

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/19/2016
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00186897.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to an annual recertification and state licensure survey completed on 11/6/15.</p> <p>Complaint #IN00186897: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W140, W149, W154, W156 and W157.</p> <p>Dates of Survey: 1/14/16, 1/15/16 and 1/19/16.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIMS Number: 100234760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/22/16.</p>	W 0000		
W 0102	483.410 GOVERNING BODY AND MANAGEMENT			

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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Bldg. 00	<p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility maintained a full and complete accounting of clients A, B, C, D, E and F's personal funds, to ensure the facility implemented its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds, to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E and to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds and to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events.</p>	W 0102	<p><b>W102: The facility must ensure that specific governing body and management requirements are met.</b></p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D and E, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations.</p> <p><b>How others will be identified:</b></p>	02/18/2016

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	<p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility maintained a full and complete accounting of clients A, B, C, D, E and F's personal funds, to ensure the facility implemented its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds, to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E, to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds and to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events. Please see W104.</p>		<p><b>(Systemic):</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incident reports and ensure that the administrator is notified of all incidents and that investigations have been initiated for incidents as indicated. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p>	

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	<p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 3 additional clients(D, E and F). Please see W122.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-1(a)</p>		<p><b>Measures to be put in place:</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D and E, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an</p>				

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			<p>accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incident reports and ensure that the administrator is notified of all incidents and that investigations have been initiated for incidents as indicated. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p> <p><b>Completion date: 2/18/16</b></p>	

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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 for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility maintained a full and complete accounting of clients A, B, C, D, E and F's personal funds, to ensure the facility implemented its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds, to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E, to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds and to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events.</p>	W 0104	<p><b>W104: The Governing body must exercise general policy, budget, and operating direction over the facility.</b></p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D and E, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough</p>	02/18/2016

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	<p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility maintained a full and complete accounting of clients A, B, C, D, E and F's personal funds. Please see W140.</li> <li>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds, to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E, to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds and to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events. Please see W149.</li> <li>3. The governing body failed to exercise general policy, budget and operating</li> </ol>		<p>investigations and the addition of recommendations for all investigations.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incident reports and ensure that the administrator is notified of all incidents and that investigations have been initiated</p>	

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	<p>direction over the facility to ensure the facility completed thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E. Please see W154.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility reported the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events. Please see W156.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility developed and implemented corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds. Please see W157.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-1(a)</p>		<p>for incidents as indicated. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p> <p><b>Measures to be put in place:</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D and E, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations.</p> <p><b>Monitoring of Corrective</b></p>				

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			<p><b>Action:</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incident reports and ensure that the administrator is notified of all incidents and that investigations have been initiated for incidents as indicated. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p>	

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 3 additional clients(D, E and F). The facility failed to maintain a full and complete accounting of clients A, B, C, D, E and F's personal funds.</p> <p>The facility failed to implement its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds, to complete thorough investigations</p>	W 0122	<p><b>Completion date: 2/18/16</b></p> <p><b>W122: The facility must ensure that client protections requirements are met.</b></p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's</p>	02/18/2016

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	<p>regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E, to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds and to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to maintain a full and complete accounting of clients A, B, C, D, E and F's personal funds. Please see W140.</li> <li>2. The facility failed to implement its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds, to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E, to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds and to report</li> </ol>		<p>rights. An audit will be completed for clients A, B, C, D and E, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client</p>		

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	<p>the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events. Please see W149.</p> <p>2. The facility failed to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E. Please see W154.</p> <p>3. The facility failed to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events. Please see W156.</p> <p>4. The facility failed to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds. Please see W157.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-2(a)</p>		<p>finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incident reports and ensure that the administrator is notified of all incidents and that investigations have been initiated for incidents as indicated. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p> <p><b>Measures to be put in place:</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D and E, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be</p>				

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			<p>retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will meet with the Quality Assurance Manager at least three times weekly to</p>		

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W 0140  Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (A, B and C), plus	W 0140	review incident reports and ensure that the administrator is notified of all incidents and that investigations have been initiated for incidents as indicated. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.  <b>Completion date: 2/18/16</b>  <b>W140: The facility must establish a system that assures a full and</b>	02/18/2016

