

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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W 0000 Bldg. 00	<p>This visit was for an investigation of Complaint #IN00181033.</p> <p>Complaint #IN00181033: Substantiated. Federal/State deficiencies related to the allegation were cited at W104, W140 and W209.</p> <p>Dates of Survey: 10/20, 10/26, 10/28, 10/29, 11/2 and 11/6, 2015.</p> <p>Facility Number: 000945 AIM Number: 100235210 Provider Number: 15G431</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/2/15.</p>	W 0000		

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 The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 of 3 sampled clients (B), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility established and maintained a monetary system that provided a full accounting of the client's funds. The governing body failed to exercise general policy and operating direction over the facility to ensure the client did not pay for library late fees on overdue items.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the client did not pay for library late fees. The governing body failed to exercise general policy and operating direction over the facility to ensure the group home staff supervising the client while shopping obtained a receipt for her purchases. Please see W140.</p> <p>2. During review of the group home's finances on 10/29/15 at 1:18 PM, a receipt dated 5/7/15 indicated client B</p>			W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (specific): The residential manager will be in-serviced on notifying the business office when there are fees associated with overdue items from the local library so the facility can submit the fees for payment and that clients are not responsible for paying for the late fees.</p> <p>How others will be identified: (Systemic): The business office will review all client finances at least monthly to ensure that clients are not paying for late fees associated with overdue items from the local library. If any are found the client will be reimbursed immediately.</p> <p>Measures to be put in place: The residential manager will be in-serviced on notifying the business office when there are fees associated with overdue items from the local</p>		12/09/2015

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	<p>had paid \$6.00 for "library overdue fees." A copy of a library cash register receipt indicated client B paid a \$1.00 late fee for each of the 6 overdue library items. Another receipt dated 6/27/15 indicated client B had paid \$5.00 for "fees at library". A copy of an accompanying library cash register receipt also dated 6/27/15 indicated client B paid \$5.00 for one overdue library item.</p> <p>Interview with the facility's accounting administrator was conducted on 10/29/15 at 1:34 PM. She stated "No client should be responsible for overdue library fines. The facility is responsible for paying library late fees."</p> <p>This federal tag relates to complaint #IN00181033.</p> <p>9-3-1(a)</p>		<p>library so the facility can submit the fees for payment and that clients are not responsible for paying for the late fees.</p> <p>Monitoring of Corrective Action: The business office will review all client finances at least monthly to ensure that clients are not paying for late fees associated with overdue items from the local library. If any are found the client will be reimbursed immediately.</p> <p>Completion date: 12/09/2015</p>		

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 1 of 4 sampled clients (B), the facility failed to maintain an accurate accounting of the client's personal funds.</p> <p>Findings include:</p> <p>During review of the group home's financial records on 10/29/15 at 1:18 PM, a receipt dated 1/18/15 with the cash amount given to client B was left blank. The description indicated it was for an "outing." There was no receipt to indicate how much money was spent or the type of purchase made. A receipt dated 4/28/15 indicated client B was given \$10.00 for an "outing." No indication of a purchase (receipt) was included nor was the client's signature on the facility receipt. Another receipt dated 6/14/15 indicated the client was given \$15.00 but did not indicate the description of the purchase and did not include a cash</p>	W 0140	<p>W140: 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 the clients.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure.</p> <p>How others will be identified: (Systemic) The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full</p>	12/09/2015

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	<p>register receipt for a purchase.</p> <p>The facility's accounting administrator was interviewed on 10/29/15 at 1:34 PM. She stated "Each purchase made by the client over \$5.00 should be accompanied by a receipt of the purchased items. There is no exception."</p> <p>This federal tag relates to complaint #IN00181033.</p> <p>9-3-2(a)</p>		<p>and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Measures to be put in place: All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure.</p> <p>Monitoring of Corrective Action: The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p>		

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W 0209 Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview for 1 of 4 sampled clients (B), the facility failed to provide sufficient notice to the client's parents/guardians to enable them to attend the client's annual IDT (Interdisciplinary Meeting).</p> <p>Findings include:</p> <p>An electronic email notification dated 10/26/15 at 9:40 AM from the local BDDS (Bureau of Developmental Disabilities Services) Specialist for the group home indicated "[Name of Workshop] contacted [Name of Facility] on 9/30/15 because [Client B's] ISP (Individual Support Plan), BSP (Behavior Support Plan) and HRP (High Risk Plans) had expired. Her (client B) annual meeting was held the next day on 10/1/15, which did not give the guardians or myself a chance to attend. My name is on the sheet as I was notified about her</p>	W 0209	<p>Completion date: 12/09/2015</p> <p>W209: Participation by the client, his or her parents (if the client is a minor), or the clients' legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Corrective Action: (Specific): The QIDP will be in-serviced on participation of client's guardians at annual meetings and receiving their signature and approval for the program plan timely. A meeting has been set up to meet with guardians for client B on 12/30/15 to review the program plan and receive signatures.</p> <p>How others will be identified: (Systemic): The Program Manager will visit the home at least weekly to ensure that all clients with guardians have participated in the annual meeting and that all program plans have guardian signature.</p> <p>Measures to be put in place: The</p>	12/09/2015

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	<p>meeting after it had happened. [Client B's] guardians told me they were NOT informed of their annual meeting."</p> <p>Client B's record review was completed on 10/26/15 at 10:35 AM. The ISP (Individual Support Plan) dated 10/1/15 did not include the signature of client B's parents/guardians.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/26/15 at 9:43 AM, she stated "I notified [Client B's] guardians of her annual IDT meeting, but it might have been on the same day. [Name of Group Home Manager] gave [client B's] guardians a copy of her plan to sign when they returned with the client on a family leave of absence immediately following the revision of her plan. Instead of signing it, they said they wanted to take it home to review it first. We still have not received a signed copy back."</p> <p>This federal tag relates to complaint #IN00181033.</p> <p>9-3-4(a)</p>		<p>QIDP will be in-serviced on participation of client's guardians at annual meetings and receiving their signature and approval for the program plan timely. A meeting has been set up to meet with guardians for client B on 12/30/15 to review the program plan and receive signatures.</p> <p>Monitoring of Corrective Action: The Program Manager will visit the home at least weekly to ensure that all clients with guardians have participated in the annual meeting and that all program plans have guardian signature.</p> <p>Completion date: 12/09/2015</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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