

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
W 0000 Bldg. 00	<p>This visit was for the investigation of complaints #IN00426039 and #IN00427826.</p> <p>Complaint #IN00426039: Federal/state deficiencies related to the allegation(s) are cited at W125, W140 and W153.</p> <p>Complaint #IN00427826: Federal/state deficiencies related to the allegation(s) are cited at W140 and W153.</p> <p>This visit was in conjunction with a Post Certification Revisit (PCR) to the pre-determined full annual recertification and state licensure survey and the investigation of complaints #IN00409199, #IN00418483, and #IN00419787 conducted on 11/20/23.</p> <p>Survey dates: 2/20/24, 2/21/24, 2/22/24 and 2/23/24.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 3/5/24.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	03/18/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's needs concerning a Health Care Representative (HCR) were assessed for supports and services to assist him with medical decision making.</p> <p>Findings include:</p> <p>Confidential Interview (CI #1) indicated client B's required gall bladder surgery was delayed due to no Health Care Representative (HCR) being in place for client B to advocate for him. CI #1 indicated a concern for client B's medical supports and services due to no HCR to advocate for his medical needs.</p> <p>On 2/20/23 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client B:</p> <p>BDS incident report dated 12/22/23 indicated, "Staff reported [client B] complained of stomach pain and he didn't want to eat. ResCare LPN (licensed practical nurse) was contacted, and [client B] was transported to Urgent Care. Once at Urgent Care, [client B] was assessed, and he was transported by ambulance to hospital for further evaluation and treatment. Plan to Resolve: A CT (imagining scan) was completed and showed gallstones and distended gallbladder. [Client B] was admitted, surgery is scheduled for 12/24/23 to have his gallbladder removed. ResCare will maintain contact with the hospital and plan for discharge".</p>	W 0125	<p>The facility will ensure the rights of all clients allowing and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>An IDT comprised of paraprofessionals was conducted and determined Client B's need for a Health Care Representative (HCR).</p> <p>The QIDP obtained a Health Care Representative (HCR) for Client B.</p> <p>A review of all clients in the facility was conducted by the IDT to determine the need for a Health Care Representative.</p> <p>A member of the administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	03/17/2024
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	<p>On 2/21/24 at 12:24 PM, a review of client B's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 10/16/2023 indicated, "Name: [Client B] ... Interdisciplinary Team (IDT) Members: ...". Client B's ISP did not indicate a Health Care Representative (HCR) listed as part of his IDT members.</p> <p>On 2/21/24 at 3:20 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client B's gall bladder surgery and his need for a HCR. The QIDP indicated client B did not have a HCR. The QIDP indicated the hospital did not want to perform the gall bladder surgery without ensuring client B could provide consent for the surgery and stated, "I don't recall how we got them to agree. They're particular about that". The QIDP was asked if client B required a HCR. The QIDP stated, "I will see if he has the paperwork. At first, they (hospital) were not going to, due to consent. I called them, me and two of the nurses from the hospital with [client B] on the phone, asked if he had the ability to make decisions". The QIDP indicated questions such as, who is your brother, were asked of client B to answer before the hospital would agree to perform his gall bladder surgery.</p> <p>On 2/21/24 at 3:37 PM, the QIDP provided more follow up and a form titled "Appointment of a Health Care Representative" dated 4/12/2010 for review. Client B's HCR form listed two names of people identified as his HCRs and indicated, "I [client B], voluntarily appoint [HCR names], whose telephone number and address are: [HCR contact information] respectively, as my health care representatives who is (sic) authorized to act</p>			

