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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G148 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 04/19/2016 |
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| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaint #IN00193149.</p> <p>Complaint #IN00193149: Substantiated, Federal and state deficiencies related to the allegation are cited at W140, W149, W153 and W157.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: 4/7, 4/11, 4/18 and 4/19/16.</p> <p>Facility Number: 000684 Provider Number: 15G148 AIM Number: 100243120</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/25/16.</p> | W 0000 | | |
| W 0140 Bldg. 00 | <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and for 2 additional clients (E and F), the</p> | W 0140 | An investigation was conducted to determine the root cause of the incidents and those responsible. Once determined, | 05/06/2016 |

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>facility failed to maintain a complete accounting of the clients' funds due to theft/missing money.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/24/2016 that [client D] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/17/2016 [client E] had \$5.00 taken from his spending money and again on 01/26/2016 he had \$10.00 taken in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources.</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/18/2016 [client A] had \$10.00 taken from his spending money in which</p> | | <p>the following corrective actions were devised and implemented by CDC administration. They include: The money found missing from consumer funds during January of 2016 was refunded by CDC via check on 1-29-2016, within 24 hours of the money found to be missing. Additionally, consumers' funds from the incidents on the 6th of February and December of 2015 were refunded on 2-8-2016 and 4-11-2016, respectively. The January logs for all the other residents at the home were checked to identify any other instances of missing money. This, too, was completed by the 29th. The December logs were checked on 2-17-2016. The funds for consumers at other group homes were checked as well on 2-1-2016 and 2-17-2016. A new procedure for counting and monitoring consumer funds was developed, which stated that an employee from a shift must count the funds with one of the employees from the following shift, and so on, so that no one staff member is to count the money alone. On 2-1-2016, all group home staff were retrained in the new procedure by the HAB Coordinator. All group homes are now following this procedure. The HAB Coordinator, as of March 2016, will audit the consumer fund logs randomly to identify suspicious activity. The Group home Supervisors will</p> | | |

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| | <p>was not accounted for. Staff has been suspended pending investigation and finds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client F] had \$20.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client B] had \$10.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>Review of the facility's 1/29/16 investigation indicated "On 1-28-2016, while reviewing the papers used to track consumers' spending money, staff [Qualified Intellectual Disabilities Professional #1] and [staff #1] discovered that large sums of money had gone missing from consumers at the Country Brook group home. They enlisted the help of fellow staff [staff #2] to check the history of each consumer who lives there. Ultimately, they discovered 90 dollars that'd (that had) gone missing over the</p> | | <p>check logs weekly to identify any suspicious activity. Quality Assurance team will do random checks monthly of logs. An investigation was completed regarding the missing funds and staff #3, as referred to in the summary, was disciplined due to having failed to report the missing money as they stated to have found the incidents. Furthermore, staff #3 self-terminated after the incident on 2-6-2016. The effectiveness of these actions was checked on 3-7-2016 to identify any changes that needed to be made. At that time, no additional funds were found missing. As of 2-26-2016, it was found that the night shift counting the funds with the incoming day shift was difficult due to the high activity rates of the consumers, the staff schedule were change to allow adequate time to count, after the consumers had left for the day. Internal audits on the group home will now include random checks on the consumer funds, this will be ongoing. As of 2-22-2016, all group homes were expected to keep the consumer funds and logs in the locked med rooms to limit access. On 2-2-2016, the code to access the keys to Country Brook group home was changed in order to keep old staff from entering.</p> | | |

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| | <p>last month. The money had gone missing in large, rounded sums; 5, 10, and 20 dollars. The entries that'd shown that the round sums had been removed were all signed by the same staff member, [staff #3]...."</p> <p>The facility's 1/29/16 investigation indicated staff #3 was interviewed on 1/29/16. The facility's investigation indicated "When asked about this, [staff #3] stated that she thought the money going missing was odd. She explained to this investigator (Quality Assurance Supervisor) how staff are supposed to count and catalogue the money. She said that each staff member was supposed to count each of the consumers' money during each shift, except the morning shift. She also stated that this didn't always happen, that some staff would miss their counts. Further, she accused other staff of 'follow the leader' counting, meaning that staff would simply write whatever total had been in the entry prior to their own count. She said that she was the only one who actually counts the money...." Staff #3's witness statement indicated she would leave a note when the clients' funds did not match, and attach the note to the finance record. The facility's investigation indicated "...This is incorrect, though. During a staff meeting in January, it was made clear</p> | | | |

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| | <p>that staff are supposed to call and alert their supervisors immediately. Furthermore, when this trend of suspicious log entries was discovered, no notes were found and none have been seen with the logs...."</p> <p>The facility's 1/29/16 investigation indicated staff #4 was interviewed on 1/29/16. The facility's investigation indicated staff #4 counted the money and did not follow what was written down. Staff #4's witness statement indicated facility staff was to call the supervisor when the clients' monies did not match and/or was missing. The facility's investigation indicated staff #4 stated "...Either the receipts don't add up or someone took it. Somebody had to take it...."</p> <p>The facility's 1/29/16 investigation indicated staff #5 was interviewed on 1/29/16. The facility's investigation indicated "...I noticed it the night before last night. So, Thursday night, when I went to count the money, I tried to call [staff #6]. Then I called [staff #7], and I told her that there's only change in here and it supposed to be 10.11. I'm just letting you know that there was another consumer where there was supposed to be 8 dollars or something like that but there was only 3. I called her because I</p> | | | |

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| | <p>didn't want to get in trouble." Staff #5's witness statement indicated staff #5 counted the money and indicated the supervisor was to be called.</p> <p>The facility's 1/29/16 investigation indicated staff #8 was interviewed on 1/29/16. The facility's investigation indicated "...she had always called the supervisor in case of incorrect money counts, if she couldn't find the error herself. When asked if he (sic) had anything else to say regarding the incident and her coworkers, she stated that there had been suspicious activity with [staff #3] a few months earlier and recommended that staff check the money logs back to [staff #3's] hire date. She recanted a story in which a purse, which was CDC property, had gone missing and [staff #3] had come to work a week later toting an identical purse. [Staff #3] stated that she'd bought the purse at a thrift store...." The facility's 1/29/16 investigation indicated "...Also, the last month's records were checked to determine a pattern of missing money...."</p> <p>The facility's 1/29/16 investigation indicated "...It is this investigator's findings that this is a substantiated case of exploitation. Evidence strongly indicates that [staff #3] was responsible for the missing money. This evidence</p> | | | |

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| | <p>includes a trend of suspicious entries she's made on the consumers' currency logs and is supported by her inconsistent testimony...Finally, after investigation, consumer money was missing during her shift counts on 1-1, 1-17, 1-18, 1-24, and 1-26...." The facility's 1/29/16 investigation section entitled Corrective Actions Resulting from Investigation indicated the following:</p> <p>"1. Consumers were compensated for their missing funds (by 1/29/16). 2. A new procedure for counting consumers' money was developed, which will require that two employees be present for the counts as possible (by 2/1/16). 3. Staff will be trained on the new policy for consumer funds and money counts (by 2/1/16)...." The facility's investigative report indicated the above mentioned recommended corrective action, to train staff, was completed on 2/8/16.</p> <p>The facility's 2/3/16 Discipline Written Warning for staff #3 was reviewed on 4/18/16 at 12:25 PM. The facility's 2/3/16 disciplinary form indicated staff #3 received a written warning in regard to the clients' missing funds which indicated "...Staff, [staff #3] was found to likely be responsible for missing money. [Staff</p> | | | |