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	<p>3 additional clients (D, E and F), the facility failed to maintain a full and complete accounting of clients A, B, C, D, E and F's personal funds.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Client A's financial record was reviewed on 1/14/16 at 2:45 PM. Client A's January 2016 Cash Ledger (CL) indicated client A's personal cash balance should be \$25.00. Client A's actual personal cash count was \$0.00.</li> <li>Client B's financial record was reviewed on 1/14/16 at 2:50 PM. Client B's record did not indicate documentation of a financial ledger to account for client B's funds or expenditures. Client B's actual personal cash count was \$0.52.</li> <li>Client C's financial record was reviewed on 1/14/16 at 3:05 PM. Client C's record did not indicate documentation of a financial ledger to account for client C's funds or expenditures. Client C's actual personal cash count was \$332.16.</li> <li>Client D's financial record was reviewed on 1/14/16 at 2:55 PM. Client D's January 2016 CL indicated client D's personal cash balance should be \$495.03. Client D's actual personal cash count was \$5.00.</li> </ol>		<p><b>complete accounting of the clients' personal funds entrusted to the facility on behalf of clients.</b></p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D, E and F as well as all other clients in the home and any expenditure without a receipt will be reimbursed.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the home at least five times weekly and complete and audit of all client finances to ensure an accurate accounting and documentation of all expenditures with accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all</p>	

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	<p>5. Client E's financial record was reviewed on 1/14/16 at 2:40 PM. Client E's record did not indicate documentation of a financial ledger to account for client E's funds or expenditures. Client E's actual personal cash count was \$8.65 and an un-deposited/cashed check in the amount of \$15.00.</p> <p>6. Client F's financial record was reviewed on 1/14/16 at 3:00 PM. Client F's record did not indicate documentation of a financial ledger to account for client F's funds or expenditures. Client F's actual personal cash count was \$10.63.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/14/16 at 2:45 PM. QAM #1 indicated clients A, B, C, D, E and F should have monthly personal finance ledgers to account for their personal funds and expenditures.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-2(a)</p>		<p>expenditures with an accompanying receipt.</p> <p><b>Measures to be put in place:</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, C, D, E and F as well as all other clients in the home and any expenditure without a receipt will be reimbursed.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly and complete and audit of all client finances to ensure an accurate accounting and documentation of all expenditures with accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying</p>				

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W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3 sampled clients (A and B), plus 2 additional clients (E and F), the facility failed to implement its written policy and procedures to prevent alleged financial theft/exploitation regarding client A's personal funds. The facility failed to implement its written policy and procedures to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E. The facility failed to develop and implement corrective measures to prevent recurrence	W 0149	receipt.  Completion date: 2/18/16  <b>W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client.</b>  <b>Corrective Action: (Specific):</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's	02/18/2016

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	<p>of financial theft/exploitation of client A's personal funds. The facility failed to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/14/16 at 11:30 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/12/15 indicated, "[Client A] came to the office with his staff on 11/12/15 and reported to the business manager that he had \$115.00 in his wallet last week and on Wednesday 11/4/15 he (sic) wallet came up missing."</p> <p>-Investigative Summary (IS) dated 11/17/15 included but was not limited to the following summary of interviews:</p> <p>-"[Client B] states that he 'Didn't take it, [client F] took it. I saw [client F], he spent it all on the truck (food truck) at work."</p> <p>-"[Staff #1] states that [client A] had a</p>		<p>rights. An audit will be completed for client A as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator within 5 business days, thorough investigations including comprehensive interviews with all persons who can provide statements of information regarding the incident, including day service staff when necessary and the addition of recommendations for all investigations.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all</p>				

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	<p>wallet and had saved up all his pay checks, he had like \$87.00 in his wallet and the entire wallet came up missing. [Staff #1] states that it has been missing for 6 weeks."</p> <p>The IS dated 11/17/15 indicated, "The allegations of [client A] missing funds and his wallet are substantiated, however, it cannot be determined where the wallet has gone or who took it. [Client A] will be reimbursed the funds."</p> <p>The IS dated 11/17/15 did not indicate documentation of day services staff being interviewed to reconcile client B's allegations. The IS dated 11/17/15 did not indicate documentation of reconciliation of staff #1's statement regarding client A's money being missing for 6 weeks. The IS dated 11/17/15 did not indicate documentation of recommendations to prevent future incidents of financial/theft exploitation. The IS dated 11/17/15 did not indicate documentation of the facility's administrator being notified of the results. The IS dated 11/17/15 indicated the investigation was completed by QAM (Quality Assurance Manager) #1.</p> <p>QAM #1 was interviewed on 1/14/16 at 11:50 AM. QAM #1 indicated she had completed the 11/17/15 IS. QAM #1</p>		<p>expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p> <p><b>Measures to be put in place:</b> All staff at the home will be retrained on the operations standard for client finance management, the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit will be completed for clients A, B, E and F, as well as all other clients in the home and any expenditure without a receipt will be reimbursed. The Quality Assurance Manager will be retrained on the BDDS reporting policy, reporting investigation findings to the Administrator</p>		

