money has been submitted.</p> <ul style="list-style-type: none"> · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be <p>13. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The security of the resident money and the keys was reviewed with all staff at their team meeting on 11-10-14. · The process for ensuring the home is secure and all of the residents are accounted for before leaving the house was reviewed with all staff during their team meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline 				

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	<p>__ Indicated all staff would be retrained on abuse, neglect, exploitation, resident rights, treating clients with respect, professional boundaries, reporting procedures, chain of command and on proper documentation of bruises and injuries.</p> <p>2. The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM. A 9/21/14 BDDS report indicated on 9/20/14 at 10:30 AM the PD found the drawer that contained client A's, B's, C's, D's, E's, F's, G's and H's money unlocked. The report indicated the binder containing the money pouches for each client was missing.</p> <p>The "Summary of Internal Investigation Report" dated 10/1/14 indicated: __ An interview with staff #6 on 9/21/14. The interview indicated "[Staff #5] had come to her upset when [the HM] had called [staff #5] saying [client B's] money was off (sometime since Mid-July - did not recall exact dates). Said a day or so later [staff #5] told her [the HM] said she fixed it and for [staff #5] not to worry. States [the HM] told she (sic) (staff #6) and [staff #5] at the same time that [staff #5] was over (in charge of) their (client A's, B's, C's, D's, E's, F's, G's and H's) money while [the HM] was on vacation (August 4th through August 8th)</p>		<p>when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14.</p> <ul style="list-style-type: none"> · The importance of ensuring staff communicate amongst each other was reviewed during their staff meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The resident in house money has been moved to a cabinet with a combination lock. Only the Home Manager and Program Director have access to this money. · The resident money that is being left out for activities is being secured with a combination lock that only designated staff and the Home Manager have access to. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · A police report was filed regarding the client's missing money. · The new Home Manager was trained on the resident finance process on 11-24-14. 				

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	(2014).... States the door to the office was not always locked because 'I (staff #6) think because they forget to lock it.' __An interview with staff #5 on 9/21/14. The interview indicated staff #5 stated "She [staff #5] is aware that clients have in house money. States it (the money) is kept in the locked filing cabinet and that is where she (staff #5) got it from when [the HM] was on PTO (Paid Time Off). States the money is kept in a big thick binder but doesn't remember if the binder is black or blue.... States she (staff #5) thinks the day was Friday (9/19/14), [client F] asked her about his in-house money and she showed him where it is kept adding that at that time the drawer was unlocked and there was nothing in there.... States she has gotten into the drawer when [the HM] was on PTO but she was not given a key. States before [the HM] was on PTO she asked [staff #5] to make sure [clients F, C and H] got their in- house money. States she (staff #5) called [the PD] to inquire about getting the clients their money and [the PD] told her [name of other HM] had a key. States when she (staff #5) came in on her next shift the key was there in the desk organizer/lazy susan. States [other HM] told them to leave the key there until [the HM] got back. States this occurred the Friday [the HM] was on PTO (August 8th, 2014)."		<ul style="list-style-type: none"> · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The new Home Manager is expected to have the resident finances up to date every 3 days. · The new Home Manager will audit the cash on hand every three days to ensure that the money is accounted for. They will turn in their audit sheets to the Program Director on a weekly basis. · The Program Director will audit the finances when they are in the home. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for Client AP to address his attempt to loan staff money. · Programming will be implemented for all clients on the types of behavior that constitute abuse and neglect. · Programming will be 				

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	<p>___ Interview with the HM on 9/22/14. The interview indicated "Client money is kept in the book in the locked drawer.... States the key to the locked cabinet in the staff office is on the med (medication) key ring.... States she does not remember if she locked the cabinet. States this is not the first time she has forgotten to lock it. States she gave the keys to her program director on Tuesday 9/16/14 (her last day as Home Manager). States she never allowed staff to have access to the locked drawer in the Home Manager office but knows of an instance when it happened. States the first or second week in August when she was on PTO..., she knows [staff #5] got in the drawer and handed out money and had clients sign receipts.... States she does not know how [staff #5] knew where the key was. When she returned from PTO she counted the money and everything was as it should have been. States the lock box the staff have access to is in the file cabinet in the activity room and the key is on the med keys."</p> <p>___ Interview with the PD on 9/29/14. The interview indicated the PD stated "She (the PD) completed a check of money... the first week of September for the activity occurring in August 2014. States the count of all money was accurate at the time of her count in September. States the keys for the money drawer(s)</p>		<p>implemented for all clients on reporting abuse and neglect.</p> <ul style="list-style-type: none"> · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · Staff will be retrained on treating the clients with respect and professional boundaries. · The new Home Manager was trained on resident rights on 11-18-14. · The new Home Manager will be trained on professional boundaries on 12-12-14. · An addendum to the police report filed will be provided with the investigation findings. · The supervision levels of the residents and expectations of staff supervision were reviewed with staff at their team meeting on 11-10-14. · The active treatment needs and daily schedule for Client A will be reviewed with staff. · The on call process/who to notify for scheduling/home concerns will be reviewed with staff. · The process for altering staff schedules will be reviewed 				

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	<p>were given to her by the Home Manager [name of HM] on the [HM's] last day as HM (9/16/14). States she did not verify or count the money at that time. States the practice for management of funds when a HM is off is for the HM on call to be the one to deal with money needs. States staff are to never have the key. States she was not aware until this investigation that staff had been given access to the money."</p> <p>The 10/4/14 follow up BDDS report indicated "The investigation has concluded. [Name of HM's] employment has been terminated. Client money has not been recovered." The report indicated the clients would be reimbursed for the funds that were missing, a new locking file cabinet would be purchased and all staff would be retrained on the expectations regarding protection of client funds, process of providing client funds and frequency of client finance review. The report indicated the AD (Area Director) would review with all PD (Program Directors) and HMs the appropriate amounts of money that were to be available in-house.</p> <p>The facility records indicated "Request for Payment" (RFP) receipts for clients A, B, C, D, E, F, G and H on 10/23/14 at 11 AM. The records indicated:</p>		<p>with staff.</p> <p>The missing in house money for clients A-G have been reimbursed. The missing check for Client H has been reimbursed.</p>	

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	<p>__A request to reimburse client A in the amount of \$18.53.</p> <p>__A request to reimburse client B in the amount of \$241.39.</p> <p>__A request to reimburse client C in the amount of \$222.47.</p> <p>__A request to reimburse client D in the amount of \$128.69.</p> <p>__A request to reimburse client E in the amount of \$75.42.</p> <p>__A request to reimburse client F in the amount of \$68.75.</p> <p>__A request to reimburse client G in the amount of \$70.01.</p> <p>__A request to reimburse client H in the amount of \$618.41.</p> <p>The total amount of money missing from clients A's, B's, C's, D's, E's, F's, G's and H's funds totaled \$1443.67.</p> <p>Review of the 9/26/14 police report indicated the AD called the local police department 9/26/14 to report money missing from the group home. The report indicated "According to [name of AD], this past weekend on 9/20/14, [the PD] went to the facility and found that the office door to the home manager was open. It was also found that \$944.00 in cash and a \$4000.00 check were missing from the lockbox. According to [the AD], [the PD] checked with the home manager and the home manager stated that she was unsure if she had locked the office</p>						