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| | <p>#3] understands that incident was reported to local law enforcement; however there was not sufficient evidence to find [staff #3] guilty of theft...." The disciplinary form indicated "[Staff #3] understand she is responsible to ensure upon shift she is to have a second staff verify the amount of money and upon completing shift have a second staff count money before leaving. Failure to comply will result in further disciplinary."</p> <p>Interview with the Adult Services Manager (ASM) on 4/7/16 at 3:25 PM indicated facility staff did not report the clients' funds were missing. The ASM indicated the missing funds were found by QIDP #1 when QIDP #1 was looking through the clients' financial logs as the group home's supervisor had retired. When asked how the clients' financial logs were being monitored prior to the 1/28/16 theft, the ASM stated the group home supervisor was to be checking the logs "every couple of weeks." The ASM indicated after the initial January 2016 theft, the facility put a new system of counting the clients' funds in place. The ASM indicated 2 facility staff were to count and initial the clients' financial logs when counting every shift. The ASM indicated staff #3 was retrained along with facility staff in regard to following</p> | | | |
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| | <p>the new procedure for counting. The ASM indicated there was evidence the money came up missing when staff #3 worked but they could not prove staff #3 took the money. The ASM indicated facility staff was to call their supervisor and report any money discrepancies when they counted the clients' monies.</p> <p>Interview with Qualified Intellectual Disabilities Professional (QIDP) #1 on 4/18/16 at 11:07 AM, by phone, indicated the first error was found on 1/28/16. QIDP #1 indicated the facility thought staff #3 was the one who took the money but they did not have evidence to prove staff #3 actually took the money. QIDP #1 indicated staff #3 was given a written warning in regard to the clients' missing funds. QIDP #1 indicated staff #3 was allowed to return to the group home to work on 2/4/16, and the facility staff, at the group home, were not retrained on the new financial procedure until 2/8/16.</p> <p>2. The facility's reportable incident reports, internal CIRs and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-2/6/16 "On 02/06/2016 staff discovered</p> | | | |

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| | <p>that [client A] had \$50.50 taken from his spending money in which was not accounted for, Staff has been suspended pending investigation and funds will be replaced by CDC Resources."</p> <p>The facility's 2/15/16 investigation indicated staff #3 was the staff who was suspended over client A's missing money. The facility's investigation indicated "...After reviewing the client money in question, it was found that a count on 2/4/2016 was performed finding that 60.15\$ (sic) were in [client A's] account. Then, after a count (sic) performed at a later shift that day, [staff #3] documented that [client A] only had 49.65\$ (sic) in his account. Then, after a count was performed the following day by [staff #6], there was only 9.65\$ (sic) left in the account. In total this equals 50.50\$ (sic) in funds that were not accounted for. Per protocol, [staff #6] contacted her supervisor immediately upon finding that the money was missing. [Staff #3] did not. Management suspended [staff #3] immediately...Recently, in response to the previous instances, management told staff that there were to be two staff members present for the count. Staff asked [staff #6] if she'd been present for [staff #3's] count that night. [Staff #6] said she had been. Staff then asked if she (staff #6) had stayed for the whole count.</p> | | | | |

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| | <p>[Staff #6] said that she had until the end of the count, and that she'd left as [staff #3] was logging in [client A's] money, at the very end. She said that she counted the log with [staff #3] but that she didn't actually see [staff #3] write in the log entry...." The facility's investigation indicated facility staff interviewed indicated they did not take client A's money. The facility's investigation indicated some staff would "...hurriedly do their counts by copying the prior entries, without actually counting the money themselves...." The facility's 2/15/16 investigation indicated "...It is this investigator's findings that this instance of exploitation is substantiated, meaning that through either negligence or intent, staff was responsible for [client A's] money gone missing. While it does seem likely that [staff #3] is responsible for the missing funds, due to a trend of money missing at her checks, her failure to testify on her own behalf in this investigation, and her failing to follow the direction of calling her supervisor after money is found missing, there is insufficient evidence to prove that she was responsible for the missing funds...."</p> <p>The facility's 2/15/16 investigation "Corrective Actions Resulting from Investigation" indicated the following (not all inclusive):</p> | | | | | | |

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| | <p>"1. The HAB (habilitation) Coordinator will audit the consumer fund logs randomly to look for errors and suspicious activity.</p> <p>2. During QI's (Quality Assurance), inspector's will perform random checks on the consumers' fund logs.</p> <p>3. All group homes will be expected to keep their safes, containing the consumers' funds, in their respective med (medication) Rooms, as stated in ISPs (Individual Support Plans).</p> <p>4. The code for to enter Country Brook was changed to limit unnecessary entry. Root Cause: Team Lead failed to follow direction from management."</p> <p>-2/17/16 "...On 02/17/16 while double checking cash logs, staff discovered that [client B] had \$21.50 unaccounted for from 12/06/15. Staff (staff #3) has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> <p>-2/17/16 "...On 02/17/16 while double checking cash logs, staff discovered that [client C] had \$20.00 unaccounted for from 12/06/15. Staff has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> | | | |

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| | <p>-2/17/16 "On 02/17/16 while double checking cash logs, staff discovered that [client E] had \$20.00 unaccounted for from 12/06/15. Staff has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> <p>-2/17/16 "On 02/17/16 while double checking cash logs, staff discovered that [client A] had \$10.00 unaccounted for from 12/06/15. Staff has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> <p>The facility's 2/24/16 investigation indicated "...It was found that one employee, [staff #3] had signed off on all of the accounts in which money came up missing. She was unavailable to answer questions, though, having self terminated during a similar, former investigation. None of the employees who were available for questions could recall any suspicious activity from December, or indications that anyone in particular might have been responsible for the money going missing...." The facility's investigation indicated "The evidence reviewed indicated that the clients did have their funds misappropriated. Therefore, this is a substantiated instance of exploitation. However, it is unclear if</p> | | | |

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| | <p>this misappropriation was intential (sic). It is recommended that the measures initiated after the first of this three investigations string be maintained, including the requirement that two staff do the money counts, that supervisors double check the counts weekly, and the logs themselves be monitored for suspicious activity...." The facility's 2/24/16 investigation identified the root cause of the incident as "This investigation was the result of corrective action to an identical string of incidents most likely perpetrated by the same staff [staff #3]."</p> <p>Interview with staff #6 on 4/7/16 at 5:20 PM indicated clients' monies kept at the group home came up missing in the past. Staff #6 indicated they were not allowed to keep over \$100 per client in the house. Staff #6 stated the clients' money had to be counted "every person every shift."</p> <p>Interview with the ASM on 4/7/16 at 3:25 PM indicated staff #3 had signed the entry on the client A's log when the money was off/missing. The ASM indicated staff #3 was placed on suspension on 2/6/16 for missing money. The ASM indicated staff #3 did not come in for an interview in regard to client A's missing money. The ASM stated staff #3 "self terminated." The ASM indicated</p> | | | | |

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| | <p>client A's money was reimbursed by the facility. The ASM indicated facility staff did not follow the two person counting of the money on each shift. The ASM indicated nothing was in place to monitor staff #3 from taking clients' money/funds. The ASM indicated the 12/6/15 missing funds were found when QIDP #1 went back to check the clients' financial logs after the 1/28/16 and 2/6/16 missing funds occurred. The ASM indicated the new count protocol was put in place after the 1/28/16 incident occurred. The ASM indicated clients A, B, C, D, E and F had been reimbursed for the theft of their funds. The ASM indicated there had not been anymore problems with clients' finances since staff #3 left her employment.</p> <p>Interview with QIDP #1 on 4/18/16 at 12:10 PM, by phone, indicated staff #3 returned to work after the 1/28/16 allegation of theft/exploitation. QIDP #1 indicated staff #3 was given a written warning after the missing funds on 1/28/16, but staff #3 did not come back to work once she was suspended on 2/6/16. QIDP #1 indicated staff #3 terminated herself by not participating in the investigation. QIDP #1 indicated the count procedure was put in place after the first investigation was done on 1/28/16. QIDP #1 indicated facility staff was not</p> | | | |

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| W 0149 Bldg. 00 | <p>formally trained on the new protocol until 2/8/16. QIDP #1 indicated staff #3 was hired in October 2015. QIDP #1 indicated the clients' missing funds for December were found when she went back to check the clients' funds since staff #3 was hired. QIDP #1 indicated the missing funds for 12/6/15 were found during her check on 2/17/16. QIDP #1 indicated the supervisors were now required to check the clients' finances twice a week, and the QA department would perform random checks to prevent the clients' funds from being exploited. QIDP #1 indicated clients A, B, C and E's 2/17/16 funds were placed back into the clients' accounts on 4/11/16. Clients A, B, D, E ad F's funds from 1/28/16 and client A's funds from 2/6/16 were placed into each client's individual petty cash accounts at the group home.</p> <p>This federal tag relates to complaint #IN00193149.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 4 of 4 sampled clients (A, B, C and D)</p> | W 0149 | An investigation was conducted to determine the root cause of the incidents and those | 05/06/2016 |

