

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G119	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2015
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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W 0000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00172164.</p> <p>COMPLAINT #IN00172164: SUBSTANTIATED, federal and state deficiencies related to the allegations are cited at W104, W140, W142, W149, W153, and W154.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: June 11, 12, 23, 25, 30 and July 1, and 2, 2015.</p> <p>Facility number: 000656 Provider number: 15G119 AIM number: 100234050</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
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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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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the facility's governing body failed to ensure an accurate accounting of client funds and and failed to ensure a guardian's requests for financial statements were provided in a timely and consistent manner for 1 of 3 sampled clients (A). The governing body failed to develop and/or implement their abuse/neglect policy to ensure allegations of misappropriations of funds were immediately identified, reported, and thoroughly investigated for 6 of 8 clients (A, B, C, F, G, and H).</p> <p>Based on record review and interview, the facility's governing body failed to ensure the nursing services developed and/or implemented a care plan for urinary incontinence which identified the signs and symptoms of urinary tract infection, how staff were to assist the client in managing their urinary incontinence (adult briefs and/or voiding schedule), and protocol for proper peri area hygiene to prevent recurrent urinary</p>	W 0104	<p>W104</p> <p>Peak will ensure an accurate accounting of client funds and ensure guardian's requests for financial statements will be provided in a timely manner. Peak will develop and implement their abuse/ neglect policy to ensure allegations of misappropriations of funds will be immediately identified, reported and thoroughly investigated.</p> <p>Client A's Guardian requested financial documents from 2013 and 2014 from House Coordinator and Residential Director on more than one occasion. The State Surveyor concluded that the documents were not presented in a timely manner. Both of those staff are no longer at employed by Peak Community Services. When the guardian obtained and analyzed the financial documents, she asked questions about how money was spent.</p> <ol style="list-style-type: none"> The CFO completed an internal financial review at that time. Peak responded to the guardian that all purchases during that timeframe were supported 	08/01/2015	

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	<p>tract infections for 1 additional client (G) with a diagnosis of urinary incontinence and a history of urinary tract infection. The facility's governing body failed to ensure the nursing services ensured medications were administered per the physicians' orders for 2 of 3 sampled clients (B,C) and 3 additional clients (D, G, H), failed to ensure controlled medications were stored and supervised under proper conditions of security to prevent theft for 1 additional client (H) and failed to ensure medications were kept locked when staff left the medication area for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>1. Please see W140. The facility's governing body failed to ensure a full and complete accounting of a client's personal funds and items purchased with client funds entrusted to the facility on behalf of the client (A).</p> <p>2. Please see W142. The facility's governing body failed to ensure a client's financial record was available upon request to the legal guardian for a client (A).</p> <p>3. Please see W149. The facility's governing body failed to develop and/or</p>		<p>with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. However, in a gesture of good will toward the guardian, Peak reimbursed \$120 to Client A on 6/25/14 for purchases with which the Client A's Guardian disagreed.</p> <p>3. Since all purchases met the criteria for appropriate personal needs spending per the Federal Guide for Representative Payees, we did not file a BDDS Incident Report.</p> <p>4. The CFO indicated she did not think Client A's money spent on house Christmas decorations was a misappropriation of funds, as the Representative Payee guidelines allowed for this expenditure as long as Client A keeps the decorations and they do not go to the house in general. In an e-mail to the Director of Residential Services on 5/7/14, Client A's Guardian inquired as to how many residents purchased Christmas decorations on the same date as Client A. Believing that Christmas decorations were an allowed purchase under Federal Representative Payee guidelines, no BDDS incident report was filed at that time for Clients A, B, C, F, G, and H.</p> <p>5. The representative of the State of Indiana disagreed with items 3 and 4.</p> <p>Peak Community Services Staff</p>				

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	<p>implement their abuse/neglect policy to ensure the identification, reporting, and thorough investigation of misappropriation of funds for clients (A, B, C, F, G, and H) and failed to develop and/or implement their abuse/neglect policy to ensure controlled medications were stored under proper conditions of security to prevent theft for 1 additional client (H).</p> <p>4. Please see W153. The facility's governing body failed to ensure all allegations of misappropriation of funds were immediately reported to BDDS (Bureau of Developmental Disabilities Services) for clients (A, B, C, F, G, and H).</p> <p>5. Please see W154. The facility's governing body failed to ensure all allegations of misappropriation of funds were thoroughly investigated for clients (A, B, C, F, G, and H).</p> <p>6. Please see W331. The facility's nursing services failed to develop and/or implement a care plan for urinary incontinence which identified the signs and symptoms of urinary tract infection, how staff were to assist client in managing their urinary incontinence (adult briefs and/or voiding schedule), and protocol for proper peri area hygiene</p>		<p>received training on 7/28/2015 on the process of providing financial information to the guardian or client per the Supervised Group Living Manual in a timely manner. Staff received training on 7/28/2015 on completing inventory list on a quarterly basis and to update the inventory list when items are purchased or discarded based upon the Supervised Group Living Procedure Manual. Training was also provided on 7/29/2015 regarding recordkeeping for client financials and items covered by the Medicaid per diem.</p> <p>On 7/27/15, the CFO completed an internal review of Clients A, B, C, F, G, and H financial records from 2013 to the current date. BDDS Incident Reports have been filed for Clients A, B, C, F, G, and H since Client A's Guardian has stated that she feels there were improper expenditures made on behalf of these clients and their representative of the State of Indiana agreed.</p> <p>Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day.</p> <p>Per the Supervised Group Living Procedure Manual, all Supervised</p>				

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	<p>to prevent recurrent urinary tract infections (G). The facility's nursing services failed to ensure medications were administered per the physicians' orders (B,C, D, G, and H), and failed to ensure medications were kept locked when staff left the medication area (A).</p> <p>This federal tag relates to complaints #IN00172164.</p> <p>9-3-1(a)</p>		<p>GroupLiving clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Systemically:</p> <ol style="list-style-type: none"> 1. Peak Supervised Group Living staff will receive training on the process of providing financial information to the guardian or client per the Supervised Group Living Manual. 2. Staff will receive training on the completing inventory list on a quarterly basis and updating the inventory list when items are purchased or discarded per the client or guardian based upon the Supervised Group Living Procedure Manual. 3. Training will be provided quarterly to staff on the 		

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W 0140	483.420(b)(1)(i) CLIENT FINANCES		<p>importance of accurate recordkeeping for client financials and items covered by the Medicaid per diem.</p> <p>4. All Supervised Group Living clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services.</p> <p>5. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Nicki Gunter, CFO Sandra Beckett, QDDP</p> <p>Completion Date: 07/29/2015</p>	

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Bldg. 00	<p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview, the facility failed to ensure a full and complete accounting of a client's personal funds and items purchased with client funds entrusted to the facility on behalf of the client for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>On 6/25/15 at 12:35 PM, during an interview, Client A's guardian indicated she had made an allegation of misappropriation of Client A's funds after the House Manager indicated \$104.72 had been spent in December 2013 for house holiday decorations and wrapping paper. The guardian indicated facility staff were not prompt in responding to her requests to review Client A's financial records dating back to Client A's admission into the facility on 11/16/10. The guardian provided documentation of the following timeline of events (not all inclusive):</p> <p>"04/26/13: Email to [QIDP (Qualified Intellectual Disabilities Professional)] and [HM (House Manager)], asking 'again' for her personal inventory because I (Client A's Guardian) need to file it with</p>	W 0140	<p>W140</p> <p>Peak will ensure an accurate accounting of client funds and ensure guardian's requests for financial statements will be provided in a timely manner. Peak will develop and implement their abuse/ neglect policy to ensure allegations of misappropriations of funds will be immediately identified, reported and thoroughly investigated.</p> <p>Client A's Guardian requested financial documents from 2013 and 2014 from House Coordinator and Residential Director on more than one occasion. The State Surveyor concluded that the documents were not presented in a timely manner. Both of those staff are no longer employed by Peak Community Services. When the guardian obtained and analyzed the financial documents, she asked questions about how money was spent.</p> <ol style="list-style-type: none"> The CFO completed an internal financial review at that time. Peak responded to the guardian that all purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. However, in a gesture 	08/01/2015			

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	<p>the Court, per [Attorney].</p> <p>On 04/30/13 received an inventory dated 07/21/12.</p> <p>On 05/06/13 I requested an updated inventory.</p> <p>On 06/20/13 I received the same one, dated 07/21/12. I gave up and gave that one to the Court. This is the inventory that is on file with the Court.</p> <p>01/27/14 Email to [QIDP] noting it takes months of asking to get personal inventory from house personnel, and I'm concerned I can't get financial information.</p> <p>Back to the email of 01/27 (2014), I was also concerned because house manager noted during 01/09 (2014) meeting they had 'spent some of her money for her' at Christmas, and information was not being turned over to me as requested. At the January meeting, expecting to receive financial information from 2013, I received nothing.</p> <p>02/13/14 Email to [QIDP] noting I have still not received financial updated inventory or financials, specifically list of things purchased out of her account in December (2013).</p>		<p>of good will toward the guardian, Peak reimbursed \$120 to Client A on 6/25/14 for purchases with which the Client A's Guardian disagreed.</p> <p>3. Since all purchases met the criteria for appropriate personal needs spending per the Federal Guide for Representative Payees, we did not file a BDDS Incident Report.</p> <p>4. The CFO indicated she did not think Client A's money spent on house Christmas decorations was a misappropriation of funds, as the Representative Payee guidelines allowed for this expenditure as long as Client A keeps the decorations and they do not go to the house in general. In an e-mail to the Director of Residential Services on 5/7/14, Client A's Guardian inquired as to how many residents purchased Christmas decorations on the same date as Client A. Believing that Christmas decorations were an allowed purchase under Federal Representative Payee guidelines, no BDDS incident report was filed at that time for Clients A, B, C, F, G, and H.</p> <p>5. The representative of the State of Indiana disagreed with items 3 and 4.</p> <p>Peak Community Services Staff received training on 7/28/2015 on the process of providing financial information to the guardian or client per the Supervised Group Living Manual in a timely</p>		

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	<p>02/25/14 Email FROM [QIDP] asking if [HM] had gotten information to me regarding the inventory or the financials. (The answer was 'no').</p> <p>03/03/14 Email to [QIDP] noting I had not received financial information from house as requested.</p> <p>04/02/14 Email to [Guardian Ad Litum (GAL)] asking for meeting. Was not happy with state of [Client A]'s financial affairs. I had finally received some - not all - financials, saw inconsistencies, had asked Peak to respond but was still waiting on a response.</p> <p>04/04/14 Email to [GAL] letting her know I was having difficulty reconciling petty cash accounts due to lack of records.</p> <p>04/06/14 Email to [GAL] letting her know I did not receive a bank statement for September 2013 or January or February 2014 (March probably not in hand), nor did I receive petty cash statements for April, August, September and December 2013 or January, February, March 2014. I enumerated several concerns about purchases made from her petty cash and checking accounts. I noted not receiving one-on-one reports and</p>		<p>manner. Staff received training on 7/28/2015 on completing inventory list on a quarterly basis and to update the inventory list when items are purchased or discarded based upon the Supervised Group Living Procedure Manual. Training was also provided on 7/29/2015 regarding recordkeeping for client financials and items covered by the Medicaid per diem.</p> <p>On 7/27/15, the CFO completed an internal review of Clients A, B, C, F, G, and H financial records from 2013 to the current date. BDDS Incident Reports have been filed for Clients A, B, C, F, G, and H since Client A's Guardian has stated that she feels there were improper expenditures made on behalf of these clients and the representative of the State of Indiana agreed.</p> <p>Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day. Per the Supervised Group Living Procedure Manual, all Supervised Group Living clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client</p>	

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	<p>medical reports.</p> <p>04/28/14 Email to [GAL] to [Director]. This was after the meeting with [Director], and I was following up. [Director] had noted during the meeting that the purchases of sugared and caffeinated sodas - in huge quantities - were for [Client A]. I had spoken to a house staff member to confirm soda purchases could not be for [Client A]. There are several reasons they could not be for her. 1. Soda is not allowed at the house. 2. Clients have to purchase their own soda for lunches (I don't understand that), and they are allowed to take only one 12-ounce can for each lunch. 3. Most importantly, [Client A] cannot have caffeinated drinks because of her seizure medication. 4. Sugared sodas would heighten her already heightened energy level.</p> <p>05/03/14 Emails to [Director] and [GAL] had attached my documentation of the questions I still had regarding [Client A]'s finances.</p> <p>05/17/14 Email to [GAL] just noting some of my 'bad feelings' about staffing issues at Peak, rumors of potential program changes, noting one staff person - again and again and again - was signing off on purchases from [Client A]'s petty</p>		<p>accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Systemically:</p> <ol style="list-style-type: none"> 1. Peak Supervised Group Living staff will receive training on the process of providing financial information to the guardian or client per the Supervised Group Living Manual. 2. Staff will receive training on the completing inventory list on a quarterly basis and updating the inventory list when items are purchased or discarded per the client or guardian based upon the Supervised Group Living Procedure Manual. 3. Training will be provided quarterly to staff on the importance of accurate record keeping for client financials and items covered by the Medicaid per diem. 4. All Supervised Group Living 				