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	<p>door. [The AD] went on to state that since the office door was unlocked, other workers would have had access to the locked office. ACTION TAKEN: I (the police officer) informed [the AD] that I would do a police report and she stated that they (the facility) were going to do an internal investigation in an attempt to find out who was actually responsible. When speaking with [the AD], she stated that if they were able to obtain information on a suspect, they would contact the police where a supplement could be made and they would file charges with the Prosecutor's office. ACTION PENDING: None further unless further information is obtained."</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD: ___ Indicated when a HM needed to take leave from her position for any reason, it was the responsibility of the HM to find another HM or PD to take over the responsibility of the clients' finances. The key to the clients' money was never to be given to any of the DCS (Direct Care Staff). ___ Indicated when the previous HM was terminated and turned the key over for the clients' finances to the PD on 9/16/14, the PD failed to count the money with the previous HM prior to the HM leaving the facility.</p>			

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	<p>__ Indicated the previous HM failed to follow the facility financial policy.</p> <p>__ Stated the clients "should not have had more than \$50 in the home at one time unless they were pre approved for a need to have over \$50 via an IDT meeting."</p> <p>__ Stated, "It is not facility practice for DCS to be given access to the bulk of the clients' funds."</p> <p>__ Indicated a request had been submitted from the facility and sent to the corporate office to reimburse clients A, B, C, D, E, F, G and H for the money missing from the home in the amount of \$1443.67.</p> <p>__ Indicated the facility had narrowed possible suspects down to two possibilities.</p> <p>__ When asked were the results of the investigation and/or the persons suspected to have taken the money reported to the police, the AD stated, "No." The AD indicated she filed the initial report and the police had not conducted an investigation so she had not thought to call to report and/or discuss the results of the facility investigation any further with the police. The AD indicated the police report was in error in regard to the amount of money. The AD indicated the missing check was in the amount of \$400.00 not \$4000.00 as indicated in the police report.</p> <p>During interview with the PD on</p>						

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	<p>10/23/14 at 11:30 AM, the PD: ___ Indicated she did not count the money with the previous HM on 9/16/14 when she was given the key to the clients' money and stated, "I just didn't think about it." ___ Indicated the direct care staff were never to have access to the clients' money. ___ Indicated the HMs were the only staff to have a key to the clients' money. ___ Indicated she reconciled client A's, B's, C's, D's, E's, F's, G's and H's money last on 9/2/14.</p> <p>3. The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM. A 9/24/14 BDDS report indicated on 9/24/14 at 8 AM "[Client A] was left at the group home for just less than an hour. He (client A) was sleeping. He experienced no adverse effect from being left unsupervised. Staff has been suspended pending the outcome of the investigation." ___ The 10/7/14 follow up BDDS report indicated "The investigation has concluded. Neglect was substantiated. Employment for [staff #8 and staff #9] has been terminated. Staff will be trained at the next staff meeting on the following: [Client A's] supervision levels/needs, including the plan for when he stays home. Who to call with scheduling/home related concerns. That</p>						

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	<p>staff are not to alter their work schedules without contacting their supervisor. Who to call in the absence of the HM (House Manager). Reporting guidelines. Informal process for those transitional times in the home. Things to do prior to leaving the home, when arriving, preparing for transport, etc."</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD: __ Stated, "None of the clients were to be left alone and unsupervised." __ Indicated the staff responsible for the neglect had been terminated and all staff remaining in the home would be retrained.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD: __ Indicated client A was left home alone when the staff left the house to take the clients to the workshop. __ Indicated clients A, B, C, D, E, F, G and H were not to be left home alone and unsupervised at any time. __ Indicated the staff neglected to communicate with each other and to ensure all clients were accounted for and provided staff supervision prior to leaving for the workshop on the morning of 10/23/14. __ Indicated client A stays home a lot from the workshop and the previous HM would usually stay with him, but the home was without a HM on 10/7/14 and</p>			

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	<p>there was a miscommunication from everyone in regard to which staff was coming in to work at what time and to ensure all staff working were aware client A was not going to the workshop on the morning of 10/7/14 and would require staff supervision.</p> <p>4. The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM. The 5/8/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 5/8/14 at 8 AM "[Client A] complained of pain in his left pointer finger and into the pad below it. It was somewhat swollen. He was unable to report if he had injured it in some way. He was taken to the med center. An x-ray showed no injury. The doctor surmised that [client A] may have jammed his finger." The facility records indicated no investigation for the injury of unknown origin for client A.</p> <p>The "Summary of Internal Investigation Report" dated 10/1/14 indicated: __An interview with client H on 9/29/14. The interview indicated client H reported he had loaned staff #5 money. Client H indicated staff #5 had said she did not know how she was going to get to work or get groceries because she did not have any money. Client H offered to give staff #5 money "but she initially declined."</p>						

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	<p>Client H then went to his room, got \$30.00 and offered it to staff #5 again. Client H indicated staff #5 accepted the money and thanked him and then later did pay him back. The report indicated when client H reported he had loaned staff #5 money to the PD the PD talked with client H about loaning money to staff. The report indicated "while it was thoughtful for him (client H) to want to help staff, it is not acceptable for staff to accept money from clients." The report indicated the PD explained to client H that staff #5 should not have accepted the money and asked client H to not offer money to staff or clients again.</p> <p>__An interview with staff #5 on 9/21/14 indicated staff #5 "States [client H] offered her money a couple of times but she declined. States it was her (staff #5's) fault he [client H] offered as she (staff #5) and (staff #6) were talking about a financial thing that was personal and he [client H] came outside and heard part of it. Afterwards, [client H] came into the kitchen with money in his hand but she (staff #5) did not know how much he had. Said she declined."</p> <p>__The Investigative report dated 10/1/14 indicated no further interviews in regard to staff taking money from clients. The investigative summary indicated "Evidence does not support financial transactions between staff (staff #5) and</p>						

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	<p>client (H)." The investigative record did not indicate a thorough investigation was conducted in regard to allegations of staff #5 accepting money from client H.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD indicated all injuries of unknown origin and all allegations of abuse, neglect and misappropriations of client funds were to be thoroughly investigated. The AD indicated she was not able to locate an investigation in regards to the unknown injury reported for client A on 5/8/14. The AD indicated client H's allegations of staff #5 taking money from him were included in the investigation of the clients' money missing in the home.</p> <p>5. The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM. A 9/20/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/19/14 at 10 PM an employee called the PD (Program Director) to report abuse by another staff toward client E. "As the investigation began, it was suggested that a second employee might also have been abusive. Both (staff #5 and staff #7) were suspended pending the outcome of the investigation." The facility records indicated the investigation was concluded</p>			

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	<p>and was signed by the QAM (Quality Assurance Manager) on 10/1/14. The 10/7/14 follow up BDDS report indicated the investigation was concluded and staff #5 and the previous HM was terminated.</p> <p>__ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the allegation of abuse.</p> <p>A 9/21/14 BDDS report indicated on 9/20/14 at 10:30 AM the PD found the drawer that contained client A's, B's, C's, D's, E's, F's, G's and H's money unlocked. The report indicated the binder containing the money pouches for each client were missing. The investigative summary indicated the investigation was concluded and signed by the QAM on 10/7/14. The 10/4/14 follow up BDDS report indicated the investigation had concluded and the previous HM was terminated and the clients' money had not been recovered.</p> <p>__ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the allegation of misappropriation of the clients' funds.</p> <p>A 9/24/14 BDDS report indicated on 9/24/14 at 8 AM "[Client A] was left at</p>			