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| | <p>and for 2 additional clients (E and F), the facility failed to implement its written policy and/or procedures to prevent abuse/exploitation of the clients' finances. The facility failed to implement its written policy and procedures to ensure staff immediately reported concerns of missing money and/or abuse to the administrator. The facility failed to implement its written policy and procedures to conduct thorough investigations, and to implement its recommended correction actions to prevent further theft of the clients' funds.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/24/2016 that [client D] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered</p> | | <p>responsible. Once determined, the following corrective actions were devised and implemented by CDC administration. They include: The money found missing from consumer funds during January of 2016 was refunded by CDC via check on 1-29-2016, within 24 hours of the money found to be missing. Additionally, consumers' funds from the incidents on the 6th of February and December of 2015 were refunded on 2-8-2016 and 4-11-2016, respectively. The January logs for all the other residents at the home were checked to identify any other instances of missing money. This, too, was completed by the 29th. The December logs were checked on 2-17-2016. The funds for consumers at other group homes were checked as well on 2-1-2016 and 2-17-2016. A new procedure for counting and monitoring consumer funds was developed, which stated that an employee from a shift must count the funds with one of the employees from the following shift, and so on, so that no one staff member is to count the money alone. On 2-1-2016, all group home staff we retrained in the new procedure by the HAB Coordinator. All group homes are now following this procedure. The HAB Coordinator, as of March 2016, will audit the consumer fund logs randomly to identify suspicious activity. The</p> | | | | |

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| | <p>that on 01/17/2016 [client E] had \$5.00 taken from his spending money and again on 01/26/2016 he had \$10.00 taken in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources.</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/18/2016 [client A] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation and finds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client F] had \$20.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client B] had \$10.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>Review of the facility's 1/29/16 investigation indicated "On 1-28-2016,</p> | | <p>Group home Supervisors will check logs weekly to identify any suspicious activity. Quality Assurance team will do random checks monthly of logs. An investigation was completed regarding the missing funds and staff #3, as referred to in the summary, was disciplined due to having failed to report the missing money as they stated to have found the incidents. Furthermore, staff #3 self-terminated after the incident on 2-6-2016. The effectiveness of these actions was checked on 3-7-2016 to identify any changes that needed to be made. At that time, no additional funds were found missing. As of 2-26-2016, it was found that the night shift counting the funds with the incoming day shift was difficult due to the high activity rates of the consumers, the staff schedule were change to allow adequate time to count, after the consumers had left for the day. Internal audits on the group home will now include random checks on the consumer funds, this will be ongoing. As of 2-22-2016, all group homes were expected to keep the consumer funds and logs in the locked med rooms to limit access. On 2-2-2016, the code to access the keys to Country Brook group home was changed in order to keep old staff from entering.</p> | | |

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| | <p>while reviewing the papers used to track consumers' spending money, staff [Qualified Intellectual Disabilities Professional #1] and [staff #1] discovered that large sums of money had gone missing from consumers at the Country Brook group home. They enlisted the help of fellow staff [staff #2] to check the history of each consumer who lives there. Ultimately, they discovered 90 dollars that'd (that had) gone missing over the last month. The money had gone missing in large, rounded sums; 5, 10, and 20 dollars. The entries that'd shown that the round sums had been removed were all signed by the same staff member, [staff #3]...."</p> <p>The facility's 1/29/16 investigation indicated staff #3 was interviewed on 1/29/16. The facility's investigation indicated "When asked about this, [staff #3] stated that she thought the money going missing was odd. She explained to this investigator (Quality Assurance Supervisor) how staff are supposed to count and catalogue the money. She said that each staff member was supposed to count each of the consumers' money during each shift, except the morning shift. She also stated that this didn't always happen, that some staff would miss their counts. Further, she accused other staff of 'follow the leader' counting,</p> | | | |

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| | <p>meaning that staff would simply write whatever total had been in the entry prior to their own count. She said that she was the only one who actually counts the money...." Staff #3's witness statement indicated she would leave a note when the clients' funds did not match, and attach the note to the finance record. The facility's investigation indicated "...This is incorrect, though. During a staff meeting in January, it was made clear that staff are supposed to call and alert their supervisors immediately. Furthermore, when this trend of suspicious log entries was discovered, no notes were found and none have been seen with the logs..." The facility's investigation indicated staff #3 did not know how the clients' funds came up missing.</p> <p>The facility's 1/29/16 investigation indicated staff #4 was interviewed on 1/29/16. The facility's investigation indicated staff #4 counted the money and did not follow what was written down. Staff #4's witness statement indicated facility staff was to call the supervisor when the clients' monies did not match and/or was missing. The facility's investigation indicated staff #4 stated "...Either the receipts don't add up or someone took it. Somebody had to take it...."</p> | | | | |

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| | <p>The facility's 1/29/16 investigation indicated staff #5 was interviewed on 1/29/16. The facility's investigation indicated "...I noticed it the night before last night. So, Thursday night, when I went to count the money, I tried to call [staff #6]. Then I called [staff #7], and I told her that there's only change in here and it supposed to be 10.11. I'm just letting you know that there was another consumer where there was supposed to be 8 dollars or something like that but there was only 3. I called her because I didn't want to get in trouble." Staff #5's witness statement indicated staff #5 counted the money and indicated the supervisor was to be called.</p> <p>The facility's 1/29/16 investigation indicated staff #8 was interviewed on 1/29/16. The facility's investigation indicated "...she had always called the supervisor in case of incorrect money counts, if she couldn't find the error herself. When asked if he (sic) had anything else to say regarding the incident and her coworkers, she stated that there had been suspicious activity with [staff #3] a few months earlier and recommended that staff check the money logs back to [staff #3's] hire date. She recanted a story in which a purse, which was CDC property, had gone missing and</p> | | | |

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| | <p>[staff #3] had come to work a week later toting an identical purse. [Staff #3] stated that she'd bought the purse at a thrift store...." The facility's 1/29/16 investigation indicated "...Also, the last month's records were checked to determine a pattern of missing money...."</p> <p>The facility's 1/29/16 investigation indicated "...It is this investigator's findings that this is a substantiated case of exploitation. Evidence strongly indicates that [staff #3] was responsible for the missing money. This evidence includes a trend of suspicious entries she's made on the consumers' currency logs and is supported by her inconsistent testimony...Finally, after investigation, consumer money was missing during her shift counts on 1-1, 1-17, 1-18, 1-24, and 1-26. It is this investigator's recommendation that [staff #3] receive disciplinary action due to insubordination toward her superiors, absenteeism, and the money missing on 1-1, 1-7, 1-18, 1-24, and 1-26 of 2016." The facility's 1/29/16 investigation section entitled Corrective Actions Resulting from Investigation indicated the following:</p> <p>"1. Consumers were compensated for their missing funds (by 1/29/16). 2. A new procedure for counting consumers' money was developed, which</p> | | | | | | |

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| | <p>will require that two employees be present for the counts as possible (by 2/1/16).</p> <p>3. Staff will be trained on the new policy for consumer funds and money counts (by 2/1/16)...." The facility's corrective action section failed to indicate what disciplinary action would occur with staff #3. The facility's investigative report indicated the above mentioned recommended corrective action, to train staff, was completed on 2/8/16 after the second incident of theft occurred.</p> <p>The facility's 2/3/16 Discipline Written Warning for staff #3 was reviewed on 4/18/16 at 12:25 PM. The facility's 2/3/16 disciplinary form indicated staff #3 received a written warning in regard to the clients' missing funds which indicated "...Staff, [staff #3] was found to likely be responsible for missing money. [Staff #3] understands that incident was reported to local law enforcement; however there was not sufficient evidence to find [staff #3] guilty of theft. [Staff #3] understands she will not be paid for missed shift on 1-31-16." The disciplinary form indicated "[Staff #3] understand she is responsible to ensure upon shift she is to have a second staff verify the amount of money and upon completing shift have a second staff count money before leaving. Failure to</p> | | | |