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	<p>cash that could not possibly be for [Client A]'s use, and this staff person was still employed, and I had heard about a physical altercation between staff members...</p> <p>07/02/14 Email to [GAL] confirming [Client A]'s account was reimbursed by Peak, but I couldn't tell what items (from my list to them) were reimbursed. (\$120 was deposited into her account without conversation.) Noted I was still waiting on updated checking and petty cash account records. Noted since I had requested bi-monthly inventories, they had not given any, and I should have received one May 1 and July 1. I was giving her this information so she could set up another meeting with Peak.</p> <p>07/11/14 Documents received from Peak via email; [Peak Vice President] noted the February bank statement was missing and would be sent with the June statement (which would be delivered to me in mid-August.)</p> <p>07/14/14 Email to [GAL], giving her my notations of what I believed [Client A] was owed in 2013, and noting I could go no further with 2014 until I had February bank statement.</p> <p>07/25/14 Emails to [GAL]. I had attached</p>		<p>clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services.</p> <p>5. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Nicki Gunter, CFO Sandra Beckett, QDDP</p> <p>Completion Date: 07/29/2015</p>		

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	<p>complete detail from January 2013 through May 2014 of what I believed Peak Community Services owed [Client A]. I noted to [GAL] I was willing to discuss these items with Peak to see if they were in disagreement with them. I believe [GAL] shared these documents in their entirety with Peak, so they would have seen my individual requests for reimbursement as well as my statement that I was willing to discuss anything with which they did not agree.</p> <p>09/05/14 Emails to and from [GAL], updating her on the budget meeting I finally was able to have with Peak staff...I made it clear to Peak staff her money was not to be used for meals out when it was clearly for the convenience of staff, meals out were for outings or for one-on-ones that were goal-related...reiterated with [GAL] I was going to request to see [Client A]'s financials from the date of her placement - formally and in writing - to see if funds were owed that could be placed on her funeral trust.</p> <p>09/08/14 Email to [Peak Vice President], noting I had made verbal requests to see financials from date of [Client A]'s placement, and on 05/07, in an email, I 'repeated a request to see [Client A]'s financial records from the date of her placement.' Noted I had never heard from</p>			

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	<p>them about that request. Noted [Client A] has a right to see her records and she cannot speak for herself, and even though I have only been her guardian since March 2013, I was making this request on her behalf...</p> <p>10/02/14 Not receiving a response from Peak about [Client A]'s financials, I sent an email to the [Board Chair]. In addition to personal pleas to her, I copied the last email to [Peak Vice President], which detailed my request and showed her my attempts to solve this at the staff level.</p> <p>10/06/14 Email from [Peak Chief Executive Officer (CEO)]. (Board Chair had forwarded my email to him.) Email said, 'We are in the process of conducting an internal review of this matter. Our response to you will come through our attorney [Attorney] once we have completed that review within the next thirty days. If you have questions concerning that process, please direct them to him at the above email.'</p> <p>10/13/14 Email to [GAL] giving him my list of concerns. Stopped into office and asked [QIDP] about [Client A's] CURRENT financials, not the past financials that are apparently in some sort of review. They are late getting me current records. [QIDP]'s response was</p>			

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	<p>that I would have to talk to [CEO]. I had already noted in an email to [Peak Attorney] that current financial reports were overdue, so apparently I am to wait for the 30-day review to end in order to receive current information.</p> <p>11/20/14 Emails to and from [Peak Attorney]. He told me 'I (sic) talking with Peak, the written material that you picked up is all that Peak has. They have had new staffing over the past several months.' I replied I did not accept that as an answer, noted they sill owed [Client A] \$22.18 from other records I did have and they have never communicated with me why they don't think they owe her that amount...</p> <p>11/24/14 Email to [Peak Attorney]. Regarding his statement Peak did not have paperwork in their possession about [Client A]'s financials from January 2010 - December 2012 (and I still did not believe that), they could ask the bank to produce her checking account statements from that period of time, allowing me to at least check that her income was correct.</p> <p>11/27/14 Email to [Peak Attorney] requesting updated Client Handbook, noting 2012 handbook says any misappropriation of personal funds is a</p>			

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	<p>violation of client rights and says any client has a right to see her personal records."</p> <p>Record review of Client A's Guardian's documentation also included the following (not all inclusive):</p> <p>"Summary of items in dispute:</p> <ul style="list-style-type: none"> * Reimbursement due per 2013 checking account statements (detail below): \$126.72 * Reimbursement due per 2013 petty cash statements (detail below): \$114.08 * Reimbursement due per 2014 petty cash statements (through May, detail below): \$21.38 * Total reimbursement requested: \$262.18 * Reimbursement received from Peak already: \$120.00 * Still due: \$142.18 <p>Checkbook Detail:</p> <ul style="list-style-type: none"> *December 2013: \$104.72 spent on decorations and wrapping paper for the house. This is an absolutely forbidden expenditure from any agency that licenses or accredits Peak Community Services. * Income for the year was short by \$22. 			

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	<p>Checkbook Detail - Didn't Include In Total But Questioned The Purchase:</p> <p>* August 2013: Two pairs of tennis shoes from [name of store] for \$117.68. I did not add this into the totals, because I could not verify if new shoes went into personal inventory. They apparently only do inventory once per year, and you can't tell. I have requested inventories be given to me every other month.</p> <p>* December 10, 2013, writing this document, after looking through inventories I have:</p> <ul style="list-style-type: none"> - 07/21/12: 7 pairs of shoes - 01/21/14: 7 pairs of shoes - There was no notation that 2 pairs of shoes were replaced with new shoes. \$117.68 needs to go back into the mix of money owed her. Per the receipt, these two shoes were 2 of the same item, [Brand Name]. - Starting mid-December, they started giving me monthly inventories. <p>Petty Cash Detail: NOTE: For any receipt that shows more than one meal was purchased using her personal funds, I asked for reimbursement for all of it.</p> <p>02/14/13: \$3.56 for diet pop. This should not be allowed, because on 01/07, they</p>			

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	<p>spent \$10.69 for 3 cases of diet orange soda. She would drink no soda at the house. She would have one can for lunch for each work day, or 5 cans per day. One case of diet soda would last 1 day short of 5 weeks, more if there was a holiday. Since they purchased 3 cases, that would be a little over 14 weeks of soda, and she should not have had expenditure so early.</p> <p>02/25/13: \$4.28 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #1] and one at [restaurant #2].</p> <p>02/28/13: \$4.79 and \$5.35. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/02/13: \$3.95 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/24/13: \$6.15: there was a meal out on Saturday and a meal out on Sunday. In all of these meals, there is never an accompanying one-on-one sheet filled out so it can be shown what GOAL she was working on when her personal funds were spent on meals. The house has a budget to provide nutritious meals, and they should not be forcing clients to</p>			

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	<p>purchase meals when it is clearly for the convenience of staff (to not have to cook).</p> <p>07/31/13: \$11.77 for large bottles of soda. Again, she only takes CANS to work and does not drink soda at the house. In addition, because of medications she takes, she cannot have caffeine. The items purchased were large bottles of Diet Dr. Chill, Diet CaffFree Cola, Superchill Ginger Ale, and Diet Lemon Lime.</p> <p>08/17/13: \$10.70 for a medium pizza (instead of a typical meal for her, a personal pizza). This would not have been for her alone.</p> <p>09/07/13: \$40.53 for 'shopping.' There was one receipt for [restaurant #3] (\$3.84), a receipt from [name of store] (\$34.62 for cases of Diet Cherry Coke, Diet CaffFree Coke, Diet Coke, Pepsi, Pepsi Diet CaffFree, Sierra Mist, Dr. Pepper Diet, Nabisco Triscuits Thins, Triscuit Minis, Triscuits Frosted, and <u>4 16-ounce Monster drinks.</u>)</p> <p>12/04/13: \$16.55 at [restaurant #5]. There were two meals on the receipt.</p> <p>02/16/14: I requested \$21.38 reimbursement from total expenditures of</p>			

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	<p>\$46.88 [name of store] receipt was for cases of Ginger Ale, 2 Dr. Pepper Diet, Mountain Dew Diet.</p> <p>Petty Cash Detail - Didn't Include In Total But Questioned The Purchase:</p> <p>04/28/13: [name of store] \$11.77 for 'pop and candy' - this is all the receipt said. It has been close to 14 weeks, so possibly, this is her diet decaf for a while, but for how long??? Let's assume another 14 weeks.</p> <p>12/08/13: \$10.69 for a bottle of Posh Fragrance. I didn't add it, but I don't think [Client A] would choose to spend this much of her personal money on a fragrance, since she doesn't wear fragrance."</p> <p>On 7/01/15 at 4:35 PM during an interview, the CFO (Chief Financial Office) indicated there was no documentation of the facility's internal investigation regarding Client A's Guardian's allegations of misappropriation of funds. The CFO indicated the House Manager was interviewed and indicated all the funds were spent appropriately and the funds and receipts were reviewed and balanced correctly. The CFO indicated she did not think Client A's money spent on house</p>			

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W 0142 Bldg. 00	<p>Christmas decorations was a misappropriation of funds because of guidelines from Social Security on the responsibilities of the Representative Payee of client funds. The CFO indicated she was not as familiar with Medicaid's Per Diem guidelines (the funds paid by Medicaid for services to clients in a supported group living home). The CFO indicated she was not aware of the differences between the two guidelines. The CFO indicated after Peak's Vice President resigned and the House Coordinator was no longer employed by Peak, the financial situation had been fixed and the guardian has gotten monthly statements of Client A's finances.</p> <p>This federal tag relates to complaints #IN00172164.</p> <p>9-3-2(a)</p> <p>483.420(b)(2) CLIENT FINANCES</p> <p>The client's financial record must be available on request to the client, parents (if the client is a minor) or legal guardian.</p>			
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	<p>Based on record review and interview, the facility failed to ensure a client's financial record was available upon request to the legal guardian for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>On 6/25/15 at 12:35 PM, during an interview, Client A's guardian indicated she had made an allegation of misappropriation of Client A's funds after the House Manager indicated \$104.72 had been spent in December 2013 for house holiday decorations and wrapping paper. Client A's Guardian indicated facility staff were not prompt in responding to her requests to review Client #A's financial records dating back to Client #A's admission into the facility on 11/16/10. The guardian provided documentation of the following timeline of events (not all inclusive):</p> <p>"04/26/13: Email to [QIDP (Qualified Intellectual Disabilities Professional)] and [HM (House Manager)], asking 'again' for her personal inventory because I (Client A's Guardian) need to file it with the Court, per [Attorney].</p> <p>On 04/30/13 received an inventory dated 07/21/12.</p>	W 0142	<p>W142</p> <p>Peak will ensure the client's financial record must be available onrequest for the client, parents or legal guardian.</p> <p>Peak will ensure an accurate accounting of client funds and ensureguardian's requests for financial statements will be provided in a timelymanner. Peak will develop and implement their abuse/ neglect policy to ensureallegations of misappropriations of funds will be immediately identified,reported and thoroughly investigated.</p> <p>Client A's Guardian requested financial documents from 2013 and 2014from House Coordinator and Residential Director on more than one occasion. The State Surveyor concluded that thedocuments were not presented in a timely manner. Both of those staff are no longer at employedby Peak Community Services. When theguardian obtained and analyzed the financial documents, she asked questionsabout how money was spent.</p> <ol style="list-style-type: none"> TheCFO completed an internal financial review at that time. Peakresponded to the guardian that all purchases during that timeframe weresupported with receipts and fit within the Federal Guide for RepresentativePayees for 	08/01/2015			

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	<p>On 05/06/13 I requested an updated inventory.</p> <p>On 06/20/13 I received the same one, dated 07/21/12. I gave up and gave that one to the Court. This is the inventory that is on file with the Court.</p> <p>01/09/14 Had the annual meeting with [QIDP] and [HM].</p> <p>01/27/14 Email to [QIDP] noting it takes months of asking to get personal inventory from house personnel, and I'm concerned I can't get financial information.</p> <p>Back to the email of 01/27 (2014), I was also concerned because house manager noted during 01/09 (2014) meeting they had 'spent some of her money for her' at Christmas, and information was not being turned over to me as requested. At the January meeting, expecting to receive financial information from 2013, I received nothing.</p> <p>02/13/14 Email to [QIDP] noting I have still not received financial updated inventory or financials, specifically list of things purchased out of her account in December (2013).</p>		<p>spending the funds on behalf of the client. However, in a gesture of good will toward the guardian, Peak reimbursed \$120 to Client A on 6/25/14 for purchases with which the Client A's Guardian disagreed.</p> <p>3. Since all purchases met the criteria for appropriate personal needs spending per the Federal Guide for Representative Payees, we did not file a BDDS Incident Report.</p> <p>4. The CFO indicated she did not think Client A's money spent on house Christmas decorations was a misappropriation of funds, as the Representative Payee guidelines allowed for this expenditure as long as Client A keeps the decorations and they do not go to the house in general. In an e-mail to the Director of Residential Services on 5/7/14, Client A's Guardian inquired as to how many residents purchased Christmas decorations on the same date as Client A. Believing that Christmas decorations were an allowed purchase under Federal Representative Payee guidelines, no BDDS incident report was filed at that time for Clients A, B, C, F, G, and H.</p> <p>5. The representative of the State of Indiana disagreed with items 3 and 4.</p> <p>Peak Community Services Staff received training on 7/28/2015 on the process of providing financial information to the guardian or</p>		