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	<p>the group home for just less than an hour. He (client A) was sleeping. He experienced no adverse effect from being left unsupervised. Staff has been suspended pending the outcome of the investigation." The investigative summary indicated the investigation was concluded and signed by the QAM on 10/3/14. The 10/7/14 follow up BDDS report indicated "The investigation has concluded. Neglect was substantiated. Employment for [staff #8 and staff #9] has been terminated."</p> <p>___ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the allegation of neglect.</p> <p>An 10/7/14 BDDS report indicated on 10/7/14 at 1:50 PM client H hit client G. The report indicated the clients were separated and counseled. The facility records indicated an Investigative Summary dated 10/7/14. The summary indicated client interviews on 10/14/14. The summary indicated the AD (Area Director) signed the investigative summary on 10/23/14.</p> <p>___ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the client to client abuse.</p>						

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	<p>During interview with the AD on 10/23/14 at 11 AM, the AD indicated she would be considered the administrator and was to be notified of all investigative results within 5 working days from the date of knowledge of abuse, neglect and/or misappropriation of client funds for clients A, B, C, D, E, F, G and H. The AD stated, "I do know that some of the investigations took longer than usual due to the complexity of the investigations."</p> <p>The facility's policies were reviewed on 10/22/14 at 10 AM.</p> <p>The facility's April 2011 policy and procedure entitled "Quality and Risk Management" indicated: ___ "A. Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. ___ B. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged,</p>			

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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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
	<p>suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services... as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider. This may include: a. Physical Abuse, including but not limited to: i. Intentionally touching another person in a rude, insolent, or angry manner; ii. Willful infliction of injury;... c. Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: i. Cause the individual to be placed in fear of retaliation;... iii. Cause the individual to experience emotional distress or humiliation; iv. Cause others to view the individual with hatred, contempt, disgrace or ridicule; v. Cause the individual to react in a negative manner.... i. Unauthorized use of personal services, personal property, or finances....</p> <p>5. An initial report regarding an incident shall be submitted within twenty-four (24) hours of: (a) the occurrence of the incident; or (b) the reporter becoming aware of or receiving information about an incident.</p> <p>__C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of</p>			

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	<p>any individual served or other employee</p> <p>1. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>The facility's 4/2011 "Management of an Individual's Funds indicated: __"B. In the event that Indiana Mentor is named as Representative Payee and/or assists with earned income, and/or other personal finances, it is the Company's responsibility to ensure that all funds received on behalf of an individual are properly managed and accounted for... There can be no co-mingling of funds between the individual's served, the Company, and/or employees. 4. The following procedures are implemented when managing accounts for any individual receiving assistance in the management of his/her personal funds:...</p> <p>g. ...Receipts for all purchases made by staff on behalf of the individual are retained. The bank reconciliation and receipts are retained on file for at least six years.... i. Program staff are prohibited from borrowing from or loaning money to an individual, purchasing personal items from individuals, selling merchandise or personal items or services to individuals, or requiring an individual to purchase items for which the company</p>			

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W000153	<p>is eligible for reimbursement. j. All cash being held for individuals will be kept in a secure lock box. No more than \$25.00 per individual will be maintained in the lock box. The Program Director, Home Manager, and the Area director will be the only staff with access to the lock box. k. If a need arises for an individual to maintain more than \$25.00 cash, for example planning a weekend trip that requires additional funds, the staff responsible for assisting the individual on the trip will be expected to sign a receipt for the cash in advance of the trip and assume personal responsibility for the security of the funds. 5.a. Receipts are required for all purchases. 6. Misuse of funds belonging to individuals in Network care is not tolerated, this is a violation of both State and Federal law and is reported accordingly."</p> <p>This federal tag relates to complaint #IN00157044.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other</p>			

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	<p>officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 1 allegation of abuse reviewed, the facility failed to immediately report all allegations of abuse to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM. The 9/20/14 BDDS report indicated on 9/19/14 at 10 PM an employee called the PD (Program Director) to report abuse by another staff toward client E. The report indicated "As the investigation began, it was suggested that a second employee might also have been abusive. Both (staff #5 and staff #7) were suspended pending the outcome of the investigation."</p> <p>The "Summary of Internal Investigation Report" dated 10/1/14 indicated: _An interview with staff #10 on 9/20/14. The interview indicated client E had told her (staff #10) and staff #8 that staff #5 had "slapped her (client E) about a month ago." Staff #10 indicated in the</p>	W000153	<p>W 153 Staff Treatment of Clients The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as, injuries of unknown source are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff who failed to report the incident of neglect of Client A was terminated. · Staff who relied on a co-worker to report the incident of neglect of Client A and consequently reported the incident late, received a corrective action. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN 	12/05/2014

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	<p>interview the HM (Home Manager) was aware of the abuse and "said it would be taken care of.... Staff #10 indicated in the interview she (staff #10) "has been concerned that the clients (clients A, B, C, D, E, F, G and H) might have been abused by co-workers. Said [client B] ([client E's] housemate) had some little bruises on her leg like someone might have been poking her about two weeks ago."</p> <p>__An interview with staff #6 on 9/21/14. The interview indicated "[Client E] told her (staff #6) [staff #5] had hit her and she (staff #6) told [the HM]. Said this occurred about a month or so ago and [the HM] said she took care of it." The interview indicated client E told staff #6 "[Staff #7] had hit her and pinched her breast. [Client E's] eyes were watering up. Said [client E] told her Friday (9/19/14) about [staff #7] - about a month ago about [staff #5]. Said the report of [staff #5] hitting [client E] was reported to [the HM] - [client E] told [the HM] and [the HM] said she would take care of it (about a month ago).... Said [staff #5] said [client E] hit her so she (staff #5) hit her (client E) back adding [the HM] was there when [staff #5] said this.... Said [staff #5] would call [client C] a b---h but not to [client C's] face. This would occur 'a lot of times." The interview indicated "[Client D] ([client E's] housemate) never</p>		<p>Mentor expectations on 11-12-14.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately 				

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	<p>bruises but it looked like she had a thumb print on her arm - thought she started to fall and someone caught her.... Said when she (staff #6) was documenting on [client B] ([client E's] housemate) who had 'little dots like black bruises on her leg' (this week).... Said she (staff #6) and (staff #10) came to the conclusion that something was going on.... Said [staff #5] gets uncontrollably mad adding that she goes off a lot on [client G] but she will just ignore [client E]. Described going off on [client G] as if [client G] is yelling she (staff #5) will yell back, get in his face, get mad at him."</p> <p>__An interview with staff #8 on 9/21/14. The interview indicated client E told staff #8 "about 3 weeks ago" that staff #5 had hit client E. "States he (staff #8) mentioned this to [the HM] right after [client E] told him and [the HM] asked [staff #5] to the kitchen. States [staff #5] later told him (staff #8) that [the HM] had talked to her (staff #5) about what [client E] said. Added that [staff #5] is verbally abusive, yelling at [client E] and saying I don't give a s--t." The interview indicated client E had told staff #8 that staff #5 "was mean" and staff #8 had heard staff #5 tell clients E and C if they (clients E and C) hit her (staff #5) then staff #5 would hit them back. Staff #8 indicated in his interview he had concern that the clients (clients A, B, C, D, E, F,</p>		<p>during their staff meeting on 11-10-14.</p> <ul style="list-style-type: none"> · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Home Manager will monitor on a daily basis when they are in the home. · The Home Manager will do a weekly shift observation to monitor the interactions of the staff with the clients. This observation will also include a count of the resident money. The Program Director will review the observations and address the concerns appropriately. · The Program Director will do a bi-monthly shift observation to monitor the interactions of the staff with the clients. This observation will also include a count of the resident money. The Area Director will review the observations and address the concerns appropriately. · The Program Director will monitor as they complete their audits. · The Program Director will 				

