

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G163	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/02/2012
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3154 HEAVLIN RD VALPARAISO, IN 46383
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: April 30, May 1, and 2, 2012.</p> <p>Facility number: 000698 Provider number: 15G163 AIM number: 100248790</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/4/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0140	<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, the facility failed to establish and maintain a system to ensure a full and complete accounting of client personal funds for 3 of 4 clients living in the home (clients #1, #2 and #3).</p> <p>Findings include</p> <p>Facility records were reviewed on 4/30/12 at 2:44 P.M. including the Bureau of Developmental Disabilities Services Reports (BDDS) for the past year. The BDDS reports indicated the following:</p> <p>A BDDS report dated 1/10/12 for an incident on 1/10/12 at 3:30 P.M. indicated client #1 had \$15.62 missing from his petty cash.</p> <p>A BDDS report dated 1/10/12 for an incident on 1/10/12 at 3:30 P.M. indicated client #2 had \$6.28 missing from his petty cash.</p> <p>A BDDS report dated 1/10/12 for an incident on 1/10/12 at 3:30 P.M. indicated client #3 had \$21.10 missing from his</p>	W0140	<p>While the money was being checked, it was discovered that some was missing. A BDDS report was completed and an investigation took place. In-Pact reimbursed the missing money on 1-13-12. Responsible person: Marcetta Walton, Group Home Manager &amp; Susan Whitten, Program Coord/QMRP. Each day, the Manager puts out some money for each of the clients, so that they have immediate access. Staff check and record daily that the correct amount is maintained at all times. Responsible person: Marcetta Walton, Group Home Manager. If it is a planned outing or if the Manager is out, then the money would be assigned to a designated staff to be entrusted on behalf of the client(s). That staff would sign off on that money taking on the responsibility of it and being accountable that the funds balance. Responsible person: Marcetta Walton, Group Home Manager. To ensure compliance, Monthly a spot check will be completed to show that the system set up is effective in accounting for all of the clients personal funds. Responsible person: Susan Whitten, Program Coord/QMRP &amp; Sheila O'Dell,</p>	05/15/2012	

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	<p>petty cash.</p> <p>The BDDS reports also indicated the house petty cash (provided by the facility) was missing \$122.00.</p> <p>The BDDS reports indicated the facility had completed an investigation, but were unable to determine what had happened. Clients #1, #2 and #3 were reimbursed for their missing money by the facility on 1/13/12.</p> <p>An Interview was conducted with the Residential Manager (RM) on 5/2/12 at 7:25 A.M.. The RM indicated there was missing money from the client petty cash boxes. The facility had now established a system were the RM would lay out money daily for each client so they could have immediate access. The RM stated, "Now the only ones who have a key to the locked money boxes is the program coordinator and myself. The RM indicated there had been no more incidents of money missing since the new system was established.</p> <p>9-3-2(a)</p>		Group Home Director.				

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