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	<p>02/25/14 Email FROM [QIDP] asking if [HM] had gotten information to me regarding the inventory or the financials. (The answer was 'no').</p> <p>03/03/14 Email to [QIDP] noting I had not received financial information from house as requested.</p> <p>04/02/14 Email to [Guardian Ad Litum (GAL)] asking for meeting. Was not happy with state of [Client A]'s financial affairs. I had finally received some - not all - financials, saw inconsistencies, had asked Peak to respond but was still waiting on a response.</p> <p>04/04/14 Email to [GAL] letting her know I was having difficulty reconciling petty cash accounts due to lack of records.</p> <p>04/06/14 Email to [GAL] letting her know I did not receive a bank statement for September 2013 or January or February 2014 (March probably not in hand), nor did I receive petty cash statements for April, August, September and December 2013 or January, February, March 2014.</p> <p>07/02/14 Email to [GAL] confirming [Client A]'s account was reimbursed by Peak, but I couldn't tell what items (from</p>		<p>client per the Supervised Group Living Manual in a timely manner. Staff received training on 7/28/2015 on completing inventory list on a quarterly basis and to update the inventory list when items are purchased or discarded based upon the Supervised Group Living Procedure Manual. Training was also provided on 7/29/2015 regarding recordkeeping for client financials and items covered by the Medicaid per diem.</p> <p>On 7/27/15, the CFO completed an internal review of Clients A, B, C, F, G, and H financial records from 2013 to the current date. BDDS Incident Reports have been filed for Clients A, B, C, F, G, and H since Client A's Guardian has stated that she feels there were improper expenditures made on behalf of these clients and their representative of the State of Indiana agreed.</p> <p>Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day.</p> <p>Per the Supervised Group Living Procedure Manual, all Supervised Group Living clients' personal fund accounts are internally audited at</p>	

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	<p>my list to them) were reimbursed. (\$120 was deposited into her account without conversation.) Noted I was still waiting on updated checking and petty cash account records. Noted since I had requested bi-monthly inventories, they had not given any, and I should have received one May 1 and July 1. I was giving her this information so she could set up another meeting with Peak.</p> <p>07/07/14 Letter from [GAL] to [Peak Vice President] requesting meeting regarding my concerns. (Meeting never held.)</p> <p>07/09/14 Email FROM [Peak Vice President] TO [GAL] apologizing that information I had requested in April had still not been delivered and assuring her it would be given by July 11.</p> <p>07/11/14 Documents received from Peak via email; [Peak Vice President] noted the February bank statement was missing and would be sent with the June statement (which would be delivered to me in mid-August.)</p> <p>07/14/14 Email to [GAL], giving her my notations of what I believed [Client A] was owed in 2013, and noting I could go no further with 2014 until I had February bank statement.</p>		<p>least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Systemically:</p> <ol style="list-style-type: none"> 1. Peak Supervised Group Living staff will receive training on the process of providing financial information to the guardian or client per the Supervised Group Living Manual. 2. Staff will receive training on the completing inventory list on a quarterly basis and updating the inventory list when items are purchased or discarded per the client or guardian based upon the Supervised Group Living Procedure Manual. 3. Training will be provided quarterly to staff on the importance of accurate 				

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	<p>07/25/14 Emails to [HM] and [QIDP] at Peak...asked for budget meeting to determine what her money should and should not be used for (hair coloring not necessary, eating out when the house has a budget for nutritious meals, etc). Noted I wanted her to be able to have \$\$ (money) for house outings and for everything else she needs.</p> <p>08/04/14 Email to [HM] and [QIDP]. Still waiting to hear about budget meeting; noting financials are overdue...</p> <p>08/19/14 Budget meeting finally set with [HM].</p> <p>08/24/14 Email FROM [HM]. Had to reschedule meeting.</p> <p>09/05/14 Emails to and from [GAL], updating her on the budget meeting I finally was able to have with Peak staff...I made it clear to Peak staff her money was not to be used for meals out when it was clearly for the convenience of staff, meals out were for outings or for one-on-ones that were goal-related...reiterated with [GAL] I was going to request to see [Client A]'s financials from the date of her placement - formally and in writing - to see if funds were owed that could be placed on her funeral trust.</p>		<p>recordkeepingfor client financials and items covered by the Medicaid per diem.</p> <p>4. AllSupervised Group Living clients' personal fund accounts are internally auditedat least monthly, and with an external audit completed at least semi-annuallyfor a sample of clients to ensure that client accounts are accurate andappropriately utilized. The external auditor reviews a sampling of clientrecords on a semi-annual basis and findings are provided to the CFO andDirectors of Residential Services.</p> <p>5. Ifa discrepancy is found by the external auditor, the sample is expanded toinclude all client financial records maintained by the Site Coordinator for thereview period. If any discrepancies arefound during the internal or external audits, the Site Coordinator is counseledand restitution is made to the affected client(s) within 10 business days.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Nicki Gunter, CFO Sandra Beckett, QDDP</p> <p>Completion Date: 07/29/2015</p>				

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	<p>09/08/14 Email to [Peak Vice President], noting I had made verbal requests to see financials from date of [Client A]'s placement, and on 05/07, in an email, I 'repeated a request to see [Client A]'s financial records from the date of her placement.' Noted I had never heard from them about that request. Noted [Client A] has a right to see her records and she cannot speak for herself, and even though I have only been her guardian since March 2013, I was making this request on her behalf. Noted again the funeral trust expense. Outlined the history, from January 2013 - February 2014, I had noted an amount of \$262 owed her by Peak. Noted if it was true for that period of time, it was probably true from 2010 through 2012. Noted once I looked at records it could be determined that Peak owed her nothing, but I wanted to be sure. Noted the still not-paid \$22.18 Peak still owed her, and if they did not agree with me, they could point out my error. He replied he would talk to [Chief Financial Officer] and get back with me. He never got back with me.</p> <p>10/02/14 Not receiving a response from Peak about [Client A]'s financials, I sent an email to the [Board Chair]. In addition to personal pleas to her, I copied the last email to [Peak Vice President], which</p>			

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	<p>detailed my request and showed her my attempts to solve this at the staff level.</p> <p>10/06/14 Email from [Peak Chief Executive Officer (CEO)]. (Board Chair had forwarded my email to him.) Email said, 'We are in the process of conducting an internal review of this matter. Our response to you will come through our attorney [Attorney] once we have completed that review within the next thirty days. If you have questions concerning that process, please direct them to him at the above email.'</p> <p>10/07/14 Email to [Peak Attorney] giving him a list of concerns.</p> <p>10/13/14 Email to [GAL] giving him my list of concerns. Stopped into office and asked [QIDP] about [Client A's] CURRENT financials, not the past financials that are apparently in some sort of review. They are late getting me current records. [QIDP]'s response was that I would have to talk to [CEO]. I had already noted in an email to [Peak Attorney] that current financial reports were overdue, so apparently I am to wait for the 30-day review to end in order to receive current information.</p> <p>11/10/14 Sent an email to [Peak Attorney], noting Peak had exceed their</p>			

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	<p>self-imposed 30-day review time. When he responded, he said the packet was too big to mail and I should come to his office (in Logansport) to pick it up. I made arrangements to pick it up on a day I would be in town for another appointment.</p> <p>11/17/14 Series of emails to and from [Peak Attorney], noting the packet of less than one inch in height of 8 1/2 x 11 paper was a mailing burden that Peak could have easily handled and in future I expected them to be sent or mailed. Thanked him for current financial information (petty cash through October and checking account through October 17)... Noted there was no financial information included from the date of her placement through December 2012. In short, this 30-day review period gave me absolutely nothing I didn't already have except for current financial information that had been overdue.</p> <p>11/20/14 Emails to and from [Peak Attorney]. He told me 'I (sic) talking with Peak, the written material that you picked up is all that Peak has. They have had new staffing over the past several months.' I replied I did not accept that as an answer, noted they still owed [Client A] \$22.18 from other records I did have and they have never communicated with</p>			

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	<p>me why they don't think they owe her that amount, and [Client A] was still overdue for medical...</p> <p>11/24/14 Email to [Peak Attorney]. Regarding his statement Peak did not have paperwork in their possession about [Client A]'s financials from January 2010 - December 2012 (and I still did not believe that), they could ask the bank to produce her checking account statements from that period of time, allowing me to at least check that her income was correct.</p> <p>11/27/14 Email to [Peak Attorney] requesting updated Client Handbook, noting 2012 handbook says any misappropriation of personal funds is a violation of client rights and says any client has a right to see her personal records."</p> <p>On 7/1/15 at 2:03 PM, the facility's policy regarding "Financial Management" (undated) indicated the following (not all inclusive):</p> <p>"Personal Funds, Use of:</p> <p>...Peak Community Services shall provide monthly account balances and records of transactions to the client and/or the client's legal representative</p>			

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	<p>upon request."</p> <p>On 6/30/15 at 2:06 PM, the CFO (Chief Financial Officer) stated in an email "Within the past two years, a guardian was unhappy with purchases that a client had made with her \$52 personal spending allowance." The CFO stated "The guardian then requested to see the client's financial records between the time the client moved into the home and the time the guardian was appointed. The dates requested were outside of our retention schedule as stated in the Federal Guide for Representative Payees, so there were no records to provide to her. We secured copies of bank statements for that time period and provided those to the guardian."</p> <p>On 7/01/15 at 4:35 PM during an interview, the CFO indicated there was no documentation of the facility's internal investigation regarding Client A's Guardian's allegations of misappropriation of funds. The CFO indicated after Peak's Vice President resigned and the House Coordinator was no longer employed by Peak, the financial situation had been fixed and the guardian has gotten monthly statements of Client A's finances since.</p> <p>This federal tag relates to complaints</p>			

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W 0149 Bldg. 00	<p>#IN00172164.</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.</p> <p>Based on record review and interview, the facility failed to develop and/or implement their abuse/neglect policy to ensure the identification, reporting, and thorough investigation of misappropriation of funds for 1 of 3 sampled clients (A, B, and C) and 3 additional clients (F, G, and H).</p> <p>Based on record review and interview, the facility failed to develop and/or implement their abuse/neglect policy to ensure controlled medications were stored under proper conditions of security to prevent theft for 1 additional client (H).</p>	W 0149	<p>W149 W149 Peak is committed to develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Peak will ensure an accurate accounting of client funds and ensure guardian's requests for financial statements will be provided in a timely manner. Peak will develop and implement their abuse/ neglect policy to ensure allegations of misappropriations of funds will be immediately identified, reported and thoroughly investigated.</p> <p>Client A's Guardian requested</p>	08/01/2015
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	<p>Findings include:</p> <p>1) On 6/25/15 at 12:35 PM, during an interview, Client A's guardian indicated she had made an allegation of misappropriation of Client A's funds after the House Manager indicated \$104.72 had been spent in December 2013 for house holiday decorations and wrapping paper. Client A's guardian indicated she reported to the facility her concern the other clients (B, C, F, G, H) would have been at risk of having their funds misappropriated for unauthorized purchases for the group home, as well. The guardian indicated facility staff were not prompt in responding to her requests to review Client #A's financial records dating back to Client A's admission into the facility on 11/16/10. The guardian provided documentation of the following timeline of events (not all inclusive):</p> <p>"04/26/13: Email to [QIDP (Qualified Intellectual Disabilities Professional)] and [HM (House Manager)], asking 'again' for her personal inventory because I (Client A's Guardian) need to file it with the Court, per [Attorney].</p> <p>On 04/30/13 received an inventory dated 07/21/12.</p>		<p>financial documents from 2013 and 2014 from House Coordinator and Residential Director on more than one occasion. The State Surveyor concluded that the documents were not presented in a timely manner. Both of those staff are no longer at employed by Peak Community Services. When the guardian obtained and analyzed the financial documents, she asked questions about how money was spent.</p> <ol style="list-style-type: none"> The CFO completed an internal financial review at that time. Peak responded to the guardian that all purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. However, in a gesture of good will toward the guardian, Peak reimbursed \$120 to Client A on 6/25/14 for purchases with which the Client A's Guardian disagreed. Since all purchases met the criteria for appropriate personal needs spending per the Federal Guide for Representative Payees, we did not file a BDDS Incident Report. The CFO indicated she did not think Client A's money spent on house Christmas decorations was a misappropriation of funds, as the Representative Payee guidelines allowed for this 				

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	<p>On 05/06/13 I requested an updated inventory.</p> <p>On 06/20/13 I received the same one, dated 07/21/12. I gave up and gave that one to the Court. This is the inventory that is on file with the Court.</p> <p>01/09/14 Had the annual meeting with [QIDP] and [HM].</p> <p>01/27/14 Email to [QIDP] noting it takes months of asking to get personal inventory from house personnel, and I'm concerned I can't get financial information.</p> <p>Back to the email of 01/27 (2014), I was also concerned because house manager noted during 01/09 (2014) meeting they had 'spent some of her money for her' at Christmas, and information was not being turned over to me as requested. At the January meeting, expecting to receive financial information from 2013, I received nothing.</p> <p>02/13/14 Email to [QIDP] noting I have still not received financial updated inventory or financials, specifically list of things purchased out of her account in December (2013).</p> <p>02/25/14 Email FROM [QIDP] asking if</p>		<p>expenditure as long as Client A keeps the decorations and they do not go to the house in general. In an e-mail to the Director of Residential Services on 5/7/14, Client A's Guardian inquired as to how many residents purchased Christmas decorations on the same date as Client A. Believing that Christmas decorations were an allowed purchase under Federal Representative Payee guidelines, no BDDS incident report was filed at that time for Clients A, B, C, F, G, and H.</p> <p>5. The representative of the State of Indiana disagreed with items 3 and 4.</p> <p>Peak Community Services Staff received training on 7/28/2015 on the process of providing financial information to the guardian or client per the Supervised Group Living Manual in a timely manner. Staff received training on 7/28/2015 on completing inventory list on a quarterly basis and to update the inventory list when items are purchased or discarded based upon the Supervised Group Living Procedure Manual. Training was also provided on 7/29/2015 regarding recordkeeping for client financials and items covered by the Medicaid per diem.</p> <p>On 7/27/15, the CFO completed an internal review of Clients A, B, C, F, G, and H financial records</p>		