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	<p>G and H) might have been abused by co-workers and had reported it to the HM.</p> <p>__An interview with staff #11 on 9/21/14. The interview indicated "He (staff #11) has heard [staff #5] say to [the HM] that if [client E] hits her (staff #5) she will hit her (client E) back - adding that she was not joking. Said [the HM] told [staff #5] that we are not allowed to hit our clients back and took [staff #5] outside to have a conversation with her. Said about two day (sic) after the above incident, he (staff #11) was passing morning medications to [client E] and [the HM] walked into the medication room. [Client E] told he (staff #11) and [the HM] that [staff #5] hit her probably 2 weeks to a month ago. Said [the HM] told [client E] 'I (the HM) am sorry, you (client E) hit me all the time too, but I will have a talk with her (staff #5) okay?' Said [client E] answered 'okay, she (staff #5) is mean'.... Added he (staff #11) doesn't know if it is abusive but [staff #5] yells at all the clients (clients A, B, C, D, E, F, G and H) and gets angry. He feels very uncomfortable about the way [staff #5] 'gets angry very easily and impatient with our client (sic) (clients A, B, C, D, E, F, G and H)."</p> <p>__An interview with the HM on 9/22/14. The interview indicated the HM was not aware of any abuse from staff towards</p>		<p>monitor the home and program files as they complete their monthly supervisory visits.</p> <p>· The Area Director will monitor the home and program files as they complete their monthly supervisory visits.</p> <p>5. What is the date by which the systemic changes will be completed? December 5th, 2014</p>				

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	<p>client E. "Said [staff #5] asked her 'if she [client E] hits me again can I give her a little smack so she'll know what it feels like?" The interview indicated on 8/22/14 the HM received a call from an anonymous female caller. "The caller quickly said [staff #5] beats [client E] and [the PD] needed to know, then hung up. She (the HM) attempted to return a call to the caller but there was no answer. Said she (the HM) tried contacting her supervisor [the PD] immediately but she was unavailable. She then called [another PD] to report the call. Said [the other PD] told her she had done what she needed to do by reporting it and took the phone number from her (the HM). ([The other PD] confirmed this was reported to her by [the HM] - estimating it to be around the week of August 18th (2014). [The other PD] communicated she reported directly to her supervisor [the AD (Area Director)]. [The AD] confirmed that [the other PD] informed her there was an anonymous call and instructed [the HM] to return call to get information." The investigation indicated the AD was not informed the anonymous caller had made allegations of abuse "...just that an anonymous call had been received. [The AD] states there was no further communication from [the HM] regarding the call)." The HM indicated "After she reported the call, she received no further</p>			

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	<p>communications from either [the PD] or [the AD] regarding follow up.... Said [client E] told her (the HM) that [staff #5] wouldn't let her (client E) have coffee because she (client E) peed too much. Said she (the HM) told [staff #5] that [client E] could have coffee if she (client E) wanted it. Said [staff #5] has 'really struggled' with [clients E, B and D] - pureeing for instance. Said [staff #5] has tried to feed them (clients B, D and E) things she felt didn't need to be pureed and denying coffee to [clients D and E].... Added that [client E] had told her [the HM] that [staff #5] would not let her (client E) have coffee. Said she called [staff #5]... and explained to her that we (the staff) could not restrict the clients.... When asked if she (the HM) has ever observed [staff #5] being verbally inappropriate with [client E] replied, 'I think at most it's something like, I'm not giving you coffee because you pee too much.' The interview indicated client E had not told the HM that staff #5 had hit her and client E had not told the HM that [staff #7] had pinched her "but [client E] has told her (the HM) she doesn't like [staff #7]."</p> <p>The 10/1/14 investigative summary indicated the evidence supported the following:</p> <ol style="list-style-type: none"> Two staff reported witnessing staff #5 						

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	<p>yelling at clients.</p> <p>2. Two staff witnessed staff #5 saying client E "pees too much."</p> <p>3. Three staff report witnessing staff #5 referring to clients as "b---h."</p> <p>4. Three staff and one client witnessed staff #5 threatening to hit client E if client E hit staff #5.</p> <p>5. Three staff refer to staff #5 as "short tempered and verbally abusive."</p> <p>6. Staff #5 confirmed she (staff #5) had said client E pees too much and had said if client E hits her she would hit her back.</p> <p>7. Staff #5 did put her hand on client E "describing it was a tap."</p> <p>8. Client E reported staff #5 hitting her to "at least 5 staff in the home, including the Home Manager."</p> <p>9. Three staff report the HM's knowledge of client E's concerns and allegations with staff #5.</p> <p>10. The HM received three reports of abuse from three different staff approximately one month ago and the HM did not immediately report the allegations to the administrator.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD: __ Indicated all allegations of abuse/neglect were to be reported immediately to the administrator and to BDDS and APS as indicated per state law.</p>			

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W000154	<p>__ Indicated the previous HM failed to report client E's allegations of abuse that staff #5 had hit her and staffs' allegations of abuse that staff #5 was abusive toward client E.</p> <p>__ Indicated through investigation it was discovered the allegations of abuse of staff #5 toward client E goes back several weeks to a month.</p> <p>__ Indicated the staff failed to follow the chain of command when the HM neglected to follow the facility abuse/neglect policy/procedures for the clients living in the home (clients A, B, C, D, E, F, G and H).</p> <p>__ Stated, "They (the staff) should have called [name of the PD] when the home manager didn't address their concerns of abuse" in regard to the client E's and staffs' allegations of abuse for clients A, B, C, D, E, F, G and H.</p> <p>This federal tag relates to complaint #IN00157044.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly</p>						

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	<p>investigated.</p> <p>Based on record review and interview for 1 of 1 injury of unknown origin, for 1 of 1 allegation of abuse and 1 of 2 allegations of misappropriation of funds, the facility failed to ensure an investigation was conducted and/or a thorough investigation was conducted for clients A, E and H.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM.</p> <p>1. The "Summary of Internal Investigation Report" dated 10/1/14 indicated:</p> <p>__An interview with staff #10 on 9/20/14. The interview indicated client E had told her (staff #10) and staff #8 that staff #5 had "slapped her (client E) about a month ago." Staff #10 indicated in the interview the HM (Home Manager) was aware of the abuse and "said it would be taken care of..."</p> <p>__An interview with staff #6 on 9/21/14. The interview indicated "[Client E] told her (staff #6) [staff #5] had hit her and she (staff #6) told [the HM]. Said this occurred about a month or so ago and [the HM] said she took care of it."</p> <p>__An interview with staff #8 on 9/21/14.</p>	W000154	<p>W 154 Staff Treatment of Clients</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. 	12/05/2014			

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	<p>The interview indicated client E told staff #8 "about 3 weeks ago" that staff #5 had hit client E. "States he (staff #8) mentioned this to [the HM] right after [client E] told him and [the HM] asked [staff #5] to the kitchen. States [staff #5] later told him (staff #8) that [the HM] had talked to her (staff #5) about what [client E] said.</p> <p>__An interview with staff #11 on 9/21/14. The interview indicated "He (staff #11) has heard [staff #5] say to [the HM] that if [client E] hits her (staff #5) she will hit her (client E) back - adding that she was not joking. Said [the HM] told [staff #5] that we are not allowed to hit our clients back and took [staff #5] outside to have a conversation with her.</p> <p>__An interview with the HM on 9/22/14. The interview indicated the HM was not aware of any abuse from staff towards client E. "Said [staff #5] asked her 'if she [client E] hits me again can I give her a little smack so she'll know what it feels like?" The interview indicated on 8/22/14 the HM received a call from an anonymous female caller. "The caller quickly said [staff #5] beats [client E] and [the PD (Program Director)] needed to know, then hung up. She (the HM) attempted to return a call to the caller but there was no answer. Said she (the HM) tried contacting her supervisor [the PD] immediately but she was unavailable. She</p>		<ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · All staff was retrained on the importance of reporting incidents of abuse and neglect immediately during their staff meeting on 11-10-14. · All staff was retrained on how to complete accident/injury reports (GER'S) during their staff meeting on 11-10-14. 	