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	<p>for me in all matters of health care...". The QIDP indicated further follow up was needed and stated, "I need to follow up. I've never seen this paper before".</p> <p>On 2/22/24 at 2:10 PM, the QIDP was interviewed. The QIDP stated, "I called the people on the form. They said they do want to be his health care rep (representatives). It's a [family member] that wants to do that. I've never heard from them before. No holidays or anything". The QIDP was asked if client B had a HCR in place at the time of the gall bladder surgery. The QIDP stated, "Yes". The QIDP was asked if client B's HCR should have been notified of his need for a gallbladder surgery. The QIDP stated, "Yes. I should have told them about it". The QIDP indicated she was going to send a new HCR form to update client B's record and stated, "They want me to call when I send the new letter". The QIDP indicated she was going to discuss his recent gall bladder surgery and provide an update on client B's health status with his HCR when she made this phone call.</p> <p>On 2/22/24 at 2:23 PM, the Nurse was interviewed. The Nurse was asked about client B's health care representative and their interest in continuing to be client B's representative. The Nurse stated, "I had no idea he (client B) had a health care rep (representative). They (hospital) asked me, and I couldn't, a conflict of interest. I was not aware [QIDP] had reached out". The Nurse was asked if client B's HCRs should have been notified at the time of client B's gall bladder surgery. The Nurse stated, "Yeah".</p> <p>On 2/23/24 at 10:13 AM, the Quality Assurance Manger (QAM) was interviewed. The QAM was asked about client B's gall bladder surgery, if his health care representative should have been</p>			

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W 0140 Bldg. 00	<p>notified, and client B's need for a health care representative. The QAM stated, "In a normal situation I would say yes. I don't know where this information got dropped. Plus, [QIDP] and [Nurse] were not here in 2010 and there was no contact from them. This is something we'll have [QIDP] explore it more. I don't know about the contact from that point (2010). I'll make sure we're following up and consulting with [client B] as well".</p> <p>This federal tag relates to complaint #IN00426039.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to ensure a full and complete accounting of clients A, B, C, D, E, F, G and H's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>Confidential Interview (CI #1) indicated concerns with the finances, shopping and purchasing of clothes and food items. CI #1 indicated the safe at the home had been left unlocked and money had been missing. CI #1 stated, "A client got into the safe and got into other clients' money. I guess the safe had been unlocked and that's how... I don't understand why they (staff) were spending their (staff) money when the P-card was in the (safe). [Client A] received \$100.00 and no documentation</p>	W 0140	<p>The facility will establish and maintain a system that assures a full and complete accounting of clients' personal funds.</p> <p>The Facility will retrain staff on the standard of maintaining the system of accounting for client's funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The DSL will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced. The Program Manager will in-service the Area Supervisor, and Direct</p>	03/17/2024

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	<p>it (money) was there or had been". CI #1 was asked if client A's money had been in cash or a debit/gift card. CI #1 stated, "I don't know. It was just no documentation of it being there or spent".</p> <p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C, D, E, F, G and H:</p> <p>1) BDS incident report dated 2/5/24 indicated, "During a financial audit it was discovered, [client B] has \$1.00 in missing funds, [client C] had \$13.00 in missing funds, and [client A] had \$23.00 in missing funds. Plan to Resolve: Staff will be retrained on the financial audit policy and procedure and transaction logs. Bill of Rights and Grievance will be completed with [client B], [client C], and [client A]. ResCare will reimburse [client B] \$1.00, [client C] \$13.00, and [client A] \$7.24".</p> <p>Investigation Summary dated 1/29/24 through 2/5/24 with an amendment date of 2/9/24 indicated, "Introduction: On 1/27/24, the Quality Assurance Department received an incident report indicating [client B], [client C], [client E], [client F], [client G], and [client A] each had funds from their finance books that may be unaccounted for. An investigation was initiated in an attempt to determine what happened to funds ...</p> <p>Conclusion: It is substantiated [client B] has \$1.00 unaccounted for... It is substantiated [client C] has \$13.00 unaccounted for... It is unsubstantiated [client E] had \$31.00 unaccounted for; the money was found in an enveloped marked with his name in the safe... It is substantiated [client A] has \$23.00 unaccounted for... It cannot be determined what happened to the funds...".</p>		<p>Support Lead on the use of client finance book.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>2) No BDS incident report was available for review.</p> <p>Investigation Summary dated 8/24/23 through 8/31/23 indicated, "An exploration (sic/exploitation) investigation was initiated when it was reported during a financial audit, finances for [client B], [client E], [client H], [client F], [client D], [client G], [client A] and [client C's] did not balance with cash on hand ...</p> <p>Factual Findings: ... [Client B] with total of \$100.00 has receipts totaling \$38.27 with \$18.00 cash on hand leaving \$43.73 unaccounted for ...</p> <p>[Client C] with total of \$50.00 has receipts totaling \$22.57 with \$22.12 cash on hand leaving \$5.31 unaccounted for...</p> <p>[Client E] with total of \$100.00 has receipts totaling \$97.46 with \$0.00 cash on hand leaving \$2.54 unaccounted for...</p> <p>[Client H] with total of \$100.00 has receipts totaling \$92.92 with \$0.27 cash on hand leaving \$6.81 unaccounted for...</p> <p>[Client F] with total of \$100.00 has receipts totaling \$79.03 with \$10.94 cash on hand leaving \$10.03 unaccounted for...</p> <p>[Client D] with total of \$100.00 has receipts totaling \$79.50 with \$2.00 cash on hand leaving \$18.50 unaccounted for...</p> <p>[Client G] with total of \$50.00 has receipts totaling \$27.49 with \$0.54 cash on hand leaving \$21.97 unaccounted for...</p>			