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| | <p>comply will result in further disciplinary."</p> <p>Interview with the Adult Services Manager (ASM) on 4/7/16 at 3:25 PM indicated facility staff did not report the clients' funds were missing. The ASM indicated the missing funds were found by QIDP #1 when QIDP #1 was looking through the clients' financial logs as the group home's supervisor had retired. When asked how the clients' financial logs were being monitored prior to the 1/28/16 theft, the ASM stated the group home supervisor was to be checking the logs "every couple of weeks." The ASM indicated after the initial January 2016 theft, the facility put a new system of counting the clients' funds in place. The ASM indicated 2 facility staff were to count and initial the clients' financial logs when counting every shift. The ASM indicated staff #3 was retrained along with facility staff in regard to following the new procedure for counting. The ASM indicated there was evidence the money came up missing when staff #3 worked but they could not prove staff #3 took the money. The ASM indicated facility staff was to call their supervisor and report any money discrepancies when they counted the clients' monies.</p> <p>Interview with Qualified Intellectual</p> | | | |

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| | <p>Disabilities Professional (QIDP) #1 on 4/18/16 at 11:07 AM, by phone, indicated the first error was found on 1/28/16. QIDP #1 indicated the facility thought staff #3 was the one who took the money but they did not have evidence to prove staff #3 actually took the money. QIDP #1 indicated staff #3 was given a written warning in regard to the clients' missing funds. QIDP #1 indicated staff #3 was allowed to return to the group home to work on 2/4/16, and the facility staff, at the group home, were not retrained on the new financial procedure until 2/8/16.</p> <p>2. The facility's reportable incident reports, internal CIRs and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-2/6/16 "On 02/06/2016 staff discovered that [client A] had \$50.50 taken from his spending money in which was not accounted for, Staff has been suspended pending investigation and funds will be replaced by CDC Resources."</p> <p>The facility's 2/15/16 investigation indicated staff #3 was the staff who was suspended over client A's missing money. The facility's investigation indicated</p> | | | |

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| | "...After reviewing the client money in question, it was found that a count on 2/4/2016 was performed finding that 60.15\$ (sic) were in [client A's] account. Then, after a count (sic) performed at a later shift that day, [staff #3] documented that [client A] only had 49.65\$ (sic) in his account. Then, after a count was performed the following day by [staff #6], there was only 9.65\$ (sic) left in the account. In total this equals 50.50\$ (sic) in funds that were not accounted for. Per protocol, [staff #6] contacted her supervisor immediately upon finding that the money was missing. [Staff #3] did not. Management suspended [staff #3] immediately...Recently, in response to the previous instances, management told staff that there were to be two staff members present for the count. Staff asked [staff #6] if she'd been present for [staff #3's] count that night. [Staff #6] said she had been. Staff then asked if she (staff #6) had stayed for the whole count. [Staff #6] said that she had until the end of the count, and that she'd left as [staff #3] was logging in [client A's] money, at the very end. She said that she counted the log with [staff #3] but that she didn't actually see [staff #3] write in the log entry...." The facility's investigation indicated facility staff interviewed indicated they did not take client A's money. The facility's investigation | | | | |

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| | <p>indicated some staff would "...hurriedly do their counts by copying the prior entries, without actually counting the money themselves...." The facility's 2/15/16 investigation indicated "...Staff attempted to contact [staff #3] several times, on Sunday, Monday, and Tuesday to get her to come and speak to the investigator regarding these matters. She made an appointment to come on Tuesday but canceled at the last minute, stating that she's needed to take her child to the doctor. She then made an appointment to come to CDC on Wednesday morning at 9:00am for the interview. She did not show and made no contact with the investigator or her supervisor regarding this. On Thursday, 2/11, staff sent a certified letter to her requesting that she come to the CDC office on Monday morning by 8:00am, for the investigation interview...[Staff #3] failed to make contact with staff by Monday morning, the deadline for the investigation to be completed...." The facility's 2/15/16 investigation indicated "...It is this investigator's findings that this instance of exploitation is substantiated, meaning that through either negligence or intent, staff was responsible for [client A's] money gone missing. While it does seem likely that [staff #3] is responsible for the missing funds, due to a trend of money missing at</p> | | | |

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| | <p>her checks, her failure to testify on her own behalf in this investigation, and her failing to follow the direction of calling her supervisor after money is found missing, there is insufficient evidence to prove that she was responsible for the missing funds. It is the investigator's recommendation that, in the face of [staff #3] failing to follow protocol in facilitating an investigation, and to notify her supervisor when money is found missing, further disciplinary measures be taken...."</p> <p>The facility's 2/15/16 investigation "Corrective Actions Resulting from Investigation" indicated the following (not all inclusive):</p> <p>"1. The HAB (habilitation) Coordinator will audit the consumer fund logs randomly to look for errors and suspicious activity. 2. During QI's (Quality Assurance), inspector's will perform random checks on the consumers' fund logs. 3. All group homes will be expected to keep their safes, containing the consumers' funds, in their respective med (medication) Rooms, as stated in ISPs (Individual Support Plans). 4. The code for to enter Country Brook was changed to limit unnecessary entry. Root Cause: Team Lead failed to follow</p> | | | |

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| | <p>direction from management." The facility's 2/15/16 investigation failed to indicate what happened to staff #3 and/or what disciplinary action was taken.</p> <p>-2/17/16 "...On 02/17/16 while double checking cash logs, staff discovered that [client B] had \$21.50 unaccounted for from 12/06/15. Staff (staff #3) has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> <p>-2/17/16 "...On 02/17/16 while double checking cash logs, staff discovered that [client C] had \$20.00 unaccounted for from 12/06/15. Staff has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> <p>-2/17/16 "On 02/17/16 while double checking cash logs, staff discovered that [client E] had \$20.00 unaccounted for from 12/06/15. Staff has since ended her employment with CDC Resources and funds will be replaced by CDC Resources."</p> <p>-2/17/16 "On 02/17/16 while double checking cash logs, staff discovered that [client A] had \$10.00 unaccounted for from 12/06/15. Staff has since ended her employment with CDC Resources and</p> | | | |

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| | <p>funds will be replaced by CDC Resources."</p> <p>The facility's 2/24/16 investigation indicated "...It was found that one employee, [staff #3] had signed off on all of the accounts in which money came up missing. She was unavailable to answer questions, though, having self terminated during a similar, former investigation. None of the employees who were available for questions could recall any suspicious activity from December, or indications that anyone in particular might have been responsible for the money going missing...." The facility's investigation indicated "The evidence reviewed indicated that the clients' did have their funds misappropriated. Therefore, this is a substantiated instance of exploitation. However, it is unclear if this misappropriation was intentional (sic). It is recommended that the measures initiated after the first of this three investigations string be maintained, including the requirement that two staff do the money counts, that supervisors double check the counts weekly, and the logs themselves be monitored for suspicious activity...." The facility's 2/24/16 investigation identified the root cause of the incident as "This investigation was the result of corrective action to an identical string of incidents</p> | | | | | | |

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| | <p>most likely perpetrated by the same staff [staff #3]." The facility's investigation indicated the facility would look at its new protocol regarding clients' funds on 3/7/15 to "check it's effectiveness and to identify any changes that need to be made."</p> <p>Interview with staff #6 on 4/7/16 at 5:20 PM indicated clients' monies kept at the group home came up missing in the past. Staff #6 indicated they were not allowed to keep over \$100 per client in the house. Staff #6 stated the clients' money had to be counted "every person every shift."</p> <p>Interview with the ASM on 4/7/16 at 3:25 PM indicated staff #3 had signed the entry on the client A's log when the money was off/missing. The ASM indicated staff #3 was placed on suspension on 2/6/16 for missing money. The ASM indicated staff #3 did not come in for an interview in regard to client A's missing money. The ASM stated staff #3 "self terminated." The ASM indicated client A's money was reimbursed by the facility. The ASM indicated facility staff did not follow the two person counting of the money on each shift. The ASM indicated nothing was in place to monitor staff #3 from taking clients' money/funds. The ASM indicated the 12/6/15 missing funds were found when QIDP #1 went</p> | | | |