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	<p>then called [another PD] to report the call. Said [the other PD] told her she had done what she needed to do by reporting it and took the phone number from her (the HM). ([The other PD] confirmed this was reported to her by [the HM] - estimating it to be around the week of August 18th (2014). [The other PD] communicated she reported directly to her supervisor [the AD (Area Director)]. [The AD] confirmed that [the other PD] informed her there was an anonymous call and instructed [the HM] to return call to get information as what was reported to [the AD] did not include allegation or information - just that an anonymous call had been received. [The AD] states there was no further communication from [the HM] regarding the call)." The HM indicated "After she reported the call, she received no further communications from either [the PD] or [the AD] regarding follow up."</p> <p>__A 9/20/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/19/14 at 10 PM an employee called the PD to report abuse by another staff toward client E. The report indicated "As the investigation began, it was suggested that a second employee might also have been abusive. Both (staff #5 and staff #7) were suspended pending the outcome of the investigation."</p>		<ul style="list-style-type: none"> · The process for filing complaints including the use of the IN Mentor compliance hotline when they have reported concerns and are not seeing results was reviewed with staff at their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. · The appropriate investigator based on the severity of the incident will complete the internal investigation. The investigation findings will then be forwarded to the Area Director, Quality Assurance Specialist or the Quality Assurance Manager to review and sign off on the completed investigation. · The Program Director will monitor the home and program files as they complete their monthly supervisory visits. · The Area Director will monitor the home and program files as they complete their monthly supervisory visits. <p>5. What is the date by which the</p>	

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	<p>__The 10/1/14 investigative report indicated three staff reported the HM's knowledge of client E's allegations of abuse and indicated the HM had "taken care of it." The report indicated the HM had received an anonymous phone call with allegations of abuse on 8/22/14 that was reported to one of the facility PDs and then to the AD. The facility records indicated an investigation of the abuse was not initiated until 9/19/14 when a staff called and reported the abuse directly to the PD.</p> <p>Interview with the AD on 10/23/14 at 11 AM indicated an investigation was to be initiated when an allegation of abuse was reported. The AD indicated the facility staff and the HM failed to follow the abuse/neglect policy and an investigation of abuse was not initiated until 9/19/14 when a staff called and reported the abuse of client E to the PD.</p> <p>2. The 5/8/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 5/8/14 at 8 AM "[Client A] complained of pain in his left pointer finger and into the pad below it. It was somewhat swollen. He was unable to report if he had injured it in some way. He was taken to the med center. An xray showed no injury. The doctor surmised that [client A] may have jammed his</p>		systemic changes will be completed? December 5th, 2014				

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	<p>finger." The facility records indicated no investigation for the injury of unknown origin for client A.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD indicated all injuries of unknown origin were to be thoroughly investigated. The AD indicated she was not able to locate an investigation in regards to the unknown injury reported for client A on 5/8/14.</p> <p>3. The "Summary of Internal Investigation Report" dated 10/1/14 indicated an interview with client H on 9/29/14. The interview indicated client H reported he had loaned staff #5 money. Client H indicated staff #5 had said she did not know how she was going to get to work or get groceries because she did not have any money. Client H offered to give staff #5 money "but she initially declined." Client H then went to his room, got \$30.00 and offered it to staff #5 again. Client H indicated staff #5 accepted the money and thanked him and then later did pay him back. The report indicated when client H reported he had loaned staff #5 money to the PD the PD talked with client H about loaning money to staff. The report indicated "while it was thoughtful for him (client H) to want to help staff, it is not acceptable for staff to accept money from clients." The report</p>			

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	<p>indicated the PD explained to client H that staff #5 should not have accepted the money and asked client H to not offer money to staff or clients again. The report indicated an interview with staff #5 on 9/21/14. The report indicated staff #5 "States [client H] offered her money a couple of times but she declined. States it was her (staff #5's) fault he [client H] offered as she (staff #5) and (staff #6) were talking about a financial thing that was personal and he [client H] came outside and heard part of it. Afterwards, [client H] came into the kitchen with money in his hand but she (staff #5) did not know how much he had. Said she declined."</p> <p>__The investigative records indicated interviews with client H and staff #5 and no further client and/or staff interviews in regard to staff taking money from clients. The investigative summary indicated "Evidence does not support financial transactions between staff (staff #5) and client (H)." The investigative record did not indicate a thorough investigation was conducted in regard to allegations of staff #5 accepting money from client H.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD indicated all allegations of misappropriations of client funds were to be thoroughly investigated. The AD indicated the investigation of</p>			

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W000156	<p>client H's allegations of staff #5 taking money from him was included in the 9/24/14 - 10/1/14 investigation of the clients' money missing in the home.</p> <p>This federal tag relates to complaint #IN00157044.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 4 of 5 investigations reviewed, the facility failed to report the results of the investigations to the administrator within 5 working days from the date of knowledge of the allegation of abuse, neglect and/or misappropriation of funds for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 10/22/14 at 10 AM.</p> <p>1. A 9/20/14 BDDS (Bureau of Developmental Disabilities Services)</p>	W000156	<p>W 156 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 5 working days of the incident.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · All investigation results will be reported to the administrator 	12/05/2014			

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	<p>report indicated on 9/19/14 at 10 PM an employee called the PD (Program Director) to report abuse by another staff toward client E. "As the investigation began, it was suggested that a second employee might also have been abusive. Both (staff #5 and staff #7) were suspended pending the outcome of the investigation." The facility records indicated the investigation was concluded and was signed by the QAM (Quality Assurance Manager) on 10/1/14. The 10/7/14 follow up BDDS report indicated the investigation was concluded and staff #5 and the previous HM was terminated. ___ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the allegation of abuse.</p> <p>2. A 9/21/14 BDDS report indicated on 9/20/14 at 10:30 AM the PD found the drawer that contained client A's, B's, C's, D's, E's, F's, G's and H's money unlocked. The report indicated the binder containing the money pouches for each client were missing. The investigative summary indicated the investigation was concluded and signed by the QAM on 10/7/14. The 10/4/14 follow up BDDS report indicated the investigation had concluded and the previous HM was terminated and the clients' money had not</p>		<p>within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · All investigation results will be reported to the administrator within 5 working days from the date of knowledge of the alleged incident of abuse, neglect and exploitation. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff was retrained on the policy for Abuse and Neglect during their staff meeting on 11-10-14. · The Program Director and new Home Manager were trained on the BDDS incident reporting process, investigation process, survey and IN Mentor expectations on 11-12-14. · All investigation results will be reported to the administrator within 5 working days from the date 				