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	<p>[HM] had gotten information to me regarding the inventory or the financials. (The answer was 'no').</p> <p>03/03/14 Email to [QIDP] noting I had not received financial information from house as requested.</p> <p>04/02/14 Email to [Guardian Ad Litum (GAL)] asking for meeting. Was not happy with state of [Client A]'s financial affairs. I had finally received some - not all - financials, saw inconsistencies, had asked Peak to respond but was still waiting on a response.</p> <p>04/04/14 Email to [GAL] letting her know I was having difficulty reconciling petty cash accounts due to lack of records.</p> <p>04/06/14 Email to [GAL] letting her know I did not receive a bank statement for September 2013 or January or February 2014 (March probably not in hand), nor did I receive petty cash statements for April, August, September and December 2013 or January, February, March 2014. I enumerated several concerns about purchases made from her petty cash and checking accounts. I noted not receiving one-on-one reports and medical reports.</p>		<p>from 2013 to the current date. BDDS Incident Reports have been filed for Clients A, B, C, F, G, and H since Client A's Guardian has stated that she feels there were improper expenditures made on behalf of these clients and their representative of the State of Indiana agreed.</p> <p>Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day. Per the Supervised Group Living Procedure Manual, all Supervised Group Living clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected</p>	

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	<p>04/07/14 Letter from [GAL] to [Peak Vice President] requesting meeting regarding my concerns.</p> <p>04/17/14 Email to [GAL] asking if she had ever received confirmation of a meeting with Peak to discuss items of concern. (She had not.)</p> <p>04/21/14 Email FROM [Peak Vice President] confirming a meeting with [Director]...</p> <p>04/28/14 Email to [GAL] to [Director]. This was after the meeting with [Director], and I was following up. [Director] had noted during the meeting that the purchases of sugared and caffeinated sodas - in huge quantities - were for [Client A]. I had spoken to a house staff member to confirm soda purchases could not be for [Client A]. There are several reasons they could not be for her. 1. Soda is not allowed at the house. 2. Clients have to purchase their own soda for lunches (I don't understand that), and they are allowed to take only one 12-ounce can for each lunch. 3. Most importantly, [Client A] cannot have caffeinated drinks because of her seizure medication. 4. Sugared sodas would heighten her already heightened energy level.</p>		<p>client(s) within 10 business days.</p> <p>Regarding 05-04-15 BDDS Incident Report on missing narcotics; several staff were suspended; a Human Resources Investigation was held; staff completed a mandatory drug screen and were found not positive; staff were retrained on controlled meds procedure of counting at start and end of each shift and having 2 staff complete the count. Staff were issued counseling reports for failure to properly count the narcotic medications and failure for proper documentation. DSP 1 was issued a counseling report and suspension without pay for failure to count and properly document narcotic medication. House Manager received a written counseling and suspension without pay for holding the med from client H.</p> <p>Systemically:</p> <ol style="list-style-type: none"> Peak Supervised Group Living staff will receive training on the process of providing financial information to the guardian or client per the Supervised Group Living Manual. Staff will receive training on the completing inventory list on a quarterly basis and updating the inventory list when items are purchased or discarded per the client or guardian based upon the Supervised Group Living Procedure Manual. 				

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	<p>05/03/14 Emails to [Director] and [GAL] had attached my documentation of the questions I still had regarding [Client A]'s finances.</p> <p>05/07/14 Confirmation of meeting with [Peak Vice President] at Peak's Winamac Office.</p> <p>05/17/14 Email to [GAL] just noting some of my 'bad feelings' about staffing issues at Peak, rumors of potential program changes, noting one staff person - again and again and again - was signing off on purchases from [Client A]'s petty cash that could not possibly be for [Client A]'s use, and this staff person was still employed, and I had heard about a physical altercation between staff members...</p> <p>06/02/14 Email to [BDDS (Bureau of Developmental Disabilities Services) Area Representative] asking that she start the process of finding another living arrangement for [Client A].</p> <p>06/18/14 Email to [QIDP] asking if she had ever received one-on-one reports for 2013, January and February.</p> <p>06/20/14 Email FROM [QIDP] forwarding one-on-ones from 2013, Jan & Feb 2014. She noted they did not look</p>		<p>3. Training will be provided quarterly to staff on the importance of accurate recordkeeping for client financials and items covered by the Medicaid per diem.</p> <p>4. All Supervised Group Living clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services.</p> <p>5. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>6. Medications are properly stored to prevent theft for Client H medications. Medications have been placed into an individual lock box.</p> <p>7. Staff are required to complete retraining on the procedure of counting narcotic medications at the start and end of each shift and having</p>				

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	<p>like one-on-ones but group outings.</p> <p>07/02/14 Email to [GAL] confirming [Client A]'s account was reimbursed by Peak, but I couldn't tell what items (from my list to them) were reimbursed. (\$120 was deposited into her account without conversation.) Noted I was still waiting on updated checking and petty cash account records. Noted since I had requested bi-monthly inventories, they had not given any, and I should have received one May 1 and July 1. I was giving her this information so she could set up another meeting with Peak.</p> <p>07/07/14 Letter from [GAL] to [Peak Vice President] requesting meeting regarding my concerns. (Meeting never held.)</p> <p>07/09/14 Email FROM [Peak Vice President] TO [GAL] apologizing that information I had requested in April had still not been delivered and assuring her it would be given by July 11.</p> <p>07/11/14 Documents received from Peak via email; [Peak Vice President] noted the February bank statement was missing and would be sent with the June statement (which would be delivered to me in mid-August.)</p>		<p>2 staff complete thecount. This includes staff member from shifting ending and starting shift.</p> <p>8. Staffreceive annual Medication Administration training; all new staff complete MedCore A and Med Core B training; when anyone makes a Medication Error, they arerequired to have a Medication Observation form completed before they may returnto passing medications.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Sandra Beckett, QDDP Completion Date: 07/28/2015</p>		

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	<p>07/11/14 Email to [GAL]. I would take a closer look when I returned from vacation and I had - in a quick perusal - noted another large purchase of soda.</p> <p>07/14/14 Email to [GAL], giving her my notations of what I believed [Client A] was owed in 2013, and noting I could go no further with 2014 until I had February bank statement.</p> <p>07/25/14 Emails to [GAL]. I had attached complete detail from January 2013 through May 2014 of what I believed Peak Community Services owed [Client A]. I noted to [GAL] I was willing to discuss these items with Peak to see if they were in disagreement with them. I believe [GAL] shared these documents in their entirety with Peak, so they would have seen my individual requests for reimbursement as well as my statement that I was willing to discuss anything with which they did not agree.</p> <p>07/25/14 Emails to [HM] and [QIDP] at Peak...asked for budget meeting to determine what her money should and should not be used for (hair coloring not necessary, eating out when the house has a budget for nutritious meals, etc). Noted I wanted her to be able to have \$\$ (money) for house outings and for everything else she needs.</p>			

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	<p>08/04/14 Email to [HM] and [QIDP]. Still waiting to hear about budget meeting; noting financials are overdue; noting one-on-ones are overdue.</p> <p>08/13/14 Email to [HM], I had gone to office and waited for the meeting I thought we were having, but she didn't appear. Asked her to please schedule another one.</p> <p>08/18/14 Email to [GAL] expressing my frustrations and asking her to consider a court date if, after Labor Day, I was still spitting into the wind.</p> <p>08/19/14 Budget meeting finally set with [HM].</p> <p>08/24/14 Email from [HM]. Had to reschedule meeting.</p> <p>09/05/14 Emails to and from [GAL], updating her on the budget meeting I finally was able to have with Peak staff...I made it clear to Peak staff her money was not to be used for meals out when it was clearly for the convenience of staff, meals out were for outings or for one-on-ones that were goal-related...reiterated with [GAL] I was going to request to see [Client A]'s financials from the date of her placement - formally and in writing -</p>			

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	<p>to see if funds were owed that could be placed on her funeral trust.</p> <p>09/08/14 Email to [Peak Vice President], noting I had made verbal requests to see financials from date of [Client A]'s placement, and on 05/07, in an email, I 'repeated a request to see [Client A]'s financial records from the date of her placement.' Noted I had never heard from them about that request. Noted [Client A] has a right to see her records and she cannot speak for herself, and even though I have only been her guardian since March 2013, I was making this request on her behalf. Noted again the funeral trust expense. Outlined the history, from January 2013 - February 2014, I had noted an amount of \$262 owed her by Peak. Noted if it was true for that period of time, it was probably true from 2010 through 2012. Noted once I looked at records it could be determined that Peak owed her nothing, but I wanted to be sure. Noted the still not-paid \$22.18 Peak still owed her, and if they did not agree with me, they could point out my error. He replied he would talk to [Chief Financial Officer] and get back with me. He never got back with me.</p> <p>10/02/14 Not receiving a response from Peak about [Client A]'s financials, I sent an email to the [Board Chair]. In addition</p>			

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	<p>to personal pleas to her, I copied the last email to [Peak Vice President], which detailed my request and showed her my attempts to solve this at the staff level.</p> <p>10/06/14 Email from [Peak Chief Executive Officer (CEO)]. (Board Chair had forwarded my email to him.) Email said, 'We are in the process of conducting an internal review of this matter. Our response to you will come through our attorney [Attorney] once we have completed that review within the next thirty days. If you have questions concerning that process, please direct them to him at the above email.'</p> <p>10/07/14 Email to [Peak Attorney] giving him a list of concerns.</p> <p>10/13/14 Email to [GAL] giving him my list of concerns. Stopped into office and asked [QIDP] about [Client A's] CURRENT financials, not the past financials that are apparently in some sort of review. They are late getting me current records. [QIDP]'s response was that I would have to talk to [CEO]. I had already noted in an email to [Peak Attorney] that current financial reports were overdue, so apparently I am to wait for the 30-day review to end in order to receive current information.</p>			

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	<p>10/30/14 [QIDP] had sent medical reports.</p> <p>11/10/14 Sent an email to [Peak Attorney], noting Peak had exceeded their self-imposed 30-day review time. When he responded, he said the packet was too big to mail and I should come to his office (in Logansport) to pick it up. I made arrangements to pick it up on a day I would be in town for another appointment.</p> <p>11/17/14 Series of emails to and from [Peak Attorney], noting the packet of less than one inch in height of 8 1/2 x 11 paper was a mailing burden that Peak could have easily handled and in future I expected them to be sent or mailed. Thanked him for current financial information (petty cash through October and checking account through October 17). Noted personal inventories were still overdue. Noted one-on-one reports were still overdue. Noted [Client A] was still overdue in medical appointments as previously stated. Noted there was no financial information included from the date of her placement through December 2012. In short, this 30-day review period gave me absolutely nothing I didn't already have except for current financial information that had been overdue.</p>			

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	<p>11/20/14 Emails to and from [Peak Attorney]. He told me 'I (sic) talking with Peak, the written material that you picked up is all that Peak has. They have had new staffing over the past several months.' I replied I did not accept that as an answer, noted they sill owed [Client A] \$22.18 from other records I did have and they have never communicated with me why they don't think they owe her that amount, and [Client A] was still overdue for medical...</p> <p>11/24/14 Email to [Peak Attorney]. Regarding his statement Peak did not have paperwork in their possession about [Client A]'s financials from January 2010 - December 2012 (and I still did not believe that), they could ask the bank to produce her checking account statements from that period of time, allowing me to at least check that her income was correct.</p> <p>11/27/14 Email to [Peak Attorney] requesting updated Client Handbook, noting 2012 handbook says any misappropriation of personal funds is a violation of client rights and says any client has a right to see her personal records."</p> <p>12/05/14 Reply from [Peak Attorney]:</p>						

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	<p>1. They do not agree there has been any misappropriation of client funds <u>since the day I was appointed guardian.</u></p> <p>* There were 3 misappropriations of her money in 2013 before I was guardian, all in February 2013.</p> <p>* Since the date I was appointed guardian, there was 1 instance of misappropriation from her checking account and 1 purchase which I could not question due to lack of information.</p> <p>* Since the date I was appointed guardian, there were 7 instances of misappropriation of funds from her petty cash account and 2 instances I question but did not have enough information to include in the total.</p> <p>2. He noted the \$22 I alleged to be missing from her deposits was never missing. The check from the State of Indiana - from 2013 - was deposited on October 30, 2014.</p> <p>* But, showing me Peak's internal check register, with the deposit noted on 10/30/2014 per [Peak Attorney], 'it was never missing.'</p> <p>* It only took months of asking and submitting proof it was missing - by submitting for their review my synopsis of [Client A]'s check registers, which originals are in their possession - for them to find the error and fix it."</p>			