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| | <p>back to check the clients' financial logs after the 1/28/16 and 2/6/16 missing funds occurred. The ASM indicated the new count protocol was put in place after the 1/28/16 incident occurred. The ASM indicated clients A, B, C, D, E and F had been reimbursed for the theft of their funds. The ASM indicated there had not been anymore problems with clients' finances since staff #3 left her employment.</p> <p>Interview with QIDP #1 on 4/18/16 at 12:10 PM, by phone, indicated staff #3 returned to work after the 1/28/16 allegation of theft/exploitation. QIDP #1 indicated staff #3 was given a written warning after the missing funds on 1/28/16, but staff #3 did not come back to work once she was suspended on 2/6/16. QIDP #1 indicated staff #3 terminated herself by not participating in the investigation. QIDP #1 indicated the count procedure was put in place after the first investigation was done on 1/28/16. QIDP #1 indicated facility staff was not formally trained on the new protocol until 2/8/16. QIDP #1 indicated staff #3 was hired in October 2015. QIDP #1 indicated the clients' missing funds for December were found when she went back to check the clients' funds since staff #3 was hired. QIDP #1 indicated the missing funds for 12/6/15 were found</p> | | | |

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| | <p>during her check on 2/17/16. QIDP #1 indicated the supervisors were now required to check the clients' finances twice a week, and the QA department would perform random checks to prevent the clients' funds from being exploited. QIDP #1 indicated clients A, B, C and E's 2/17/16 funds were placed back into the clients' accounts on 4/11/16. Clients A, B, D, E ad F's funds from 1/28/16 and client A's funds from 2/6/16 were placed into each client's individual petty cash accounts at the group home.</p> <p>3. The facility failed to ensure facility staff reported an allegation of staff to client abuse and/or missing money to the administrator immediately for clients A, B, D, E and F. Please see W153.</p> <p>4. The facility failed to conduct a thorough investigation in regard to an injury of unknown source for client B, to conduct an investigation in regard to allegations of neglect regarding medication errors for clients D and E, and failed to conduct a thorough investigation in regard to an allegation of staff to client abuse with client A. Please see W154.</p> <p>5. The facility failed to develop an appropriate corrective action in regard to monitoring a staff person who was suspected of taking clients' funds to</p> | | | |

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| | <p>prevent further theft, and to ensure the facility implemented its recommended corrective actions to prevent theft of the clients' funds for clients A, B, D, E and F. Please see W157.</p> <p>The facility's policy and procedures were reviewed on 4/7/16 at 1:18 PM and at 2:30 PM. The facility's undated Money Counts procedure indicated the following (not all inclusive):</p> <ol style="list-style-type: none"> "1. All money must be counted every shift and this must be documented on the cash log. There must be a second staff counting the money as a witness and they will verify that the count match by documenting on the cash log as 2nd person. 2. Please note there is (sic) times that there may only be one staff scheduled due to consumer LOA's (Leave of Absence) in this case you will count the money and verify with the next staff. 3. Staff should double check previous entries on cash log. 4. There must be receipts for any and all money spent... 5. Money spent must be documented on cash log and there must be a receipt to match the receipt. 6. Receipts must be verified upon counting...What to do when money count is off: | | | |

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| | <p>1. Recount with witness, if money count still does not match; double check all receipts and log for mathematical errors.</p> <p>2. Fill out an Internal Incident report and notify supervisor. Things to remember:</p> <ol style="list-style-type: none"> 1. All theft is reportable to law enforcement. 2. Staff will be suspended pending an investigation of missing funds. 3. If substantiated staff will be terminated. 4. Failure to count on every shift could result in disciplinary action up to and including termination. 5. Failure to have a 2nd staff count the money and document on the count log could result in disciplinary action up to and including termination. 6. Money should never be left unattended." The facility failed to follow its policy/procedure in counting clients' funds, failed to report discrepancies/missing money and failed to ensure staff #3 was sufficiently monitored to prevent the reoccurrence of missing funds on 2/6/16. <p>The facility's 5/1/11 policy entitled Policy On Abuse And Neglect indicated "...Employees of CDC Resources, Inc. (incorporated) have a professional and legal mandate to report suspected abuse, neglect, or violation of civil rights...."</p> <p>The facility's policy and procedure</p> | | | |

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| | <p>indicated "...Abuse, neglect, exploitation, and mistreatment and violation of any rights of an individual are prohibited, including...8.</p> <p>Exploitation/Mistreatment:...b.</p> <p>Mistreatment consists of any deliberate misplacement, exploitation or wrongful temporary or permanent use of an individual's belongings or money, personal identity or personal services...."</p> <p>The facility's 5/1/11 policy indicated the facility's Executive Director was to be immediately informed of allegations of abuse, neglect, exploitation and/or mistreatment in regard to the individuals it served within "...2 hours upon knowledge of the incident..." The facility's policy also indicated all allegations of abuse, neglect, mistreatment, exploitation and/or violation of clients' rights would be investigated. The facility's 5/1/11 policy indicated injuries of "unknown origin" would also be investigated by the facility. The facility's 5/1/11 policy also indicated the facility would develop conclusions and recommendations (corrective actions) for each investigation for the facility to follow/implement.</p> <p>This federal tag relates to complaint #IN00193149.</p> <p>9-3-2(a)</p> | | | |

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| W 0153 Bldg. 00 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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>Based on interview and record review for 2 of 12 allegations of abuse, neglect, injury of unknown source and/or exploitation reviewed, the facility failed to ensure facility staff reported an allegation of staff to client abuse and/or missing money to the administrator immediately for clients A, B, D, E and F.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/24/2016 that [client D] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC</p> | W 0153 | <p>An investigation was conducted to determine the root cause of the incidents and those responsible. Once determined, the following corrective actions were devised and implemented by CDC administration. They include: The money found missing from consumer funds during January of 2016 was refunded by CDC via check on 1-29-2016, within 24 hours of the money found to be missing. Additionally, consumers' funds from the incidents on the 6th of February and December of 2015 were refunded on 2-8-2016 and 4-11-2016, respectively. The January logs for all the other residents at the home were checked to identify any other instances of missing money. This, too, was completed by the 29th. The December logs were checked on 2-17-2016. The funds for consumers at other group homes were checked as well on 2-1-2016 and 2-17-2016. A new procedure for counting and monitoring consumer funds was developed, which stated that an</p> | 05/06/2016 |

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| | <p>Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/17/2016 [client E] had \$5.00 taken from his spending money and again on 01/26/2016 he had \$10.00 taken in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources.</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/18/2016 [client A] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation and finds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client F] had \$20.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client B] had \$10.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation and funds have been replaced by CDC Resources."</p> | | <p>employee from a shift must count the funds with one of the employees from the following shift, and so on,so that no one staff member is to count the money alone. On 2-1-2016, all group home staff we retrained in the new procedure by the HAB Coordinator. All group homes are now following this procedure. The HAB Coordinator, as of March 2016, will audit the consumer fund logs randomly to identify suspicious activity. The Group home Supervisors will check logs weekly to identify any suspicious activity. Quality Assurance team will do random checks monthly of logs. An investigation was completed regarding the missing funds and staff #3, as referred to in the summary, was disciplined due to having failed to report the missing money as they stated to have found the incidents. Furthermore, staff #3 self-terminated after the incident on 2-6-2016. The effectiveness of these actions was checked on 3-7-2016 to identify any changes that needed to be made. At that time, no additional funds were found missing. As of 2-26-2016, it was found that the night shift counting the funds with the incoming day shift was difficult due to the high activity rates of the consumers, the staff schedule were change to allow adequate time to count, after the consumers had left for the day. Internal audits on the</p> | | |