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	<p>indicated day service staff were not interviewed during the investigation. QAM #1 indicated staff #1's statements regarding when client A's money was missing were not reconciled/addressed in the 11/17/15 IS. QAM #1 indicated clients should not have more than \$50.00 in the home at any time or less based upon their individual financial assessment.</p> <p>2. BDDS report dated 11/14/15 indicated, "[Client B] and [client E] were having a disagreement. [Client B] scratched [client E] on the face and right ear. Staff immediately separated the consumers and checked for injury. Staff began to perform first aid and called the nurse to inform her of the incident. Staff were instructed to take [client E] to the [clinic] to be evaluated." The 11/14/15 BDDS report indicated, "Upon arriving to [clinic], [client E] was examined by the on duty physician. [Client E] was diagnosed with a right ear laceration, the wound was cleaned and Lidocaine gel (anesthetic) was applied to the ear. [Client E] had two nylon stitches placed to close the laceration."</p> <p>The review did not indicate documentation of an investigation regarding the 11/13/15 incident of client to client aggression for clients B and E</p>		<p>within 5 business days, thorough investigations including comprehensive interviews with all persons who can provide statements of information regarding the incident, including day service staff when necessary and the addition of recommendations for all investigations.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The</p>				

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	<p>which resulted with an injury to client E.</p> <p>3. BDDS report dated 11/26/15 indicated client F made an allegation of sexual abuse while on a home visit with his sister.</p> <p>-IS dated 11/25/15 did not indicate documentation of the facility administrator being notified of the results of the investigation.</p> <p>QAM #1 was interviewed on 1/14/16 at 11:50 AM. QAM #1 indicated the abuse and neglect policy should be implemented, abuse, neglect, mistreatment and exploitation should be prevented, all allegations of abuse, neglect, mistreatment or exploitation should be thoroughly investigated, corrective measures should be developed and implemented to prevent future incidents of abuse, neglect, mistreatment or exploitation and the facility's administrator should be notified of the results/findings of the investigations of allegations of abuse, neglect, mistreatment or exploitation.</p> <p>The facility's policy and procedures were reviewed on 1/15/16 at 4:09 PM. The facility's Abuse, Neglect, Exploitation Policy and Procedure revised date of 1/9/15 indicated the following:</p>		<p>administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p> <p><b>Completion date: 2/18/16</b></p>		

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	<p>-"Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation."</p> <p>-"The Clinical Supervisor will assign an investigative team and a thorough investigation will be completed within 5 business days of the report of the incident. Once the investigation has been completed, the investigation will be given to the Executive Director or designee for review."</p> <p>-"F. Abuse- Exploitation. 1. An act that deprives and individual of real or personal property by fraudulent or illegal means."</p> <p>-"F. Neglect- Program Intervention. 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm."</p> <p>The facility's Abuse, Neglect, Exploitation Policy and Procedure revised date of 1/9/15 indicated the final IS report should contain "Concerns and recommendations. Witness statements</p>			

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W 0154 Bldg. 00	<p>and supporting documentation. Methods to prevent future incidents."</p> <p>This federal tag relates to complaint #IN00186897.</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 for 2 of 3 allegations of abuse and exploitation reviewed, the facility failed to complete thorough investigations regarding an allegation of financial theft/exploitation of client A's personal funds and an incident of client to client aggression resulting in injury regarding clients B and E.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/14/16 at 11:30 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/12/15 indicated, "[Client A] came to the office with his staff on 11/12/15 and reported to the</p>	W 0154	<p><b>W154: The facility must have evidence that all violations are thoroughly investigated.</b></p> <p><b>Corrective Action: (Specific):</b> All staff at the home and the Quality Assurance Manager will be retrained on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights, including client to client aggression. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, thorough investigations including conducting comprehensive interviews with any person that</p>	02/18/2016