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	<p>Record review of Client A's Guardian's documentation indicated the following:</p> <p>"Summary of items in dispute:</p> <ul style="list-style-type: none"> * Reimbursement due per 2013 checking account statements (detail below): \$126.72 * Reimbursement due per 2013 petty cash statements (detail below): \$114.08 * Reimbursement due per 2014 petty cash statements (through May, detail below): \$21.38 * Total reimbursement requested: \$262.18 * Reimbursement received from Peak already: \$120.00 * Still due: \$142.18 <p>Checkbook Detail:</p> <ul style="list-style-type: none"> *December 2013: \$104.72 spent on decorations and wrapping paper for the house. This is an absolutely forbidden expenditure from any agency that licenses or accredits Peak Community Services. * Income for the year was short by \$22. <p>Checkbook Detail - Didn't Include In Total But Questioned The Purchase:</p> <ul style="list-style-type: none"> * August 2013: Two pairs of tennis shoes 			

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	<p>from [shoe store] for \$117.68. I did not add this into the totals, because I could not verify if new shoes went into personal inventory. They apparently only do inventory once per year, and you can't tell. I have requested inventories be given to me every other month.</p> <p>* December 10, 2013, writing this document, after looking through inventories I have:</p> <ul style="list-style-type: none"> - 07/21/12: 7 pairs of shoes - 01/21/14: 7 pairs of shoes - There was no notation that 2 pairs of shoes were replaced with new shoes. \$117.68 needs to go back into the mix of money owed her. Per the receipt, these two shoes were 2 of the same item, [Brand Name]. - Starting mid-December, they started giving me monthly inventories. <p>Petty Cash Detail: NOTE: For any receipt that shows more than one meal was purchased using her personal funds, I asked for reimbursement for all of it.</p> <p>02/14/13: \$3.56 for diet pop. This should not be allowed, because on 01/07, they spent \$10.69 for 3 cases of diet orange soda. She would drink no soda at the house. She would have one can for lunch for each work day, or 5 cans per day. One</p>			

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	<p>case of diet soda would last 1 day short of 5 weeks, more if there was a holiday. Since they purchased 3 cases, that would be a little over 14 weeks of soda, and she should not have had expenditure so early.</p> <p>02/25/13: \$4.28 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #1] and one at [restaurant #2].</p> <p>02/28/13: \$4.79 and \$5.35. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/02/13: \$3.95 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/24/13: \$6.15: there was a meal out on Saturday and a meal out on Sunday. In all of these meals, there is never an accompanying one-on-one sheet filled out so it can be shown what GOAL she was working on when her personal funds were spent on meals. The house has a budget to provide nutritious meals, and they should not be forcing clients to purchase meals when it is clearly for the convenience of staff (to not have to cook).</p>			

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	<p>07/31/13: \$11.77 for large bottles of soda. Again, she only takes CANS to work and does not drink soda at the house. In addition, because of medications she takes, she cannot have caffeine. The items purchased were large bottles of Diet Dr. Chill, Diet CaffFree Cola, Superchill Ginger Ale, and Diet Lemon Lime.</p> <p>08/17/13: \$10.70 for a medium pizza (instead of a typical meal for her, a personal pizza). This would not have been for her alone.</p> <p>09/07/13: \$40.53 for 'shopping.' There was one receipt for [restaurant #3] (\$3.84), a receipt from [name of store] (\$34.62 for cases of Diet Cherry Coke, Diet CaffFree Coke, Diet Coke, Pepsi, Pepsi Diet CaffFree, Sierra Mist, Dr. Pepper Diet, Nabisco Triscuits Thins, Triscuit Minis, Triscuits Frosted, and <u>4 16-ounce Monster drinks.</u>)</p> <p>12/04/13: \$16.55 at [restaurant #5]. There were two meals on the receipt.</p> <p>02/16/14: I requested \$21.38 reimbursement from total expenditures of \$46.88 Strack & VanTil receipt was for cases of Ginger Ale, 2 Dr. Pepper Diet, Mountain Dew Diet.</p>			

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	<p>Petty Cash Detail - Didn't Include In Total But Questioned The Purchase:</p> <p>04/28/13: [Name of store] \$11.77 for 'pop and candy' - this is all the receipt said. It has been close to 14 weeks, so possibly, this is her diet decaf for a while, but for how long??? Let's assume another 14 weeks.</p> <p>12/08/13: \$10.69 for a bottle of Posh Fragrance. I didn't add it, but I don't think [Client A] would choose to spend this much of her personal money on a fragrance, since she doesn't wear fragrance."</p> <p>Record review of Client A's Guardian's documentation included a "Summary Prepared for Requested Hearing on Finances in December (Hearing Not Held)" which indicated the following (not all inclusive):</p> <p>"1. At the time of my appointment as Guardian, on March 1, 2013, I did not believe any financial mismanagement would occur. I was content to review [Client A]'s financials at the end of each calendar year. Since that time, I have learned three things. 1. My trust in the house staff that handled her financial accounts was misplaced. 2. Once misappropriations were discovered, Peak</p>						

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	<p>Community Services, at the highest levels, were not immediately compelled to reimburse [Client A]'s accounts or even investigate the guardian's concerns.</p> <p>3. Per Peak Community Services' own written policies, those financials should have been shared with me on a monthly basis without my having to request them.</p> <p>2. I repeat my assertion a <u>pattern of misappropriation of client funds</u> was established for a period of January 2013 through February 2014. Peak Community Services had - by the date of the Court hearing - reimbursed her accounts for some, but not all, of the misappropriations. Even the partial reimbursements took several months and no investigations were conducted into the circumstances surrounding those misappropriations. Had investigations been conducted, as Guardian, I would have been notified.</p> <p>3. Peak Community Services also owes [Client A] \$117.68 for shoes purchased from her account in August 2013...</p> <p>4. The pattern established between January 2013 and February 2014 was changed - in my opinion - once house staff realized I would be reviewing [Client A]'s financials.</p>			

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	<p>5. In my opinion, there is a high probability this pattern started earlier, at any point from the date of her placement in January 2010 through December 2012.</p> <p>6. There may be a pattern of misappropriation of client income distribution, because I labored for months to get them to prove they did not owe her money...</p> <p>7. Peak Community Services' Client Handbook and Supported Group Living Manual - procedural documents written to obtain licensure and accreditation - state a misappropriation of client funds is a violation of client rights, state a client has a right to view his or her personal records, state the client has a right to have his or her guardian exercise client rights on his or her behalf.</p> <p>8. Peak Community Services was admonished by the State of Indiana on two or more occasions - during surveys of the group home on 50 East in Winamac conducted by a licensing agency - to find a guardian for [Client A], but they were unable to do so until March 2013. [Client A] needed a guardian during her earlier placement years because she is not now, nor will she ever be, able to speak for herself, and she cannot now, nor will she ever, understand</p>			

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	<p>the concept of money.</p> <p>9. Since March 1, 2013, I have been [Client A]'s legally appointed guardian and I have made many requests on her behalf to see her financial.</p> <p>On 6/30/15 at 2:06 PM, the CFO (Chief Financial Officer) stated in an email "Within the past two years, a guardian was unhappy with purchases that a client had made with her \$52 personal spending allowance. We conducted a complete internal review of the financial documentation and noted that all of the purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. We also noted that none of the funds was spent for any purpose other than to benefit the client. However, in a gesture of good will toward the guardian, Peak Community Services reimbursed the client \$120 for purchases with which the guardian disagreed. Since all purchases met the criteria for appropriate personal needs spending, we did not file a BDDS (Bureau of Developmental Disabilities Services) report as there was no indication of exploitation (purchases benefiting someone other than the client), nor did the guardian allege that we had made purchases for anyone other than for</p>			

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	<p>the client. Rather, she disagreed with some of the purchases made by the client." The CFO stated "The guardian then requested to see the client's financial records between the time the client moved into the home and the time the guardian was appointed. The dates requested were outside of our retention schedule as stated in the Federal Guide for Representative Payees, so there were no records to provide to her. We secured copies of bank statements for that time period and provided those to the guardian."</p> <p>On 7/01/15 at 4:35 PM during an interview, the CFO indicated there was no documentation of the facility's internal investigation regarding Client A's Guardian's allegations of misappropriation of funds. The CFO indicated the House Manager was interviewed and indicated all the funds were spent appropriately and the funds and receipts were reviewed and balanced correctly. The CFO indicated she did not think Client A's money spent on house Christmas decorations was a misappropriation of funds because of guidelines from Social Security on the responsibilities of the Representative Payee of client funds. The CFO indicated she was not as familiar with Medicaid's Per Diem guidelines (the funds paid by</p>			

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	<p>Medicaid for services to clients in a supported group living home). The CFO indicated she was not aware of the differences between the two guidelines.</p> <p>On 7/2/15 at 4:39 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated she was not in charge of financial oversight of the group home. The QIDP indicated she reported the guardian's concerns regarding potential misappropriation of clients (A, B, C, F, G, and H) funds to Peak's Vice President. The Administrator indicated no BDDS reports were filed regarding the guardian's allegations of misappropriation.</p> <p>On 7/1/15 at 2:03 PM, the facility's policy regarding "Financial Management" (undated) indicated the following (not all inclusive):</p> <p>"Personal Funds, Use of:</p> <p>...Peak Community Services shall provide monthly account balances and records of transactions to the client and/or the client's legal representative upon request.</p> <p>...Peak Community Services shall inform the individual or their legal representative</p>			

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	<p>that Peak Community Services is required by law to spend the client's funds only for the needs of the individual.</p> <p>...Peak Community Services staff will support the client in depositing all pay checks within 30 days of receipt of the checks.</p> <p>Client Petty Cash Procedure</p> <p>...Quarterly, an external auditor will review a sampling of records and will report his/her findings to the CFO and Director of Residential Services. If a discrepancy is discovered during this review, the sample will be expanded to include all client financial records maintained by the Site Coordinator for the review period. The Site Coordinator will be counseled and restitution, if applicable, will be made to affected clients within 10 business days.</p> <p>...Any client shopping expeditions that are expected total over \$50 must be pre-approved by the Residential Services Manager or designee.</p> <p>Inventory / Personal Possessions</p> <p>...Staff will support the client in keeping an ongoing inventory of items added, replaced, or discarded as they occur.</p>			

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	<p>Quarterly the staff shall update the inventory list with copies to the main file.</p> <p>...Staff will do a quarterly inventory of all belongings in conjunction with the client's quarterly ISP (Individual Support Plan) meeting."</p> <p>2) On 6/12/15 at 12:49 PM, the facility BDDS (Bureau of Developmental Disabilities) reports from 3/25/15 to 6/12/15 were reviewed. A BDDS report dated 5/4/15 indicated "At approximately 8:00 PM on May 3, 2015 [House Manager] coordinator for the [group home] was notified that [Client H] Clonazepam (generic for Klonopin, antianxiety) was unaccountable. [House Manager] had staff hold his 8:00 PM medication and give it at his scheduled 7:00 AM time...". The report indicated "[House Manager] had signed in the cycle fill of the medication on the 24th of April and when they were needed on the 05/03/15 (medication pass) they were unaccountable." The report indicated "several staff members have been suspended pending investigation. The [Name] County Sheriff department has been notified and a report filed with them. All staff members have been or will be sent for a drug screen. All controlled medications will be counted on at the start/end of every shift. The</p>			

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	<p>count will involve one staff member from the ending shift and one staff member from the beginning of the shift to ensure accuracy." The "Medication Error Report" dated 5/3/15 indicated "It was discovered at 7:30 PM that two 30 count prepackaged pill bubble packs were missing of 2 mg Clonazepam. Seven staff members were suspended. HR (human resources) investigation is underway."</p> <p>Record review indicated an investigation dated 05/04/15 to 05/06/15. The investigation indicated "Telephone interview with [South Landing Coordinator (SLC)] on 5/4/2015. Around 8 pm, [House Manager (HM)] called [SLC] and informed her that there were 2 full cards of Clonazepam missing. [SLC] told [HM] to call the pharmacy to make sure they were delivered and actually missing. When [HM] called [SLC] back, [HM] told her that the medication was delivered and missing. [SLC] went to [group home] to help look for the missing medication, but they were unable to locate the medication. [SLC] called [QIDP (Qualified Intellectual Disabilities Professional)] to inform her of the missing medication. [QIDP] called [Administrator]. When [QIDP] and [Administrator] arrived at [group home], [SLC] left the house. When asked if there was a separate container for controlled</p>			

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	<p>medication, [SLC] said that they are in a plastic tote in a locked filing cabinet in the medication room, which also locks. [SLC] also informed investigators that when looking for the missing medication, a baggie was found in the trash."</p> <p>The investigation indicated DSP (Direct Support Professional) #1 was interviewed and indicated "[DSP #1] stated that she does pass medication often and does a physical count of the controlled medication '90% of the time.' [DSP #1] did admit that she did not do a physical count of the controlled medication on Sunday 5/3/2015 at 3pm, but simply followed what was written prior. [DSP #1] said that during the 8pm medication pass, she realized that the medication card was missing. [DSP #1] stated that she asked [DSP #2] to assist in looking for the missing medication card, but they were unable to locate it so they called [HM] at approximately 7:30pm-8pm. [DSP #1] said that [HM] came to the [group home] and continued looking for the medication, but found nothing."</p> <p>The investigation indicated the House Manager (HM) was interviewed and indicated "investigators asked for the procedure for medication delivery. [HM] stated that she prefers to be there for delivery and has only missed a delivery</p>			