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| | <p>Review of the facility's 1/29/16 investigation indicated "On 1-28-2016, while reviewing the papers used to track consumers' spending money, staff [Qualified Intellectual Disabilities Professional #1] and [staff #1] discovered that large sums of money had gone missing from consumers at the Country Brook group home. They enlisted the help of fellow staff [staff #2] to check the history of each consumer who lives there. Ultimately, they discovered 90 dollars that'd (that had) gone missing over the last month. The money had gone missing in large, rounded sums; 5, 10, and 20 dollars. The entries that'd shown that the round sums had been removed were all signed by the same staff member, [staff #3]...."</p> <p>The facility's 1/29/16 investigation indicated staff #5 was interviewed on 1/29/16. The facility's investigation indicated "...I noticed it the night before last night. So, Thursday night, when I went to count the money, I tried to call [staff #6]. Then I called [staff #7], and I told her that there's only change in here and it supposed to be 10.11. I'm just letting you know that there was another consumer where there was supposed to be 8 dollars or something like that but there was only 3. I called her because I</p> | | <p>group home will now include random checks on the consumer funds, this will be ongoing. As of 2-22-2016, all group homes were expected to keep the consumer funds and logs in the locked med rooms to limit access. On 2-2-2016, the code to access the keys to Country Brook group home was changed in order to keep old staff from entering.</p> | | |

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| | <p>didn't want to get in trouble." Staff #5's witness statement indicated staff #5 counted the money and indicated the supervisor was to be called.</p> <p>The facility's 1/29/16 investigation indicated "...It is this investigator's findings that this is a substantiated case of exploitation. Evidence strongly indicates that [staff #3] was responsible for the missing money. This evidence includes a trend of suspicious entries she's made on the consumers' currency logs and is supported by her inconsistent testimony...Finally, after investigation, consumer money was missing during her shift counts on 1-1, 1-17, 1-18, 1-24, and 1-26...." The facility's reportable incident reports and/or investigations did not indicate the facility staff reported any discrepancies in regard to the client's missing funds prior to 1/28/16 to the administrator.</p> <p>Interview with the Adult Services Manager (ASM) on 4/7/16 at 3:25 PM indicated facility staff did not report the clients' funds were missing. The ASM indicated the missing funds were found by QIDP #1 when QIDP #1 was looking through the clients' financial logs as the group home's supervisor had retired.</p> <p>2. The facility's reportable incident</p> | | | |

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| W 0154 Bldg. 00 | <p>reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's 3/4/16 reportable incident report indicated "...On 3-3-2016, [staff #9] was speaking with CDC Resources Investigator, and informed the investigator [staff #10] 'screamed at [client A] on the (sic) 2-25-2016.' [Client A] had been pacing and disrupting the home. [Staff #10] was suspended pending investigation...."</p> <p>The facility's 3/4/16 investigation indicated the incident occurred on 2/25/16 but was not reported until 3/3/16. The facility's investigation recommended facility staff #9, #10 and #11 be retrained on reporting abuse and neglect.</p> <p>Interview with ASM on 4/7/16 at 3:25 PM indicated the facility staff did not report the allegation of staff to client verbal abuse when it occurred.</p> <p>This federal tag relates to complaint #IN00193149.</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 5 of 12 allegations of abuse and/or neglect reviewed, the facility failed to conduct a thorough investigation in regard to an injury of unknown source for client B, to conduct an investigation in regard to allegations of neglect regarding medication errors for clients D and E, and failed to conduct a thorough investigation in regard to an allegation of staff to client abuse with client A.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated "...While participating in Group Habilitation on 2-19-2016, [client A] showed staff a scratch on his right hand, measuring a 1/16" (inch)-1/18" red line. [Client A] said [staff #5]'nailed him, the hygiene box scratched him, and [staff #6] shoved him into the wall and the cops came.' Please note [staff #6] works at the group home. [Staff #6] had written an internal incident report on 2-18-2016 regarding an incident with [client A] at 5:05pm. The incident on 2-19-2016, started with [staff #6] encouraging [client A] to eat dinner with everyone. [Client</p> | W 0154 | <p>An investigation was conducted to determine the root cause of the incidents and those responsible. Once determined, the following corrective actions were devised and implemented by CDC administration. They include: The money found missing from consumer funds during January of 2016 was refunded by CDC via check on 1-29-2016, within 24 hours of the money found to be missing. Additionally, consumers' funds from the incidents on the 6th of February and December of 2015 were refunded on 2-8-2016 and 4-11-2016, respectively. The January logs for all the other residents at the home were checked to identify any other instances of missing money. This, too, was completed by the 29th. The December logs were checked on 2-17-2016. The funds for consumers at other group homes were checked as well on 2-1-2016 and 2-17-2016. A new procedure for counting and monitoring consumer funds was developed, which stated that an employee from a shift must count the funds with one of the employees from the following shift, and so on, so that no one staff member is to count the money alone. On 2-1-2016, all group home staff were retrained in the new procedure by the HAB Coordinator. All group homes are now following this procedure.</p> | 05/06/2016 | | | |

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| | <p>A] replied 'you f.....b.....' [Staff #6] followed [client A's] BSP (Behavior Support Plan). While in quiet time, [client A] attempted to hit, bite, spit on and pull [staff #6's] hair. [Client A] took his hygiene box and began smashing it on his dresser. Due to smashing the hygiene box on his dresser, the box broke and made a small scratch on [client A's] right hand, not drawing any blood. Staff was suspended immediately, pending an investigation. The investigation results found the allegation of physical abuse unsubstantiated. [Staff #6] was retrained, and will return to work the next scheduled shift."</p> <p>The facility's 2/19/16 investigation indicated "...It is this investigator's (Quality Assurance Supervisor) findings that this is an unsubstantiated instance of physical abuse. Staff seem to have responded appropriately to [client A's] disruptive behavior, and that he responded by acting out. There doesn't seem to be any evidence, beyond [client A's] word, that [staff #6] attacked him. Furthermore, he has a documented history of accusing staff when he has been punished or has acted out." The facility's 2/19/16 investigation indicated two facility staff and client A were the only people interviewed in regard to the staff to client abuse incident. The facility</p> | | <p>The HAB Coordinator, as of March 2016, will audit the consumer fund logs randomly to identify suspicious activity. The Group home Supervisors will check logs weekly to identify any suspicious activity. Quality Assurance team will do random checks monthly of logs. An investigation was completed regarding the missing funds and staff #3, as referred to in the summary, was disciplined due to having failed to report the missing money as they stated to have found the incidents. Furthermore, staff #3 self-terminated after the incident on 2-6-2016. The effectiveness of these actions was checked on 3-7-2016 to identify any changes that needed to be made. At that time, no additional funds were found missing. As of 2-26-2016, it was found that the night shift counting the funds with the incoming day shift was difficult due to the high activity rates of the consumers, the staff schedule were change to allow adequate time to count, after the consumers had left for the day. Internal audits on the group home will now include random checks on the consumer funds, this will be ongoing. As of 2-22-2016, all group homes were expected to keep the consumer funds and logs in the locked med rooms to limit access. On 2-2-2016, the code to access the keys to Country Brook group home was changed in order to</p> | | |

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| | <p>staff did not interview any additional staff and/or clients in regard to the staff to client abuse incident.</p> <p>Interview with the Adult Services Manager (ASM) on 4/7/16 at 3:25 PM indicated no other staff and/or clients were interviewed in regard to the 2/19/16 staff to client abuse incident involving client A.</p> <p>2. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-3/13/16 "...[Client D] is prescribed the following medications Baclofen (muscle relaxer/anti-spastic agent), 10 mg (milligrams) at 7:00 am, 2:00 pm and 9:00 pm. On 3-13-2016, [client D's] 2:00 pm dose of Baclofen, 10 mg, was not administered. The 9:00 pm dose of Baclofen was administered 2 times. The agency nurse and physician was (sic) notified of the errors. The agency nurse alerted staff to watch for drowsiness...Staff making the medication error will 1) Be suspended immediately from passing medications, 2) Retake Core training, 3) Receive verbal</p> | | keep old staff from entering. | | | | |

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| | <p>counseling, 4) Be placed on 90 day probation, and 4) (sic) Complete 3 successful, supervised medication passes within 90 days probationary period."</p> <p>-3/13/16 "...[Client E] is diagnosed with...Seizures and Depression. [Client E] is prescribed Seroquel, 50 mg tab at 9:00pm. On 3-13-2016, staff administered Baclofen, 10 mg tab instead, which [client E] is not prescribed. Agency nurse stated Baclofen may make [client E] drowsy...Staff making the medication error will 1) Be suspended immediately from passing medications, 2) Retake Core training, 3) Receive verbal counseling, 4) Be placed on 90 day probation, and 4) (sic) Complete 3 successful, supervised medication passes within 90 days probationary period." The above mentioned 3/13/16 reportable incident reports did not obtain any additional information and/or investigation of the medication errors for possible neglect.</p> <p>-1/7/16 "[Client E] is prescribed Phenytoin (seizures) chew 50mg take 3 tabs (tablets) in the evening. [Client E] received his prescribed dose at 7pm as scheduled on MAR (Medication Administration Record). Staff giving medications at 9pm gave [client E]</p> | | | |