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	<p>business manager that he had \$115.00 in his wallet last week and on Wednesday 11/4/15 he (sic) wallet came up missing."</p> <p>-Investigative Summary (IS) dated 11/17/15 included but was not limited to the following summary of interviews:</p> <p>-"[Client B] states that he 'Didn't take it, [client F] took it. I saw [client F], he spent it all on the truck (food truck) at work."</p> <p>-"[Staff #1] states that [client A] had a wallet and had saved up all his pay checks, he had like \$87.00 in his wallet and the entire wallet came up missing. [Staff #1] states that it has been missing for 6 weeks."</p> <p>The IS dated 11/17/15 indicated, "The allegations of [client A] missing funds and his wallet are substantiated, however, it cannot be determined where the wallet has gone or who took it. [Client A] will be reimbursed the funds."</p> <p>The IS dated 11/17/15 did not indicate documentation of day services staff being interviewed to reconcile client B's allegations. The IS dated 11/17/15 did not indicate documentation of reconciliation of staff #1's statement regarding client A's money being missing</p>		<p>can provide information regarding the incident including Day Service staff and reporting the investigation findings and recommendations to the Administrator within 5 business days. All investigations will include recommendations to prevent future occurrences of any substantiated allegations.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incidents, ensure that investigations are initiated as indicated and that the administrator is notified of all incidents. The administrator will meet with the Quality Assurance Manager at least twice weekly to review the findings and recommendations for investigations.</p> <p><b>Measures to be put in place:</b> All staff at the home and the Quality Assurance Manager will be retrained on the operation standard for reporting and investigating abuse, neglect,</p>	

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	<p>for 6 weeks. The IS dated 11/17/15 did not indicate documentation of recommendations to prevent future incidents of financial/theft exploitation. The IS dated 11/17/15 indicated the investigation was completed by QAM (Quality Assurance Manager) #1.</p> <p>QAM #1 was interviewed on 1/14/16 at 11:50 AM. QAM #1 indicated she had completed the 11/17/15 IS. QAM #1 indicated day service staff were not interviewed during the investigation. QAM #1 indicated staff #1's statements regarding when client A's money was missing were not reconciled/addressed in the 11/17/15 IS. QAM #1 indicated clients should not have more than \$50.00 in the home at any time or less based upon their individual financial assessment.</p> <p>2. BDDS report dated 11/14/15 indicated, "[Client B] and [client E] were having a disagreement. [Client B] scratched [client E] on the face and right ear. Staff immediately separated the consumers and checked for injury. Staff began to perform first aid and called the nurse to inform her of the incident. Staff were instructed to take [client E] to the [clinic] to be evaluated." The 11/14/15 BDDS report indicated, "Upon arriving to [clinic], [client E] was examined by the</p>		<p>exploitation, mistreatment or violation of an individual's rights, including client to client aggression. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, thorough investigations including conducting comprehensive interviews with any person that can provide information regarding the incident including Day Service staff and reporting the investigation findings and recommendations to the Administrator within 5 business days. All investigations will include recommendations to prevent future occurrences of any substantiated allegations.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incidents, ensure that investigations are initiated as indicated and that the administrator is notified of all incidents. The administrator will meet with the Quality Assurance Manager at least twice weekly to review the findings and recommendations for investigations.</p>		

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W 0156 Bldg. 00	<p>on duty physician. [Client E] was diagnosed with a right ear laceration, the wound was cleaned and Lidocaine gel (anesthetic) was applied to the ear. [Client E] had two nylon stitches placed to close the laceration."</p> <p>The review did not indicate documentation of an investigation regarding the 11/13/15 incident of client to client aggression for clients B and E which resulted with an injury to client E.</p> <p>QAM #1 was interviewed on 1/14/16 at 11:50 AM. QAM #1 indicated all allegations of abuse, neglect, mistreatment or exploitation should be thoroughly investigated.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p>		<p><b>Completion date: 2/18/16</b></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G193		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  01/19/2016	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143			
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	<p>Based on record review and interview for 2 of 3 allegations of abuse and exploitation reviewed, the facility failed to report the findings of the investigations of client A's alleged financial theft/exploitation and client F's alleged sexual abuse to the facility administrator within 5 business days of the alleged events.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/14/16 at 11:30 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/12/15 indicated, "[Client A] came to the office with his staff on 11/12/15 and reported to the business manager that he had \$115.00 in his wallet last week and on Wednesday 11/4/15 he (sic) wallet came up missing."</p> <p>-Investigative Summary (IS) dated 11/17/15 did not indicate documentation of the facility's administrator being notified of the results.</p> <p>2. BDDS report dated 11/26/15 indicated client F made an allegation of sexual abuse while on a home visit with his sister.</p>	W 0156	<p><b>W156: The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days.</b></p> <p><b>Corrective Action: (Specific):</b> The Quality Assurance Manager will be retrained on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights, on the BDDS reporting policy, thorough investigations and reporting the investigation findings and recommendations to the Administrator within 5 business days.</p> <p><b>How others will be identified: (Systemic):</b> The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incidents, ensure that investigations are initiated as indicated and that the administrator is notified of all incidents. The administrator will meet with the Quality Assurance Manager at least twice weekly to review the findings and</p>	02/18/2016			