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	<p>been recovered.</p> <p>__ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the allegation of misappropriation of the clients' funds.</p> <p>3. A 9/24/14 BDDS report indicated on 9/24/14 at 8 AM "[Client A] was left at the group home for just less than an hour. He (client A) was sleeping. He experienced no adverse effect from being left unsupervised. Staff has been suspended pending the outcome of the investigation." The investigative summary indicated the investigation was concluded and signed by the QAM on 10/3/14. The 10/7/14 follow up BDDS report indicated "The investigation has concluded. Neglect was substantiated. Employment for [staff #8 and staff #9] has been terminated."</p> <p>__ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the allegation of neglect.</p> <p>4. An 10/7/14 BDDS report indicated on 10/7/14 at 1:50 PM client H hit client G. The report indicated the clients were separated and counseled. The facility records indicated an Investigative</p>		<p>of knowledge of the alleged incident of abuse, neglect and exploitation.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. · The Program Director will monitor the home and program files as they complete their monthly supervisory visits. · All incidents and investigations will be tracked on an incident summary page. This document will be reviewed by the Quality Assurance department to monitor the timeliness of the investigations. · The Area Director will monitor the home and program files as they complete their monthly supervisory visits. · The Quality Assurance Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed? December 5th, 2014</p>				

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W000159	<p>Summary dated 10/7/14. The summary indicated client interviews on 10/14/14. The summary indicated the AD (Area Director) signed the investigative summary on 10/23/14.</p> <p>___ The facility records indicated the administrator was not notified of the investigative results within 5 working days from the date of knowledge of the client to client abuse.</p> <p>During interview with the AD on 10/23/14 at 11 AM, the AD indicated she would be considered the administrator and was to be notified of all investigative results within 5 working days from the date of knowledge of abuse, neglect and/or misappropriation of client funds for clients A, B, C, D, E, F, G and H. The AD stated, "I do know that some of the investigations took longer than usual due to the complexity of the investigations."</p> <p>This federal tag relates to complaint #IN00157044.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must</p>						

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	<p>be integrated, coordinated and monitored by a qualified mental retardation professional. Based on interview and record review for 4 of 4 sample clients (A, B, C and D) and 4 additional clients (E, F, G and H), the facility PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) failed:</p> <p>__To monitor and review the clients' financial records to ensure large amounts of money were not maintained in the home and the facility financial policy was being followed for clients A, B, C, D, E, F, G and H.</p> <p>__To ensure IDT (Interdisciplinary Team) meetings were being conducted for purchases over \$50 for clients A, C, E, F and H.</p> <p>__To ensure client C was provided information, counseling and guidance prior to and after getting a tattoo and to ensure nursing was notified prior to and after client C got a tattoo to ensure client C was monitored for infections and health risks in regard to tattoo.</p> <p>__To ensure the clients' IPOP's (Individual Plan of Protective Oversight) were followed in regard to the clients' financial needs for clients A, B, C, D, E, F, G and H.</p> <p>__To ensure receipts were being collected for all purchases made for clients D and H.</p>	W000159	<p>W 159 Qualified Mental Retardation Professional Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. 	12/05/2014

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	<p>Findings include:</p> <p>Client A's, B's, C's, D's, E's, F's, G's and H's Personal Finance Transaction Reports (PFTRs) for June through September 2014 were reviewed on 10/23/14 at 11 AM.</p> <p>1. Client A's PFTRs indicated: ___ A balance of his COH (Cash On Hand) on 6/1/14 was \$237.16. ___ On 8/27/14 the HM (Home Manager) withdrew \$300.00 cash from client A's savings account and deposited it into client A's COH bringing client A's COH balance up to \$345.02. ___ On 9/13/14 client A purchased clothes, furniture, hats and miscellaneous items that totaled \$299.09 leaving a balance of \$18.53 in client A's COH.</p> <p>The PFTRs indicated the HM gave client A: ___ \$6.00 pocket money on 6/1/14. ___ \$2.00 pop money on 6/3/14. ___ \$5.00 pocket money on 6/6/14. ___ \$5.00 pocket money on 6/7/14. ___ \$3.00 pop money on 6/9/14. ___ \$3.00 pop money on 6/10/14. ___ \$10.00 pocket money on 6/11/14. ___ \$10.00 pocket money on 6/14/14. ___ \$3.00 pop money on 6/16/14. ___ \$3.00 pop money on 6/19/14. ___ \$3.00 pop money on 6/20/14.</p>		<ul style="list-style-type: none"> · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOP assessments will be reviewed with the Home Manager and staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The residents IPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The new Home Manager was trained on the ISP and IPOP processes on 11-18-14. · The new Home Manager and Program Director will participate in a training regarding the IDT process 				

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	<p>__ \$5.00 pocket money on 6/21/14. __ \$5.00 pocket money on 6/22/14. __ \$4.00 pop money on 6/23/14. __ \$3.00 pop money on 6/24/14. __ \$3.00 pop money on 6/27/14. __ \$5.00 pocket money on 6/28/14. __ \$8.00 pocket money on 6/29/14. __ \$9.00 pop money on 7/1/14. __ \$4.00 pocket money 7/11/14. __ \$5.00 pop money on 7/13/14. __ \$7.00 pocket money 7/18/14. __ \$15.00 pop and pocket money on 8/1/14. __ \$4.00 pop money 8/14/14. __ \$5.00 pocket money 8/27/14. __ \$5.00 pop money 8/28/14. __ \$3.00 pop money 9/3/14. __ \$5.00 pop money 9/6/14. __ \$5.00 pop money 9/11/14.</p> <p>2. Client B's PFTRs indicated: __ The HM withdrew \$250.00 cash from client B's savings account and deposited it into client B's COH account in the home bringing client B's COH balance up to \$285.46. __ Client B had six purchases from 6/26/14 through 9/11/14, one for a soda, four to go out to eat and one for \$2.00 for a personal purchase. __ Client B's COH balance as of 9/11/14 was \$241.39.</p> <p>3. Client C's PFTRs indicated:</p>		<p>on 12-8-14.</p> <ul style="list-style-type: none"> · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOPOP assessments will be reviewed with the Home Manager and staff. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The importance of obtaining vendor receipts was reviewed with all staff at their team meeting on 11-10-14. · The resident in house money has now been reduced to \$25 or less that is being kept by the Home Manager. · The residents IPOPOP assessments are being updated to include a handling limit on their person. · The IDT must approve any purchases that the resident wants to make that are over \$50.00. · The new Home Manager was trained on the ISP and IPOPOP 	

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	<p>__ The HM gave client C \$20.00 pocket money on June 6, 13, 22, 27, July 4, 11, 18, 20, 25, August 1, 6, 8, 11, 15, 18, 22, 29 and September 6.</p> <p>__ On 7/18/14 the HM withdrew \$600.00 from client C's bank account and deposited it into client C's COH bringing client C's COH balance up to \$696.41.</p> <p>__ On 7/18/14 client C purchased "furniture, accents and a coffee maker" that totaled \$186.60.</p> <p>__ On 8/24/14 client C purchased DVDs and a picture for \$57.74, socks for \$13.90, a steak dinner for \$33.10 and under garments for \$150.34 totaling \$255.08.</p> <p>__ On 8/27/14 the HM withdrew \$400.00 from client C's bank account and deposited it into client C's COH bringing client C's COH balance up to \$414.22.</p> <p>__ On 8/27/14 client C paid \$140.00 to get a tattoo (\$100.00 for the tattoo and \$40.00 to tip the person that gave her the tattoo).</p> <p>__ On 9/6/14 client C's COH balance was \$222.47.</p> <p>4. Client D's PFTRs indicated: __ On 6/12/14 client D spent \$60.00 getting her hair done and \$9.91 to go out to eat with the HM. Client D's financial records indicated no receipt for the \$9.91 that was documented on the June PFTR. Client D had a balance of negative</p>		<p>processes on 11-18-14.</p> <ul style="list-style-type: none"> · The new Home Manager and Program Director will participate in a training regarding the IDT process on 12-8-14. · The Program Director will review all receipts and financial records monthly and when they are in the home. · The Area Director will audit the resident finances on a monthly basis. · Programming will be implemented for clients AP, SW, JK, KC and JR for turning in receipts after making a purchase. · Programming will be implemented for client C on the health risks of getting tattoos and care for her tattoo. · The revised resident IPOOP assessments will be reviewed with the Home Manager and staff. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Home Manager will monitor on a daily basis when they are in the home. · The Home Manager will do a weekly shift observation to monitor the interactions of the staff with the clients. This observation will also include a count of the resident money. The Program Director will review the observations and address the concerns appropriately. · The Program Director will do a bi-monthly shift observation to monitor the interactions of the staff 		