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	<p>on one occasion with (sic) staff had to fill in for her. When the pharmacy delivers the medication, [HM] goes over the medication and paperwork with the pharmacy prior to signing off on the delivery. [HM] takes the medication to the medication room and goes through the medication person by person and medication by medication marking when the medication is taken and highlighting accordingly. All controlled medication is kept in the locked filing cabinet, even overflow medication." The investigation indicated "[HM] stated that she always does a physical count of the controlled meds and does not copy what the previous staff documented. [HM] admitted that she did not call pharmacy or any medical professional on the night of the incident, but still told staff to not give the medication to the client." The investigation indicated the [HM] had substantiated neglect because "the respondent did admit that she withheld the client's medication. Due to this fact, she neglectfully failed to provide the proper medical care ordered by the physician by withholding the medication without discussing the situation with any medical professional."</p> <p>The investigation indicated all other allegations of abuse/neglect/exploitation were unsubstantiated because they were</p>			

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	<p>unable to determine who took the medications and all staff passed a drug screening. The investigation indicated there was a "severe lack of proper documentation" of counting medications.</p> <p>On 6/23/15 at 10:59 AM during an interview, the QIDP stated "prior to the missing medication, one staff member would do med count per shift - since the incident 2 staff are required to do the med count on every shift."</p> <p>This federal tag relates to complaints #IN00172164.</p> <p>9-3-2(a)</p>			

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W 0153 Bldg. 00	<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 officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to ensure all allegations of misappropriation of funds were immediately reported to BDDS (Bureau of Developmental Disabilities Services) for 1 of 3 sampled clients (A, B, and C) and 3 additional clients (F, G, and H) in accordance with state law.</p> <p>Findings include:</p> <p>On 6/12/15 at 12:49 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 3/12/15 to 6/12/15 were reviewed. The</p>	W 0153	<p>W153 Peak will ensure that allegations of mistreatment, neglect or abuse, aswell as injuries of unknown source, are reported immediately totheadministrator or to other officials in accordance with State law throughestablished procedures.</p> <p>Peak will ensure an accurate accounting of client funds and ensureguardian's requests for financial statements will be provided in a timelymanner. Peak will develop and implement their abuse/ neglect policy to ensureallegations of misappropriations of funds will be immediately identified,reported</p>	08/01/2015

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	<p>facility BDDS review of 3/12/15 to 6/12/15 did not indicate any reports of allegations of misappropriation of funds.</p> <p>On 6/25/15 at 12:35 PM, during an interview, Client A's guardian indicated she had made an allegation of misappropriation of Client A's funds after the House Manager indicated \$104.72 had been spent in December 2013 for house holiday decorations and wrapping paper. Client A's guardian indicated she reported to the facility her concern the other clients (B, C, F, G, H) would have been at risk of having their funds misappropriated for unauthorized purchases for the group home, as well. The guardian provided written documentation of her review of Client A's funds which indicated the following (not all inclusive) which was reviewed on 6/25/15 at 2:46 PM:</p> <p>"Summary of items in dispute:</p> <ul style="list-style-type: none"> * Reimbursement due per 2013 checking account statements (detail below): \$126.72 * Reimbursement due per 2013 petty cash statements (detail below): \$114.08 * Reimbursement due per 2014 petty cash statements (through May, detail below): \$21.38 * Total reimbursement requested: 		<p>and thoroughly investigated.</p> <p>Client A's Guardian requested financial documents from 2013 and 2014 from House Coordinator and Residential Director on more than one occasion. The State Surveyor concluded that the documents were not presented in a timely manner. Both of those staff are no longer at employed by Peak Community Services. When the guardian obtained and analyzed the financial documents, she asked questions about how money was spent.</p> <ol style="list-style-type: none"> 1. The CFO completed an internal financial review at that time. 2. Peak responded to the guardian that all purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. However, in a gesture of good will toward the guardian, Peak reimbursed \$120 to Client A on 6/25/14 for purchases with which the Client A's Guardian disagreed. 3. Since all purchases met the criteria for appropriate personal needs spending per the Federal Guide for Representative Payees, we did not file a BDDS Incident Report. 4. The CFO indicated she did not think Client A's money spent on house Christmas 				

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	<p>\$262.18</p> <p>* Reimbursement received from Peak already: \$120.00</p> <p>* Still due: \$142.18</p> <p>Checkbook Detail:</p> <p>*December 2013: \$104.72 spent on decorations and wrapping paper for the house. This is an absolutely forbidden expenditure from any agency that licenses or accredits Peak Community Services.</p> <p>* Income for the year was short by \$22.</p> <p>Checkbook Detail: - Didn't Include In Total But Questioned The Purchase:</p> <p>* August 2013: Two pairs of tennis shoes from [shoe store] for \$117.68. I did not add this into the totals, because I could not verify if new shoes went into personal inventory. They apparently only do inventory once per year, and you can't tell. I have requested inventories be given to me every other month.</p> <p>* December 10, 2013, writing this document, after looking through inventories I have:</p> <ul style="list-style-type: none"> - 07/21/12: 7 pairs of shoes - 01/21/14: 7 pairs of shoes - There was no notation that 2 pairs of shoes were replaced with new shoes. 		<p>decorations was a misappropriation of funds, as the Representative Payee guidelines allowed for this expenditure as long as Client A keeps the decorations and they do not go to the house in general. In an e-mail to the Director of Residential Services on 5/7/14, Client A's Guardian inquired as to how many residents purchased Christmas decorations on the same date as Client A. Believing that Christmas decorations were an allowed purchase under Federal Representative Payee guidelines, no BDD incident report was filed at that time for Clients A, B, C, F, G, and H. 5. The representative of the State of Indiana disagreed with items 3 and 4.</p> <p>Peak Community Services Staff received training on 7/28/2015 on the process of providing financial information to the guardian or client per the Supervised Group Living Manual in a timely manner. Staff received training on 7/28/2015 on completing inventory list on a quarterly basis and to update the inventory list when items are purchased or discarded based upon the Supervised Group Living Procedure Manual. Training was also provided on 7/29/2015 regarding record keeping for client financials and items covered by the Medicaid per diem.</p>		

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	<p>\$117.68 needs to go back into the mix of money owed her. Per the receipt, these two shoes were 2 of the same item, [Brand Name].</p> <p>- Starting mid-December, they started giving me monthly inventories.</p> <p>Petty Cash Detail: NOTE: For any receipt that shows more than one meal was purchased using her personal funds, I asked for reimbursement for all of it.</p> <p>02/14/13: \$3.56 for diet pop. This should not be allowed, because on 01/07, they spend \$10.69 for 3 cases of diet orange soda. She would drink no soda at the house. She would have one can for lunch for each work day, or 5 cans per week. One case of diet soda would last 1 day short of 5 weeks, more if there was a holiday. Since they purchased 3 cases, that would be a little over 14 weeks of soda, and she should not have had expenditure so early.</p> <p>02/25/13: \$4.28 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #1] and one at [restaurant #2].</p> <p>02/28/13: \$4.79 and \$5.35. At approximately the same time, she was charged for 2 meals, one at [restaurant</p>		<p>On 7/27/15, the CFO completed an internal review of Clients A, B, C, F,G, and H financial records from 2013 to the current date. BDDS Incident Reports have been filed for Clients A, B, C, F, G, and H since Client A's Guardian has stated that she feels there were improper expenditures made on behalf of these clients and there representative of the State of Indiana agreed.</p> <p>Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day. Per the Supervised Group Living Procedure Manual, all Supervised Group Living clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are</p>				

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	<p>#3] and one at [restaurant #4].</p> <p>03/02/13: \$3.95 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/24/13: \$6.15: there was a meal out on Saturday and a meal out on Sunday. In all of these meals, there is never an accompanying one-on-one sheet filled out so it can be shown what GOAL she was working on when her personal funds were spent on meals. The house has a budget to provide nutritious meals, and they should not be forcing clients to purchase meals when it is clearly for the convenience of staff (to not have to cook).</p> <p>07/31/13: \$11.77 for large bottles of soda. Again, she only takes CANS to work and does not drink soda at the house. In addition, because of medications she takes, she cannot have caffeine. The items purchased were large bottles of Diet Dr. Chill, Diet CaffFree Cola, Superchill Ginger Ale, and Diet Lemon Lime.</p> <p>08/17/13: \$10.70 for a medium pizza (instead of a typical meal for her, a personal pizza). This would not have been for her alone.</p>		<p>found during the internal or external audits, the SiteCoordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Systemically:</p> <ol style="list-style-type: none"> 1. PeakSupervised Group Living staff will receive training on the process of providing financial information to the guardian or client per the Supervised Group Living Manual. 2. Staff will receive training on the completing inventory list on a quarterly basis and updating the inventory list when items are purchased or discarded per the client or guardian based upon the Supervised Group Living Procedure Manual. 3. Training will be provided quarterly to staff on the importance of accurate record keeping for client financials and items covered by the Medicaid per diem. 4. All Supervised Group Living clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential 				

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	<p>09/07/13: \$40.53 for 'shopping.' There was one receipt for [restaurant #3] (\$3.84), a receipt from [store] (\$34.62 for cases of Diet Cherry Coke, Diet CaffFree Coke, Diet Coke, Pepsi, Pepsi Diet CaffFree, Sierra Mist, Dr. Pepper Diet, Nabisco Triscuits Thins, Triscuit Minis, Triscuits Frosted, and <u>4 16-ounce Monster drinks.</u>)</p> <p>12/04/13: \$16.55 at [restaurant #5]'s. There were two meals on the receipt.</p> <p>02/16/14: I requested \$21.38 reimbursement from total expenditures of \$46.88 [name of store] receipt was for cases of Ginger Ale, 2 Dr. Pepper Diet, Mountain Dew Diet.</p> <p>Petty Cash Detail - Didn't Include In Total But Questioned The Purchase:</p> <p>04/28/13: [Name of Store] \$11.77 for 'pop and candy' - this is all the receipt said. It has been close to 14 weeks, so possibly, this is her diet decaf for a while, but for how long??? Let's assume another 14 weeks.</p> <p>12/08/13: \$10.69 for a bottle of Posh Fragrance. I didn't add it, but I don't think [Client A] would choose to spend this much of her personal money on a</p>		<p>Services.</p> <p>5. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>6. Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Nicki Gunter, CFO Sandra Beckett, QDDP</p> <p>Completion Date: 07/29/2015</p>				

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	<p>fragrance, since she doesn't wear fragrance."</p> <p>On 6/30/15 at 2:06 PM, the CFO (Chief Financial Officer) stated in an email "Within the past two years, a guardian was unhappy with purchases that a client had made with her \$52 personal spending allowance. We conducted a complete internal review of the financial documentation and noted that all of the purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. We also noted that none of the funds was spent for any purpose other than to benefit the client. However, in a gesture of good will toward the guardian, Peak Community Services reimbursed the client \$120 for purchases with which the guardian disagreed. Since all purchases met the criteria for appropriate personal needs spending, we did not file a BDDS (Bureau of Developmental Disabilities Services) report as there was no indication of exploitation (purchases benefiting someone other than the client), nor did the guardian allege that we had made purchases for anyone other than for the client. Rather, she disagreed with some of the purchases made by the client."</p>			

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W 0154 Bldg. 00	<p>On 7/2/15 at 4:39 PM during an interview, the Administrator indicated no BDDS reports were filed regarding the guardian's allegations of misappropriation of clients A, B, C, F, G, and H, but indicated it was facility policy to report allegations of misappropriation of client funds to BDDS.</p> <p>This federal tag relates to complaint #IN00172164.</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 investigated.</p> <p>Based on record review and interview, the facility failed to ensure all allegations of misappropriation of funds were thoroughly investigated for 1 of 3 sampled clients (A, B, and C) and 3 additional clients (F, G, and H).</p> <p>Findings include:</p>	W 0154	<p>W154 Peak will ensure allegations of misappropriation of funds werethoroughly investigated for clients.</p> <p>Peak will ensure an accurate accounting of client funds and ensureguardian's requests for financial statements will be</p>	08/01/2015	

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	<p>On 6/12/15 at 12:49 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 3/12/15 to 6/12/15 were reviewed. The review indicated there were no investigations of misappropriation of funds.</p> <p>On 6/25/15 at 12:35 PM, during an interview, Client A's guardian indicated she had made an allegation of misappropriation of Client A's funds after the House Manager indicated \$104.72 had been spent in December 2013 for house holiday decorations and wrapping paper. Client A's guardian indicated she reported to the facility her concern the other clients (B, C, F, G, H) would have been at risk of having their funds misappropriated for unauthorized purchases for the group home, as well. The guardian provided documentation of the following timeline of events (not all inclusive):</p> <p>10/02/14 Not receiving a response from Peak about [Client A]'s financials, I sent an email to the [Board Chair]. In addition to personal pleas to her, I copied the last email to [Peak Vice President], which detailed my request and showed her my attempts to solve this at the staff level.</p>		<p>provided in a timely manner. Peak will develop and implement their abuse/ neglect policy to ensure allegations of misappropriations of funds will be immediately identified, reported and thoroughly investigated.</p> <p>Client A's Guardian requested financial documents from 2013 and 2014 from House Coordinator and Residential Director on more than one occasion. The State Surveyor concluded that the documents were not presented in a timely manner. Both of those staff are no longer employed by Peak Community Services. When the guardian obtained and analyzed the financial documents, she asked questions about how money was spent.</p> <ol style="list-style-type: none"> The CFO completed an internal financial review at that time. Peak responded to the guardian that all purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. However, in a gesture of good will toward the guardian, Peak reimbursed \$120 to Client A on 6/25/14 for purchases with which the Client A's Guardian disagreed. Since all purchases met the criteria for appropriate personal needs spending per the Federal 				