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| | <p>Phenytoin chew 50 mg take 3 tabs at 9m (sic). [Client E] received a total of 6 tabs 50 mg of Phenytoin chew between 7pm and 9pm. Nurse and physician was (sic) notified. Nurse recommended calling poison control and contact physician to see if labs would need to be drawn. Poison control was contacted: stated that the additional dose of medication would not likely hurt him and that the consumer will likely show signs of sleepiness. The physician was contacted; no further instructions at this time...Staff will have to do three supervised med passes and pass all three before she can administer medication." The 1/7/16 reportable incident report did not contain any additional information and/or investigation in regard to the double dosing of client E/investigation for possible neglect.</p> <p>Interview with the ASM on 4/7/16 at 3:25 PM indicated no investigation had been conducted for possible neglect in regard to client D and E's medication errors.</p> <p>3. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's 2/13/16 reportable incident report indicated "On 02/13/16 staff</p> | | | | | | |

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| | <p>discovered that [client B] had a 3 inch oblong gray colored bruise on the top of her left hand. [Client B] stated that she did not know what happened and that it did not cause any pain or discomfort...."</p> <p>The facility's 2/13/16 Internal Investigation indicated "...There is no indication that the injury was caused by anyone purposefully. It seems most likely that it was caused during the Friday night prior, which was full of activity by either hitting a doorway or the arm of her wheelchair...The root cause was most likely environmental in nature. It seems that she either hit her hand on the arm of her wheelchair or against an object while moving, such as a door or piece of furniture." The facility's internal investigation indicated only client B and 1 facility staff were interviewed in regard to the injury of unknown source. The facility did not interview all staff who had worked with the client and/or interview other clients who lived at the group home.</p> <p>Interview with ASM on 4/7/16 at 3:25 PM indicated client B and one facility staff were interviewed. The ASM indicated more interviews should have been conducted.</p> <p>9-3-2(a)</p> | | | | | | |

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| W 0157 Bldg. 00 | <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on interview and record review for 5 of 16 allegations of abuse, neglect, exploitation, and/or injuries of unknown source reviewed, the facility failed to develop an appropriate corrective action in regard to monitoring a staff person who was suspected of taking clients' funds to prevent further theft., and to ensure the facility implemented its recommended corrective actions to prevent theft of the clients' funds for clients A, B, D, E and F.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, internal Consumer Incident Reports (CIRs) and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's reportable incident reports, CIRs and/or investigations indicated the following (not all inclusive):</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/24/2016 that [client D] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation...."</p> | W 0157 | An investigation tracking form has been developed and utilized in an ongoing manner. This will ensure that all investigations and their progress is tracked. This tracking is to be checked on a monthly basis by the Adult Services Manager or designee. Going forward, all consumers involved in an abuse, neglect, or mistreatment investigation, as well as those consumers that the suspected staff have worked with, will be interviewed to identify if they feel safe, have been treated appropriately, and their rights have been upheld. As of 4-11-2016, all significant medication errors, including over medication and the administration of wrong medications, will be investigated. Additionally, if any trends are identified which pose a significant health risk to consumers, they will be investigated as well. In the case of injuries of unknown origin, staff who have recently worked with the affected consumer will be interviewed along with the consumer's peers in order to form a detailed picture of how the injury might have occurred. As of 5-6-2016, all CDC staff conducting investigations into | 05/06/2016 |

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| | <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/17/2016 [client E] had \$5.00 taken from his spending money and again on 01/26/2016 he had \$10.00 taken in which was not accounted for. Staff has been suspended pending investigation...."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/18/2016 [client A] had \$10.00 taken from his spending money in which was not accounted for. Staff has been suspended pending investigation...."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client F] had \$20.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation...."</p> <p>-1/28/16 "On 01/28/2016 staff discovered that on 01/01/2016 that [client B] had \$10.00 taken from her spending money in which was not accounted for. Staff has been suspended pending investigation...."</p> <p>Review of the facility's 1/29/16 investigation indicated "On 1-28-2016, while reviewing the papers used to track consumers' spending money, staff [Qualified Intellectual Disabilities Professional #1] and [staff #1] discovered that large sums of money had gone missing from consumers at the Country</p> | | <p>injuries of unknown origin or abuse and neglect, will be expected to thoroughly interview the alleged victim(s), the alleged perpetrator(s), and their peers.</p> | |

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| | <p>Brook group home. They enlisted the help of fellow staff [staff #2] to check the history of each consumer who lives there. Ultimately, they discovered 90 dollars that'd (that had) gone missing over the last month. The money had gone missing in large, rounded sums; 5, 10, and 20 dollars. The entries that'd shown that the round sums had been removed were all signed by the same staff member, [staff #3]...."</p> <p>The facility's 1/29/16 investigation indicated staff #3 was interviewed on 1/29/16. The facility's investigation indicated "When asked about this, [staff #3] stated that she thought the money going missing was odd. She explained to this investigator (Quality Assurance Supervisor) how staff are supposed to count and catalogue the money. She said that each staff member was supposed to count each of the consumers' money during each shift, except the morning shift. She also stated that this didn't always happen, that some staff would miss their counts. Further, she accused other staff of 'follow the leader' counting, meaning that staff would simply write whatever total had been in the entry prior to their own count. She said that she was the only one who actually counts the money...." Staff #3's witness statement indicated she would leave a note when</p> | | | | |

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| | <p>the clients' funds did not match, and attach the note to the finance record. The facility's investigation indicated "...This is incorrect, though. During a staff meeting in January, it was made clear that staff are supposed to call and alert their supervisors immediately. Furthermore, when this trend of suspicious log entries was discovered, no notes were found and none have been seen with the logs..." The facility's investigation indicated staff #3 did not know how the clients' funds came up missing.</p> <p>The facility's 1/29/16 investigation indicated staff #4 was interviewed on 1/29/16. The facility's investigation indicated staff #4 counted the money and did not follow what was written down. Staff #4's witness statement indicated facility staff was to call the supervisor when the clients' monies did not match and/or was missing. The facility's investigation indicated staff #4 stated "...Either the receipts don't add up or someone took it. Somebody had to take it..."</p> <p>The facility's 1/29/16 investigation indicated staff #5 was interviewed on 1/29/16. The facility's investigation indicated "...I noticed it the night before last night. So, Thursday night, when I</p> | | | |

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| | <p>went to count the money, I tried to call [staff #6]. Then I called [staff #7], and I told her that there's only change in here and it supposed to be 10.11. I'm just letting you know that there was another consumer where there was supposed to be 8 dollars or something like that but there was only 3. I called her because I didn't want to get in trouble." Staff #5's witness statement indicated staff #5 counted the money and indicated the supervisor was to be called.</p> <p>The facility's 1/29/16 investigation indicated staff #8 was interviewed on 1/29/16. The facility's investigation indicated "...she had always called the supervisor in case of incorrect money counts, if she couldn't find the error herself. When asked if he (sic) had anything else to say regarding the incident and her coworkers, she stated that there had been suspicious activity with [staff #3] a few months earlier and recommended that staff check the money logs back to [staff #3's] hire date. She recanted a story in which a purse, which was CDC property, had gone missing and [staff #3] had come to work a week later toting an identical purse. [Staff #3] stated that she'd bought the purse at a thrift store...." The facility's 1/29/16 investigation indicated "...Also, the last month's records were checked to</p> | | | |