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	<p>\$63.84 in her COH in the home on 6/12/14.</p> <p>__ On 6/13/14 the HM withdrew \$250.00 from client D's savings account and deposited it into client D's COH bringing client D's COH balance to \$186.16.</p> <p>__ On 6/27/14 client D went to the movies and bought a soda. Client D's records indicated a hand written receipt from the HM for the movie and soda.</p> <p>__ On 7/25/14 client D went to the movies and spent \$5.00. Client D's records indicated a hand written receipt from the HM for the movie.</p> <p>__ Client D's August PFTR indicated two entries for 8/28/14 for purchase of clothing for \$11.77. Client D's financial records indicated only one receipt for a purchase of clothing totaling \$11.77 on 8/28/14. Client D's PFTR did not indicate a correction of the double entry.</p> <p>__ On 8/28/14 client D spent \$20.00 getting her hair done. Client D's financial records indicated no receipt from the hairdresser. Client D's records indicated a hand written receipt from the HM.</p> <p>__ On 8/28/14 client D's COH indicated a balance of \$128.69.</p> <p>5. Client E's PFTRs indicated: __ On 6/26/14 the HM withdrew \$250.00 from client E's bank account and deposited it into client D's COH bringing client E's COH balance to \$265.52.</p>		<p>with the clients. This observation will also include a count of the resident money. The Area Director will review the observations and address the concerns appropriately.</p> <ul style="list-style-type: none"> · The Program Director will compare the monthly finance reports to the IDT's that they have completed to ensure all financial IDT's were completed for purchases over \$50. · A monthly staffing will be held with the Home Manager, Program Director and Nurse to review the needs of the clients to ensure all concerns are being addressed. · The Program Director will monitor as they complete their audits. · The Area Director will audit the finances on a monthly basis. · The Program Director will audit the finances when they are in the home and on a monthly basis. · The Home Manager will audit the finances every 3 working days. · The Quality Assurance Specialist will monitor the program files as they complete their network performance audits. · The Program Director will monitor the home and program files as they complete their monthly supervisory visits. · The Area Director will monitor the home and program files as they complete their monthly supervisory visits. <p>5. What is the date by which the</p>				

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	<p>__ On 8/24/14 client E purchased clothes, body spray, a hat and went out to eat totaling \$150.08.</p> <p>__ On 9/8/14 client E's COH indicated a balance of \$120.42.</p> <p>6. Client F's PFTRs indicated: __ On 7/22/14 client F's COH indicated a balance of negative \$2.84. __ On 7/23/14 the HM withdrew \$600.00 from client F's bank account and deposited it into client F's COH bringing client F's COH balance to \$597.16. __ On 8/24/14 client F purchased clothing totaling \$155.14. __ On 8/31/14 client F purchased a beard trimmer, razors and body spray totaling \$132.68. __ On 9/6/14 client F's COH indicated a balance of \$78.15.</p> <p>7. Client G's PFTRs indicated: __ On 6/5/14 client G's COH indicated a balance of negative \$107.27. __ On 9/8/14 the HM withdrew \$75.00 from client G's bank account and deposited it into client G's COH bringing client G's COH balance to \$70.01.</p> <p>Client G's PFTRs indicated the HM gave client G: __ \$3.00 pocket money on 6/24/14. __ \$3.00 pocket money on 6/28/14. __ \$2.00 pocket money on 7/3/14.</p>		systemic changes will be completed? December 5th, 2014				

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	<p>__ \$3.00 pocket money on 7/10/14. __ \$3.00 pocket money on 7/11/14. __ \$3.00 pocket money on 7/20/14. __ \$20.00 pocket money on 7/25/14. __ \$5.00 pocket money on 8/27/14. __ \$5.00 pocket money on 8/29/14.</p> <p>8. Client H's PFTRs indicated: __ On 7/25/14 client H's COH indicated a deposit of \$45.74. __ On 8/8/14 client H's COH indicated a deposit of \$72.21. __ On 8/22/14 client H's COH indicated a deposit of \$69.54. __ On 9/3/14 client H's COH indicated a deposit of \$1795.55. __ On 9/3/14 client H purchased clothing, compact discs and office supplies for \$742.41, a phone and phone card for \$63.09, a set of speakers for \$32.05 and a bed, mattress and mattress cover for \$636.49. Client H spent a total of \$1474.04. __ On 9/8/14 client H purchased a police scanner for \$40.00. Client H's financial records indicated a hand written receipt from the HM for the police scanner. __ On 9/13/14 client H purchased wall hangings for \$82.89. __ On 9/13/14 client H purchased a lamp and bed sheets for \$57.88. __ On 9/13/14 client H's COH indicated a balance of \$118.91.</p>						

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	<p>Client H's PFTRs indicated the HM gave client H:</p> <ul style="list-style-type: none"> ___ \$20.00 pocket money on 7/25/14. ___ \$10.00 pocket money on 7/28/14. ___ \$36.85 pocket money on 8/1/14. ___ \$12.74 pocket money on 8/8/14. ___ \$30.00 pocket money on 8/22/14. ___ \$40.00 pocket money on 9/1/14. <p>Review of client A's, B's, C's, D's, E's, F's, G's and H's IDT meeting notes in regard to client finances for June through October 2014 on 10/22/14 at 1 PM indicated three IDT notes. The notes indicated:</p> <p>A request on 5/12/14 for client E to remove \$250.00 from her savings to purchase summer clothing.</p> <p>A request on 7/2/14 for client C to purchase a mini-refrigerator, a tattoo and a dresser and to remove \$600 from her account for those purchases. The IDT note indicated no discussion of the tattoo and was signed by client C.</p> <p>A request on 9/5/14 for client H to remove \$742.00 from his account to purchase clothing, CDs and office supplies and \$636.00 to purchase an extra long bed, mattress and cover.</p> <p>The facility's reportable and investigative records were reviewed on 10/22/14 at 10</p>			

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	<p>AM. A 9/21/14 BDDS report indicated on 9/20/14 at 10:30 AM the PD found the drawer that contained client A's, B's, C's, D's, E's, F's, G's and H's money unlocked. The report indicated the binder containing the money pouches for each client was missing. The facility records indicated "Request for Payment" (RFP) receipts for clients A, B, C, D, E, F, G and H on 10/23/14 at 11 AM. The records indicated:</p> <p>__A request to reimburse client A in the amount of \$18.53.</p> <p>__A request to reimburse client B in the amount of \$241.39.</p> <p>__A request to reimburse client C in the amount of \$222.47.</p> <p>__A request to reimburse client D in the amount of \$128.69.</p> <p>__A request to reimburse client E in the amount of \$75.42.</p> <p>__A request to reimburse client F in the amount of \$68.75.</p> <p>__A request to reimburse client G in the amount of \$70.01.</p> <p>__A request to reimburse client H in the amount of \$618.41.</p> <p>The total amount of money missing from clients A's, B's, C's, D's, E's, F's, G's and H's funds totaled \$1443.67.</p> <p>Client A's record was reviewed on 10/22/14 at 1 PM.</p> <p>Client A's IPOP dated 7/7/14 indicated:</p>			