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	<p>10/06/14 Email from [Peak Chief Executive Officer (CEO)]. (Board Chair had forwarded my email to him.) Email said, 'We are in the process of conducting an internal review of this matter. Our response to you will come through our attorney [Attorney] once we have completed that review within the next thirty days. If you have questions concerning that process, please direct them to him at the above email.'</p> <p>10/07/14 Email to [Peak Attorney] giving him a list of concerns.</p> <p>11/10/14 Sent an email to [Peak Attorney], noting Peak had exceed their self-imposed 30-day review time. When he responded, he said the packet was too big to mail and I should come to his office (in Logansport) to pick it up. I made arrangements to pick it up on a day I would be in town for another appointment.</p> <p>11/17/14 Series of emails to and from [Peak Attorney], noting the packet of less than one inch in height of 8 1/2 x 11 paper was a mailing burden that Peak could have easily handled and in future I expected them to be sent or mailed. Thanked him for current financial information (petty cash through October and checking account through October</p>		<p>Guide for Representative Payees, we did not file a BDDS IncidentReport.</p> <p>4. TheCFO indicated she did not think Client A's money spent on house Christmasdecorations was a misappropriation of funds, as the Representative Payeeguidelines allowed for this expenditure as long as Client A keeps thedecorations and they do not go to the house in general. In an e-mail to theDirector of Residential Services on 5/7/14, Client A's Guardian inquired as tohow many residents purchased Christmas decorations on the same date as ClientA. Believing that Christmas decorationswere an allowed purchase under Federal Representative Payee guidelines, no BDDSincident report was filed at that time for Clients A, B, C, F, G, and H.</p> <p>5. Therepresentative of the State of Indiana disagreed with items 3 and 4.</p> <p>6. Peak Community Services has updated itsManagement of Financial Resources procedure in its Supervised Group LivingProcedure Manual to include that the Medicaid per diem covers three meals perday.</p> <p>Peak Community Services Staff received training on 7/28/2015 on theprocess of providing financial information to the guardian or client per theSupervised Group Living Manual in a timely manner. Staff received training</p>				

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	<p>17). Noted personal inventories were still overdue. Noted one-on-one reports were still overdue. Noted [Client A] was still overdue in medical appointments as previously stated. Noted there was no financial information included from the date of her placement through December 2012. In short, this 30-day review period gave me absolutely nothing I didn't already have except for current financial information that had been overdue.</p> <p>11/20/14 Emails to and from [Peak Attorney]. He told me 'I (sic) talking with Peak, the written material that you picked up is all that Peak has. They have had new staffing over the past several months.' I replied I did not accept that as an answer, noted they still owed [Client A] \$22.18 from other records I did have and they have never communicated with me why they don't think they owe her that amount, and [Client A] was still overdue for medical...</p> <p>Record review of Client A's Guardian's documentation also included the following (not all inclusive):</p> <p>"Summary of items in dispute:</p> <p>* Reimbursement due per 2013 checking account statements (detail below): \$126.72</p>		<p>on 7/28/2015 oncompleting inventory list on a quarterly basis and to update the inventory listwhen items are purchased or discarded based upon the Supervised Group LivingProcedure Manual. Training was also providedon 7/29/2015 regarding recordkeeping for client financials and items covered bythe Medicaid per diem.</p> <p>On 7/27/15, the CFO completed an internal review of Clients A, B, C, F,G, and H financial records from 2013 to the current date. BDDS Incident Reports have been filed forClients A, B, C, F, G, and H since Client A's Guardian has stated that shefeels there were improper expenditures made on behalf of these clients and therepresentative of the State of Indiana agreed.</p> <p>Peak Community Services has updated its Management of Financial Resourcesprocedure in its Supervised Group Living Procedure Manual to include that theMedicaid per diem covers three meals per day.</p> <p>Per the Supervised Group Living Procedure Manual, all Supervised GroupLiving clients' personal fund accounts are internally audited at least monthly,and with an external audit completed at least semi-annually for a sample ofclients to ensure that client</p>				

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	<p>* Reimbursement due per 2013 petty cash statements (detail below): \$114.08</p> <p>* Reimbursement due per 2014 petty cash statements (through May, detail below): \$21.38</p> <p>* Total reimbursement requested: \$262.18</p> <p>* Reimbursement received from Peak already: \$120.00</p> <p>* Still due: \$142.18</p> <p>Checkbook Detail:</p> <p>*December 2013: \$104.72 spent on decorations and wrapping paper for the house. This is an absolutely forbidden expenditure from any agency that licenses or accredits Peak Community Services.</p> <p>* Income for the year was short by \$22.</p> <p>Checkbook Detail - Didn't Include In Total But Questioned The Purchase:</p> <p>* August 2013: Two pairs of tennis shoes from [shoe store] for \$117.68. I did not add this into the totals, because I could not verify if new shoes went into personal inventory. They apparently only do inventory once per year, and you can't tell. I have requested inventories be given to me every other month.</p> <p>* December 10, 2013, writing this</p>		<p>accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>Systemically:</p> <ol style="list-style-type: none"> 1. Peak Supervised Group Living staff will receive training on the process of providing financial information to the guardian or client per the Supervised Group Living Manual. 2. Staff will receive training on the completing inventory list on a quarterly basis and updating the inventory list when items are purchased or discarded per the client or guardian based upon the Supervised Group Living Procedure Manual. 3. Training will be provided quarterly to staff on the importance of accurate record keeping for client financials and items covered by the Medicaid per diem. 4. All Supervised Group Living 	

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	<p>document, after looking through inventories I have:</p> <ul style="list-style-type: none"> - 07/21/12: 7 pairs of shoes - 01/21/14: 7 pairs of shoes - There was no notation that 2 pairs of shoes were replaced with new shoes. \$117.68 needs to go back into the mix of money owed her. Per the receipt, these two shoes were 2 of the same item, [Brand Name]. - Starting mid-December, they started giving me monthly inventories. <p>Petty Cash Detail: NOTE: For any receipt that shows more than one meal was purchased using her personal funds, I asked for reimbursement for all of it.</p> <p>02/14/13: \$3.56 for diet pop. This should not be allowed, because on 01/07, they spend \$10.69 for 3 cases of diet orange soda. She would drink no soda at the house. She would have one can for lunch for each work day, or 5 cans per week. One case of diet soda would last 1 day short of 5 weeks, more if there was a holiday. Since they purchased 3 cases, that would be a little over 14 weeks of soda, and she should not have had expenditure so early.</p> <p>02/25/13: \$4.28 and \$3.21. At approximately the same time, she was</p>		<p>clients' personal fund accounts are internally audited at least monthly, and with an external audit completed at least semi-annually for a sample of clients to ensure that client accounts are accurate and appropriately utilized. The external auditor reviews a sampling of client records on a semi-annual basis and findings are provided to the CFO and Directors of Residential Services.</p> <p>5. If a discrepancy is found by the external auditor, the sample is expanded to include all client financial records maintained by the Site Coordinator for the review period. If any discrepancies are found during the internal or external audits, the Site Coordinator is counseled and restitution is made to the affected client(s) within 10 business days.</p> <p>6. Peak Community Services has updated its Management of Financial Resources procedure in its Supervised Group Living Procedure Manual to include that the Medicaid per diem covers three meals per day.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Nicki Gunter, CFO Sandra Beckett, QDDP</p> <p>Completion Date: 07/29/2015</p>		

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	<p>charged for 2 meals, one at [restaurant #1] and one at [restaurant #2].</p> <p>02/28/13: \$4.79 and \$5.35. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/02/13: \$3.95 and \$3.21. At approximately the same time, she was charged for 2 meals, one at [restaurant #3] and one at [restaurant #4].</p> <p>03/24/13: \$6.15: there was a meal out on Saturday and a meal out on Sunday. In all of these meals, there is never an accompanying one-on-one sheet filled out so it can be shown what GOAL she was working on when her personal funds were spent on meals. The house has a budget to provide nutritious meals, and they should not be forcing clients to purchase meals when it is clearly for the convenience of staff (to not have to cook).</p> <p>07/31/13: \$11.77 for large bottles of soda. Again, she only takes CANS to work and does not drink soda at the house. In addition, because of medications she takes, she cannot have caffeine. The items purchased were large bottles of Diet Dr. Chill, Diet CaffFree Cola, Superchill Ginger Ale, and Diet</p>			

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	<p>Lemon Lime.</p> <p>08/17/13: \$10.70 for a medium pizza (instead of a typical meal for her, a personal pizza). This would not have been for her alone.</p> <p>09/07/13: \$40.53 for 'shopping.' There was one receipt for [restaurant #3] (\$3.84), a receipt from [name of store] (\$34.62 for cases of Diet Cherry Coke, Diet CaffFree Coke, Diet Coke, Pepsi, Pepsi Diet CaffFree, Sierra Mist, Dr. Pepper Diet, Nabisco Triscuits Thins, Triscuit Minis, Triscuits Frosted, and <u>4 16-ounce Monster drinks.</u>)</p> <p>12/04/13: \$16.55 at [restaurant #5]'s. There were two meals on the receipt.</p> <p>02/16/14: I requested \$21.38 reimbursement from total expenditures of \$46.88 [name of store] receipt was for cases of Ginger Ale, 2 Dr. Pepper Diet, Mountain Dew Diet.</p> <p>Petty Cash Detail - Didn't Include In Total But Questioned The Purchase:</p> <p>04/28/13: [Name of Store] \$11.77 for 'pop and candy' - this is all the receipt said. It has been close to 14 weeks, so possibly, this is her diet decaf for a while, but for how long??? Let's assume another</p>			

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	<p>14 weeks.</p> <p>12/08/13: \$10.69 for a bottle of Posh Fragrance. I didn't add it, but I don't think [Client A] would choose to spend this much of her personal money on a fragrance, since she doesn't wear fragrance."</p> <p>On 6/30/15 at 2:06 PM, the CFO (Chief Financial Officer) stated in an email "Within the past two years, a guardian was unhappy with purchases that a client had made with her \$52 personal spending allowance. We conducted a complete internal review of the financial documentation and noted that all of the purchases during that timeframe were supported with receipts and fit within the Federal Guide for Representative Payees for spending the funds on behalf of the client. We also noted that none of the funds was spent for any purpose other than to benefit the client. However, in a gesture of good will toward the guardian, Peak Community Services reimbursed the client \$120 for purchases with which the guardian disagreed. Since all purchases met the criteria for appropriate personal needs spending, we did not file a BDDS (Bureau of Developmental Disabilities Services) report as there was no indication of exploitation (purchases benefiting someone other than the client),</p>			

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	<p>nor did the guardian allege that we had made purchases for anyone other than for the client. Rather, she disagreed with some of the purchases made by the client."</p> <p>On 7/01/15 at 4:35 PM during an interview, the CFO indicated there was no documentation of the facility's internal investigation regarding Client A's Guardian's allegations of misappropriation of funds. The CFO indicated the House Manager was interviewed and indicated all the funds were spent appropriately and the funds and receipts were reviewed and balanced correctly. The CFO indicated she did not think Client A's money spent on house Christmas decorations was a misappropriation of funds because of guidelines from Social Security on the responsibilities of the Representative Payee of client funds. The CFO indicated she was not as familiar with Medicaid's Per Diem guidelines (the funds paid by Medicaid for services to clients in a supported group living home). The CFO indicated she was not aware of the differences between the two guidelines. The CFO indicated she could see how not having a documented investigation could be perceived as not being a thorough investigation.</p>			

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W 0331 Bldg. 00	<p>This federal tag relates to complaints #IN00172164.</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility nursing staff failed to develop and/or implement a care plan for urinary incontinence which identified the signs and symptoms of urinary tract infection, how staff were to assist client in managing their urinary incontinence (adult briefs and/or voiding schedule), and protocol for proper peri area hygiene to prevent recurrent urinary tract infections for 1 additional client (G) with a diagnosis of urinary incontinence and a history of urinary tract infection.</p> <p>Based on record review and interview, the facility nursing staff failed to ensure medications were administered per the physicians' orders for 2 of 3 sampled clients (B,C) and 3 additional clients (D, E, and H). The facility nursing staff failed</p>	W 0331	<p>W331</p> <p>Peak will ensure to develop and/or implement a care plan for urinary incontinence which identified the signs and symptoms of urinary tract infection, how staff were to assist client in managing their urinary incontinence (adult briefs and/ or voiding schedule), and protocol for proper area hygiene to prevent recurrent urinary tract infections With one client with a diagnosis of urinary incontinence and a history of urinary tract infection.</p> <p>Nurse Monthly Reviews have been put into place to assure better nursing coordination.</p> <p>Urinary Incontinence Risk Plan for Client G: has been revised to include: signs and symptoms of urinary tract infection; staff assistance to the client in managing their urinary</p>	08/01/2015