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	<p>-IS dated 11/25/15 did not indicate documentation of the facility administrator being notified of the results of the investigation.</p> <p>QAM #1 was interviewed on 1/14/16 at 11:50 AM. QAM #1 indicated the facility's administrator should be notified of the results/findings of the investigations of allegations of abuse, neglect, mistreatment or exploitation.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-2(a)</p>		<p>recommendations for investigations.</p> <p><b>Measures to be put in place:</b> The Quality Assurance Manager will be retrained on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights, on the BDDS reporting policy, thorough investigations and reporting the investigation findings and recommendations to the Administrator within 5 business days.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will meet with the Quality Assurance Manager at least three times weekly to review incidents, ensure that investigations are initiated as indicated and that the administrator is notified of all incidents. The administrator will meet with the Quality Assurance Manager at least twice weekly to review the findings and recommendations for investigations.</p>	

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W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 3 allegations of abuse and exploitation reviewed, the facility failed to develop and implement corrective measures to prevent recurrence of financial theft/exploitation of client A's personal funds.</p> <p>Findings include:</p>	W 0157	<p><b>Completion date: 2/18/16</b></p> <p><b>W157: If the alleged violation is verified, appropriate corrective action must be taken.</b></p> <p><b>Corrective Action: (Specific):</b> All staff at the home and the Quality Assurance Manager will be retrained on the operation</p>	02/18/2016

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/14/16 at 11:30 AM. The review indicated the following:</p> <p>BDDS report dated 11/12/15 indicated, "[Client A] came to the office with his staff on 11/12/15 and reported to the business manager that he had \$115.00 in his wallet last week and on Wednesday 11/4/15 he (sic) wallet came up missing."</p> <p>-Investigative Summary (IS) dated 11/17/15 did not indicate documentation of recommendations to prevent future incidents of financial/theft exploitation.</p> <p>QAM #1 was interviewed on 1/14/16 at 11:50 AM. QAM #1 indicated corrective measures should be developed and implemented to prevent future incidents of abuse, neglect, mistreatment or exploitation.</p> <p>This federal tag relates to complaint #IN00186897.</p> <p>9-3-2(a)</p>		<p>standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights, including client to client aggression. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, thorough investigations including recommendations to prevent future occurrence for all substantiated allegations and reporting the investigation findings and recommendations to the administrator within 5 business days. Financial assessments for Client A as well as all other clients in the home will be reviewed by the team and revised if necessary to determine the amount of money each client can safely carry with them. All staff at the home will be retrained on the operation standard for client finance management.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and</p>		

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			<p>documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.</p> <p><b>Measures to be put in place:</b> All staff at the home and the Quality Assurance Manager will be retrained on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights, including client to client aggression. The Quality</p>	

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			<p>Assurance Manager will be in-serviced on the BDDS reporting policy, thorough investigations including recommendations to prevent future occurrence for all substantiated allegations and reporting the investigation findings and recommendations to the administrator within 5 business days. Financial assessments for Client A as well as all other clients in the home will be reviewed by the team and revised if necessary to determine the amount of money each client can safely carry with them. All staff at the home will be retrained on the operation standard for client finance management.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The business office manager or the office coordinator will visit the home at least weekly to complete an audit of all client finances to ensure accurate accounting and</p>	

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			documentation of all expenditures with an accompanying receipt. The Program Manager will be in the home at least twice weekly to complete an audit of all client finances to ensure accurate accounting and documentation of all expenditures with an accompanying receipt. The administrator will meet with the Quality Assurance Manager at least twice weekly to review and discuss all investigations as well as recommendations for those investigations.  <b>Completion date: 2/18/16</b>		