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| | <p>determine a pattern of missing money...."</p> <p>The facility's 1/29/16 investigation indicated "...It is this investigator's findings that this is a substantiated case of exploitation. Evidence strongly indicates that [staff #3] was responsible for the missing money. This evidence includes a trend of suspicious entries she's made on the consumers' currency logs and is supported by her inconsistent testimony...Finally, after investigation, consumer money was missing during her shift counts on 1-1, 1-17, 1-18, 1-24, and 1-26. It is this investigator's recommendation that [staff #3] receive disciplinary action due to insubordination toward her superiors, absenteeism, and the money missing on 1-1, 1-7, 1-18, 1-24, and 1-26 of 2016." The facility's 1/29/16 investigation section entitled Corrective Actions Resulting from Investigation indicated the following:</p> <p>"1. Consumers were compensated for their missing funds (by 1/29/16). 2. A new procedure for counting consumers' money was developed, which will require that two employees be present for the counts as possible (by 2/1/16). 3. Staff will be trained on the new policy for consumer funds and money counts (by 2/1/16)...." The facility's corrective</p> | | | |

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| | <p>action section failed to indicate what disciplinary action would occur with staff #3. The facility's investigative report indicated the above mentioned recommended corrective action, to train staff, was completed on 2/8/16 after the second incident of theft occurred.</p> <p>The facility's 2/3/16 Discipline Written Warning for staff #3 was reviewed on 4/18/16 at 12:25 PM. The facility's 2/3/16 disciplinary form indicated staff #3 received a written warning in regard to the clients' missing funds which indicated "...Staff, [staff #3] was found to likely be responsible for missing money. [Staff #3] understands that incident was reported to local law enforcement; however there was not sufficient evidence to find [staff #3] guilty of theft. [Staff #3] understands she will not be paid for missed shift on 1-31-16." The disciplinary form indicated "[Staff #3] understand she is responsible to ensure upon shift she is to have a second staff verify the amount of money and upon completing shift have a second staff count money before leaving. Failure to comply will result in further disciplinary."</p> <p>Interview with the Adult Services Manager (ASM) on 4/7/16 at 3:25 PM indicated the missing funds were found</p> | | | | | | |

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| | <p>by QIDP #1 when QIDP #1 was looking through the clients' financial logs as the group home's supervisor had retired. When asked how the clients' financial logs were being monitored prior to the 1/28/16 theft, the ASM stated the group home supervisor was to be checking the logs "every couple of weeks." The ASM indicated after the initial January 2016 theft, the facility put a new system of counting the clients' funds in place. The ASM indicated 2 facility staff were to count and initial the clients' financial logs when counting every shift. The ASM indicated staff #3 was retrained along with facility staff in regard to following the new procedure for counting. The ASM indicated there was evidence the money came up missing when staff #3 worked but they could not prove staff #3 took the money.</p> <p>Interview with Qualified Intellectual Disabilities Professional (QIDP) #1 on 4/18/16 at 11:07 AM, by phone, indicated the first error was found on 1/28/16. QIDP #1 indicated the facility thought staff #3 was the one who took the money but they did not have evidence to prove staff #3 actually took the money. QIDP #1 indicated staff #3 was given a written warning in regard to the client's missing funds. QIDP #1 indicated staff #3 was allowed to return to the group home to</p> | | | | |

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| | <p>work on 2/4/16, and the facility staff, at the group home, were not retrained on the new financial procedure until 2/8/16.</p> <p>2. The facility's reportable incident reports, internal CIRs and/or investigations were reviewed on 4/7/16 at 1:20 PM. The facility's 2/6/16 reportable incident report indicated "On 02/06/2016 staff discovered that [client A] had \$50.50 taken from his spending money in which was not accounted for, Staff has been suspended pending investigation...."</p> <p>The facility's 2/15/16 investigation indicated staff #3 was the staff who was suspended over client A's missing money. The facility's investigation indicated "...After reviewing the client money in question, it was found that a count on 2/4/2016 was performed finding that 60.15\$ (sic) were in [client A's] account. Then, after a count (sic) performed at a later shift that day, [staff #3] documented that [client A] only had 49.65\$ (sic) in his account. Then, after a count was performed the following day by [staff #6], there was only 9.65\$ (sic) left in the account. In total this equals 50.50\$ (sic) in funds that were not accounted for. Per protocol, [staff #6] contacted her supervisor immediately upon finding that the money was missing. [Staff #3] did not. Management suspended [staff #3]</p> | | | |

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| | <p>immediately...Recently, in response to the previous instances, management told staff that there were to be two staff members present for the count. Staff asked [staff #6] if she'd been present for [staff #3's] count that night. [Staff #6] said she had been. Staff then asked if she (staff #6) had stayed for the whole count. [Staff #6] said that she had until the end of the count, and that she'd left as [staff #3] was logging in [client A's] money, at the very end. She said that she counted the log with [staff #3] but that she didn't actually see [staff #3] write in the log entry...." The facility's investigation indicated facility staff interviewed indicated they did not take client A's money. The facility's investigation indicated some staff would "...hurriedly do their counts by coping the prior entries, without actually counting the money themselves...." The facility's 2/15/16 investigation indicated "...Staff attempted to contact [staff #3] several times, on Sunday, Monday, and Tuesday to get her to come and speak to the investigator regarding these matters. She made an appointment to come on Tuesday but canceled at the last minute, stating that she's needed to take her child to the doctor. She then made an appointment to come to CDC on Wednesday morning at 9:00am for the interview. She did not show and made</p> | | | |
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| | <p>no contact with the investigator or her supervisor regarding this. On Thursday, 2/11, staff sent a certified letter to her requesting that she come to the CDC office on Monday morning by 8:00am, for the investigation interview...[Staff #3] failed to make contact with staff by Monday morning, the deadline for the investigation to be completed...." The facility's 2/15/16 investigation indicated "...It is this investigator's findings that this instance of exploitation is substantiated, meaning that through either negligence or intent, staff was responsible for [client A's] money gone missing. While it does seem likely that [staff #3] is responsible for the missing funds, due to a trend of money missing at her checks, her failure to testify on her own behalf in this investigation, and her failing to follow the direction of calling her supervisor after money is found missing, there is insufficient evidence to prove that she was responsible for the missing funds. It is the investigator's recommendation that, in the face of [staff #3] failing to follow protocol in facilitating an investigation, and to notify her supervisor when money is found missing, further disciplinary measures be taken...."</p> <p>The facility's 2/15/16 investigation "Corrective Actions Resulting from</p> | | | |

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| | <p>Investigation" indicated the following (not all inclusive):</p> <ol style="list-style-type: none"> 1. The HAB (habilitation) Coordinator will audit the consumer fund logs randomly to look for errors and suspicious activity. 2. During QI's (Quality Assurance), inspector's will perform random checks on the consumers' fund logs. 3. All group homes will be expected to keep their safes, containing the consumers' funds, in their respective med (medication) Rooms, as stated in ISPs (Individual Support Plans). 4. The code for to enter Country Brook was changed to limit unnecessary entry. Root Cause: Team Lead failed to follow direction from management." The facility's 2/15/16 investigation failed to indicate what happened to staff #3 and/or what disciplinary action was taken. <p>Interview with the ASM on 4/7/16 at 3:25 PM indicated staff #3 had signed the entry on the client A's log when the money was off/missing. The ASM indicated staff #3 was placed on suspension on 2/6/16 for missing money. The ASM indicated staff #3 did not come in for an interview in regard to client A's missing money. The ASM stated staff #3 "self terminated." The ASM indicated client A's money was reimbursed by the</p> | | | |

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| | <p>facility. The ASM indicated facility staff did not follow the two person counting of the money on each shift. The ASM indicated nothing was put in place to monitor staff #3 in regard to the clients' funds.</p> <p>Interview with QIDP #1 on 4/18/16 at 12:10 PM, by phone, indicated staff #3 returned to work after the 1/28/16 allegation of theft/exploitation. QIDP #1 indicated staff #3 was given a written warning after the missing funds on 1/28/16, but staff #3 did not come back to work once she was suspended on 2/6/16. QIDP #1 indicated staff #3 terminated herself by not participating in the investigation. QIDP #1 indicated the count procedure was put in place after the first investigation was done on 1/28/16. QIDP #1 indicated facility staff was not formally trained on the new protocol until 2/8/16.</p> <p>This federal tag relates to complaint #IN00193149.</p> <p>9-3-2(a)</p> | | | | |