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	<p>Client A required total staff assistance with all aspects of finances. Client A was able to handle \$2.00 or less on his person.</p> <p>Client B's record was reviewed on 10/22/14 at 1:30 PM. Client B's IPOP dated 7/7/14 indicated: Client B had no concept of money, what it is used for or its value. Client B could not identify coins. Client B did not carry cash on her person. Client B was not to have more than \$30.00 cash in the home. Client B was to have an IDT meeting to approve expenditures over \$50.</p> <p>Client C's record was reviewed on 10/22/14 at 12 PM. Client C's record indicated an IDT meeting on 7/2/14 for the purchase of a mini refrigerator, a tattoo and a dresser and the approval to remove \$600.00 from client C's savings. The IDT note indicated no discussion in regard to the tattoo. Client C's record indicated no counseling and or training in regard to the health risks involved with getting a tattoo and/or how to care for the tattoo after getting one. Client C's record indicated nursing was not notified client C got a tattoo.</p> <p>Client C's IPOP dated 9/15/14 indicated: Client C could shop and choose items but</p>			

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	<p>needed help with pricing and paying for items.</p> <p>Client C knows some money denominations.</p> <p>Client C required staff assistance for money management.</p> <p>Client C's had a "handling limit of \$20.00 per week."</p> <p>Client D's record was reviewed on 10/22/14 at 12:30 PM.</p> <p>Client D's IPOP dated 7/7/14 indicated: Client D required total staff assistance for all financial needs.</p> <p>Client D did not carry cash on her person.</p> <p>Client D was not to have more than \$40.00 cash in the home.</p> <p>Client D was to have an IDT meeting to approve expenditures over \$50.</p> <p>Client E's record was reviewed on 10/22/14 at 1 PM.</p> <p>Client E's IPOP dated 7/7/14 indicated: Client E required total staff assistance for all financial needs.</p> <p>Client E did not carry cash on her person.</p> <p>Client E was not to have more than \$30.00 cash in the home.</p> <p>Client E was to have an IDT meeting to approve expenditures over \$50.</p> <p>Client F's record was reviewed on 10/22/14 at 1:15 PM.</p> <p>Client F's IPOP dated 7/20/14 indicated:</p>			

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	<p>Client F was able to make small purchases independently.</p> <p>Client F was to be supervised for all large purchases.</p> <p>Client F liked to have at least \$20.00 in case his brother called at the last minute to take him out to eat.</p> <p>Client F did not carry money on his person unless he goes shopping and then he can carry \$5.00.</p> <p>Client F was to have an IDT meeting to approve expenditures over \$50.</p> <p>Client G's record was reviewed on 10/22/14 at 1:30 PM.</p> <p>Client G's IPOP dated 9/16/14 indicated: Client G required staff assistance with finances.</p> <p>Client G did not carry money on his person unless he was going shopping and then he could be given \$5.00 to carry.</p> <p>Client H's record was reviewed on 10/22/14 at 2 PM.</p> <p>Client H's IPOP indicated: Client H's lack of money skills made client H vulnerable to exploitation.</p> <p>No assessment for the amount of money client H could carry safely on his person.</p> <p>The facility's policies were reviewed on</p>			

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	10/22/14 at 10 AM. The facility's 4/2011 "Management of an Individual's Funds indicated: "B. In the event that Indiana Mentor is named as Representative Payee and/or assists with earned income, and/or other personal finances, it is the Company's responsibility to ensure that all funds received on behalf of an individual are properly managed and accounted for.... There can be no co-mingling of funds between the individuals served, the Company, and/or employees. 4. The following procedures are implemented when managing accounts for any individual receiving assistance in the management of his/her personal funds:... g. ...Receipts for all purchases made by staff on behalf of the individual are retained. The bank reconciliation and receipts are retained on file for at least six years.... i. Program staff are prohibited from borrowing from or loaning money to an individual, purchasing personal items from individuals, selling merchandise or personal items or services to individuals, or requiring an individual to purchase items for which the company is eligible for reimbursement. j. All cash being held for individuals will be kept in a secure lock box. No more than \$25.00 per individual will be maintained in the lock box. The Program Director, Home Manager, and the Area director will be			

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	<p>the only staff with access to the lock box.</p> <p>k. If a need arises for an individual to maintain more than \$25.00 cash, for example planning a weekend trip that requires additional funds, the staff responsible for assisting the individual on the trip will be expected to sign a receipt for the cash in advance of the trip and assume personal responsibility for the security of the funds. 5.a. Receipts are required for all purchases. 6. Misuse of funds belonging to individuals in Network care is not tolerated, this is a violation of both State and Federal law and is reported accordingly."</p> <p>During interview with the AD (Area Director) on 10/23/14 at 11 AM, the AD: ___ Indicated on 9/21/14 there was \$1443.67 taken form client A's, B's, C's, D's, E's, F's, G's and H's COH in the home. ___ Stated the clients "should not have had more than \$50 in the home at one time unless they were pre approved for a need to have over \$50 via an IDT meeting." ___ Indicated only three IDT meetings were held from June through October 2014 for clients A, B, C, D, E, F, G and H in regard to finances. ___ Indicated the HM failed to follow the facility financial policy and failed to follow the clients' IPOP's. ___ Indicated the facility terminated the</p>						

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	<p>HM.</p> <p>__ Indicated it was the responsibility of the PD to monitor and provide oversight of the HM to ensure the financial policy was followed and the clients' finances were secure.</p> <p>__ Indicated all clients were to be assessed for the amount of money they could carry on their person.</p> <p>__ Indicated client H was admitted to the facility on 6/30/14 and the HM failed to open a bank account for client H until September 2014 and stated, "The HM delayed opening his (client H's) bank account for some reason. I don't know why."</p> <p>__ Indicated she was not made aware that client C got a tattoo when she got it.</p> <p>__ Stated, "There should have been an IDT meeting and the she (client C) should have been counseled on the health risks, provided specific instructions on post care and nursing should have been involved."</p> <p>__ Indicated receipts were to be provided and collected for all purchases.</p> <p>During interview with the PD on 10/23/14 at 11:30 AM, the PD:</p> <p>__ Indicated an IDT meeting had been held on 7/2/14 for client C and stated, "She (client C) was getting several things at the time and I guess I just didn't see the tattoo or thought anything about it at the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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	<p>time."</p> <p>__ Indicated nursing was not notified when client C got a tattoo.</p> <p>__ Indicated client C was not counseled as to the health risks of getting a tattoo and/or the care required after getting a tattoo.</p> <p>__ Indicated client C was not monitored by nursing.</p> <p>__ Indicated she was not aware client H had not been assessed for the amount of money he could carry on his person.</p> <p>__ Indicated she was not aware IDT meetings were not being held for all purchases over \$50.00 and stated the HM "should have notified me" and then an IDT meeting would have been held.</p> <p>__ Indicated she had not conducted IDT meetings for all of client A's, C's, E's F's and H's purchases over \$50.</p> <p>__ Indicated she was not aware the clients' IPOP's were not being followed by the HM and the staff.</p> <p>__ Stated, "Sometimes they (clients A, B, C, D, E, F, G and H) fail to bring back store receipts."</p> <p>An email received from the AD on 11/2/14 was reviewed on 11/3/14 at 9 AM. The email indicated client C's tattoo was on client C's arm below her shoulder. "It's a large heart with an arrow thru (sic) it and leaves around it. It says 'mom' About 6" (inches) long."</p>			

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	This federal tag relates to complaint #IN00157044. 9-3-3(a)				