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	<p>to ensure controlled medications were stored and supervised under proper conditions of security to prevent theft for 1 additional client (H). The facility nursing staff failed to ensure medications were kept locked when staff left the medication area for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>1. On 6/12/15 at 12:49 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 3/12/15 to 6/12/15 were reviewed. A BDDS report dated 5/9/15 indicated "[Client G] was not feeling well, vomiting what looked like fecal matter, fever and had had diarrhea. Staff called EMS (Emergency Medical Services) and [Client G] was taken to [Hospital] for evaluation and treatment. The report indicated "EMS started and (sic) IV (intravenous line), while at hospital lab work, Straight (sic) catheter, abdominal x-ray and abdominal CT (computerized tomography) scan. [Client G] was diagnosis (sic) with a UTI (urinary tract infection) and stomach virus. [Client G] was released from the emergency room and returned to the group home at approximately midnight."</p> <p>On 6/12/15 at 2:47 PM, record review</p>		<p>incontinence (adult briefs and/or voidingschedule) and protocol for proper peri area hygiene to prevent recurrent urinarytract infection as developed and approved by the Agency Nurse.</p> <p>Medications are properly stored to prevent theft for Client Hmedications. Medications have been placed into an individual lock box. Staffare required to complete staff were retrained on the procedure of countingnarcotic medications at the start and end of each shift and having 2 staffcomplete the count. This includes staff member from shifting ending andstarting shift.</p> <p>All staff receive annual Medication Administration training; all newstaff complete Med Core A and Med Core B training; when anyone makes aMedication Error, they are required to have a Medication Observation formcompleted before they may return to passing medications. Unannounced medicationcount of narcotics are performed by the Coordinator, nurse and pharmacy techonce a month or more. Nurse will make unannounced observation visits duringmedication passes. If recommendations are made these are put into effect and ifstaff training is needed that is also completed.</p> <p>Systemically 1. Agency nurse will review</p>	

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	<p>indicated Client G's diagnoses included, but were not limited to, intellectual disabilities, kidney infection, hiatal hernia, history of UTI, constipation, and history of pneumonia.</p> <p>Record review indicated Client G had an "Incontinence Plan" dated 05/26/15 which indicated "Some things that may cause Incontinence Control - Possible urinary tract infection; Kidney stones; or blockage due to cancer; hyperplasia (BPH); obstruction of the urethra; weak bladder; muscles; narrowing of the urethra; certain medications or nerve conditions, such as diabetes or multiple sclerosis risks." The plan indicated "[Client G] has had some urinary incontinence episodes, and a recent UTI." The plan indicated the "Incontinency Strategy" as the following (all inclusive):</p> <p>"1. Encourage [Client G] to use the restroom frequently. 2. Encourage [Client G] to drink water (thickened). 3. Continued check-ups at the Doctor and testing as needed."</p> <p>The plan indicated "Staff Training" as the following (all inclusive):</p> <p>"1. Appropriate staff provided client specific training on current Urinary</p>		<p>Risk Plans for clients and make changes based upon the healthand safety needs. Staff will be trained on the Risk Plans to follow appropriatecare per the risk plan.</p> <p>1. Medications are properly stored to prevent theft for Client H medications. Medications have been placed into an individual lock box.</p> <p>2. Staff are required to complete retraining on the procedure of counting narcotic medications at the start and end of each shift and having 2 staff complete the count. This includes staff member from shifting ending and starting shift.</p> <p>3. Staff receive annual Medication Administration training; all new staff complete Med Core A and Med Core B training; when anyone makes a Medication Error, they are required to have a Medication Observation form completed before they may return to passing medications.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Kris Spoor, Agency Nurse Sandra Beckett, QDDP</p> <p>Completion Date: 07/16/2015</p>		

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	<p>Incontinence Plan.</p> <p>2. Continue monitoring [Client G]'s medical condition and staff will continue to encourage [Client G] to use the restroom frequently."</p> <p>Record review indicated Client G's "Incontinence Plan" did not include the signs and symptoms of urinary tract infection, how staff were to assist Client G in managing her urinary incontinence (adult briefs and/or voiding schedule), nor did the plan include a protocol for proper peri area hygiene to prevent recurrent urinary tract infections.</p> <p>On 7/2/15 at 4:39 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated there were no further documentation to indicate how staff were to identify the signs and symptoms of urinary tract infection for Client G or any other UTI (urinary tract infection) plan which included peri area hygiene and management of urinary incontinence.</p> <p>2. Please see W368. The facility nursing staff failed to ensure medications were administered per the physician's orders (B,C, D, E, H).</p> <p>3. Please see W381. The facility nursing staff failed to ensure controlled</p>			

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W 0368 Bldg. 00	<p>medications were stored under proper conditions of security to prevent theft (H).</p> <p>4. Please see W382. The facility nursing staff failed to ensure medications were kept locked when staff left the medication area (A).</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 2 of 3 clients (B, C) and 3 additional clients (D, E, and H) to ensure medications were administered per the physician's orders.</p> <p>Findings include: On 6/12/15 at 12:49 PM, the facility</p>	W 0368	<p>W368 Peak will ensure medications will be administered per the physician's orders.</p> <p>Medications are properly stored to prevent theft for Client Hmedications. Medications have been placed into an individual lock box. Staffare required to complete staff were retrained on the procedure of countingnarcotic</p>	08/01/2015

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	BDDS (Bureau of Developmental Disabilities) reports from 3/25/15 to 6/12/15 were reviewed. A BDDS report dated 5/4/15 indicated "At approximately 8:00 PM on May 3, 2015 [House Manager] coordinator for the [group home] was notified that [Client H] Clonazepam (generic for Klonopin, antianxiety) was unaccountable. [House Manager] had staff hold his 8:00 PM medication and give it at his scheduled 7:00 AM time...". The report indicated "[House Manager] had signed in the cycle fill of the medication on the 24th of April and when they were needed on the 05/03/15 (medication pass) they were unaccountable." The report indicated "several staff members have been suspended pending investigation. The [Name] County Sheriff department has been notified and a report filed with them. All staff members have been or will be sent for a drug screen. All controlled medications will be counted on at the start/end of every shift. The count will involve one staff member from the ending shift and one staff member from the beginning of the shift to ensure accuracy." The "Medication Error Report" dated 5/3/15 indicated "It was discovered at 7:30 PM that two 30 count prepackaged pill bubble packs were missing of 2 mg Clonazepam. Seven staff members were suspended. HR (human		medications at the start and end of each shift and having 2 staff complete the count. This includes staff member from shifting ending and starting shift. All staff receive annual Medication Administration training; all newstaff complete Med Core A and Med Core B training; when anyone makes a Medication Error, they are required to have a Medication Observation form completed before they may return to passing medications. Unannounced medication count of narcotics are performed by the Coordinator, nurse and pharmacy technician a month or more. Nurse will make unannounced observation visits during medication passes. If recommendations are made these are put into effect and if staff training is needed that is also completed. Per 05-05-15 BDDS report the wrong medication was given on 5-02 Per 05-05-15 BDDS report where missed ointment medication for Client E ***Per 05-08-15 BDDS report the wrong medication was given to Client A. 1. The door for the medication administration area was promptly replaced on 05/09/2015 so the medications could be properly		

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	<p>resources) investigation is underway."</p> <p>A BDDS report for Client D dated 5/5/15 indicated "On May 4 while passing medications it was discovered that the wrong medication was given on 5/2/15 AT (sic) 8PM, 5/3/15 @ (at) 8PM." The report indicated "Nurse was notified - no ill effects noted, corrected med put into place."</p> <p>A BDDS report dated 5/5/15 indicated "[Client E] has an order for Desorimetasone (used for the discomfort of various skin conditions) 0.25% ointment apply a thin layer to affected area BID (twice daily), this medication was missed at the 08:00PM medication pass." The report indicated "The nurse was notified - no ill effects noted. Staff has been retrained on medication administration procedure."</p> <p>A BDDS report dated 5/8/15 indicated "During medication pass staff put medication into the pudding cup for a client, sat the cup next to the client (in the medication room) and turned to the cabinet to put the medications away when [Client A] scooped up a spoonful of the pudding and ate it." The report indicated "Physician notified, Nurse notified - should have no ill effect from receiving this medication. The door to the</p>		<p>secured properly in a locked area and doorshut for privacy when clients are administered their medication.</p> <p>2. Staffreceived retraining in proper medication administration.</p> <p>Systemically:</p> <p>1. Medicationsare properly stored to prevent theft for Client H medications. Medications havebeen placed into an individual lock box.</p> <p>1. Staff are required to complete retraining on the procedure of counting narcotic medications at the start and end of each shift and having 2 staff complete the count. This includes staff member from shifting ending and starting shift.</p> <p>2. Staff receive annual Medication Administration training; all new staff complete Med Core A and Med Core B training; when anyone makes a Medication Error, they are required to have a Medication Observation form completed before they may return to passing medications.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Kris Spoor, Agency Nurse Sandra Beckett, QDDP</p> <p>Completion Date: 07/16/2015</p>	

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	<p>medication room will be replaced on Monday so staff will be able to close and lock the door during medication passes to hopefully prevent this from happening again." The "Medication Error Report" dated 5/8/15 indicated "When staff member was turned getting medications (sic) items the door to the med room was broke and did not allow for a closed private area. Client (A) wandered into med room and grabbed and quickly ate the pudding cup with the medication in it. Replaced the med room door to allow for closing the med room. Several request (s) had been made to have the door replaced prior to this event."</p> <p>A BDDS report dated 5/8/15 indicated "During Medication (sic) pass [Client B] was given the wrong medication. She was given Diazepam (generic for Valium, antianxiety) instead of Clonazepam (generic for Klonopin, antianxiety)." The report indicated "Physician was notified - Nurse notified - No ill effects noted. Staff will monitor closely to ensure the rights are followed - right person, right medication, right dose, right route, right time and right documentation." The "Medication Error Report" dated 5/7/15 indicated "It was discovered right after client took 7:30 PM (medications) that she was given the wrong medication. Staff was subbing during full house</p>			

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W 0382 Bldg. 00	<p>suspension and was not familiar with the medications. Before dispensing meds need to (be) compare MARS (medication administration records) to script (labeled prescription) and then do a second check."</p> <p>On 6/12/15 at 3:16 PM during an interview, the Administrator indicated staff are trained to assist clients A, B, D, E, and H with medication administration per physician's order without error.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p>	W 0382	W382	08/01/2015

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	<p>Based on observation and interview, the facility failed to ensure medications were kept locked when staff left the medication area for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>On 6/12/15 at 12:49 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 3/25/15 to 6/12/15 were reviewed. A BDDS report dated 5/8/15 indicated "During medication pass staff put medication into the pudding cup for a client, sat the cup next to the client (in the medication room) and turned to the cabinet to put the medications away when [Client A] scooped up a spoonful of the pudding and ate it." The report indicated "Physician notified, Nurse notified - should have no ill effect from receiving this medication. The door to the medication room will be replaced on Monday so staff will be able to close and lock the door during medication passes to hopefully prevent this from happening again." The "Medication Error Report" dated 5/8/15 indicated "When staff</p>		<p>Peak willensure medications will be kept locked when staff leave the medication area.</p> <p>Medications are properly stored to prevent theft for Client Hmedications. Medications have been placed into an individual lock box. Staffare required to complete staff were retrained on the procedure of countingnarcotic medications at the start and end of each shift and having 2 staffcomplete the count. This includes staff member from shifting ending andstarting shift.</p> <ol style="list-style-type: none"> Allstaff receive annual Medication Administration training Allnew staff complete Med Core A and Med Core B training Whenanyone makes a Medication Error, they are required to have a MedicationObservation form completed before they may return to passing medications. Unannouncedmedication count of narcotics are performed by the Coordinator, nurse andpharmacy tech once a month or more. Nurse will make unannounced observationvisits during medication passes. If recommendations are made these are put intoeffect and if staff training is needed that is also completed. <p>The door for the medication administration area was promptly replacedon 05/09/2015 so</p>				

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	<p>member was turned getting medications (sic) items the door to the med room was broken and did not allow for a closed private area. Client (A) wandered into med room and grabbed and quickly ate the pudding cup with the medication in it. Replaced the med room door to allow for closing the med room. Several request (s) had been made to have the door replaced prior to this event."</p> <p>On 7/2/15 at 3:03 PM, the facility Administrator was interviewed and indicated the medication door should have been repaired in order to secure the medications properly. The Administrator indicated all staff were trained to never leave medications unlocked while unattended.</p> <p>9-3-6(a)</p>		<p>medications could be properly secured properly in a locked area and door shut for privacy when clients are administered their medication. Staff received retraining in proper medication administration.</p> <p>Per 05-05-15 BDDS report the wrong medication was given on 5-02</p> <p>Per 05-05-15 BDDS report where missed ointment medication for Client E</p> <p>***Per 05-08-15 BDDS report the wrong medication was given to Client A. The door for the medication administration area was promptly replaced on 05/09/2015 so medications could be properly secured properly in a locked area and door shut for privacy when clients are administered their medication. Staff received retraining in proper medication administration.</p> <p>Systemically:</p> <ol style="list-style-type: none"> 1. Medications are properly stored to prevent theft of medications. 2. Medications are placed into an individual lock box and under a double lock system. 3. Staff are required to complete staff were retrained on the procedure of counting narcotic medications at the start and end of each shift and having 2 staff complete the count. This includes 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G119	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/02/2015
NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996		
(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>staff member from shifting ending and starting shift.</p> <p>4. Staff receive annual Medication Administration training</p> <p>5. New staff complete Med Core A and Med Core B training</p> <p>6. When anyone makes a Medication Error, they are required to have a Medication Observation form completed before they may return to passing medications.</p> <p>Persons Responsible: Stephanie Hoffman, Director of Residential and Day Services Sara Winget, House Coordinator Kris Spoor, Agency Nurse Sandra Beckett, QDDP</p> <p>Completion Date: 07/16/2015</p>		