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	<p>[Client A] with total of \$100.00 has receipts totaling \$86.45 with \$20.57 cash on hand leaving \$7.02 in excess...</p> <p>Review of client inventories updated from 2022 to June 2023 shows:... Due to inability to locate receipts, its unknown how much the items cost when they were purchased or how...</p> <p>[Former staff #1] stated she witnessed staff give clients pocket money to take to day program when they needed it. [Former staff #1] stated she witnessed a former site supervisor give money to a client from a different client's money envelope. [Former staff #1] is unaware if any money given to the clients to carry was deducted from the resource (financial) ledger...</p> <p>Review of finances, including ledgers and receipts show staff did not properly document expenditures as they should have, not accounting for pocket change or cash to go to day program. Staff responsible for client finances from 9/1/22 through 4/28/23 when the last receipt was received are no longer employed with ResCare...</p> <p>Conclusion: It has been determined that: [Client B] has \$43.73 unaccounted for, [client E] \$2.54, [client H] \$6.81, [client F] \$10.03, [client D] \$18.50, [client G] \$21.97, and [client C] \$5.31. [Client A] has \$7.02 over his amount...</p> <p>Recommendations: Reimburse all clients. Retrain staff on client finances and accounting. Weekly audits by DSL (direct support lead). Biweekly audit by AS (Area Supervisor)".</p> <p>On 2/20/24 at 4:35 PM, a review of the clients' finances was completed. The review indicated clients A, B, C, D, E, F, G and H's financial ledgers</p>			

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	<p>to be dated January 2023. No February 2024 cash on hand financial ledgers were available for review.</p> <p>On 2/21/24 at 4:03 PM, the Quality Assurance Manager and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The QAM and QIDP were asked about the incident history for a lack of accounting for the clients' personal funds and the review of the cash on hand financial ledgers for all the clients indicating no accounting had occurred since January 2024. The QAM indicated a recent financial audit (2/5/24 incident report) had found accounting issues. The QAM was asked if the clients' personal funds entrusted to the facility should be maintained accurately and accounted for. The QAM stated, "Yes, maintained on the ledger". The QIDP stated, "Site leads do it weekly". The QAM stated, "It would make sense that [Area Supervisor] should write her audit on the ledger". The QAM indicated she had spoken with the Area Supervisor about documenting her financial audits and indicated more follow up was needed to ensure all accounting, audits, and transactions were being properly documented to ensure all client personal funds entrusted to the facility were accurate and accounted for.</p> <p>On 2/23/24 at 10:13 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident history for missing money indicated in the 8/24/23 investigation. The QAM indicated a BDS incident report was not available for review and stated, "We looked at it as missing money and not exploitation. A financial audit found it (missing money) and we initiated the investigation." The QAM indicated the 2/5/24 incident was also a situation where a financial audit found missing money, was reported and an</p>			

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W 0153 Bldg. 00	<p>investigation initiated. The QAM indicated investigations into both incidents did not indicate exploitation had occurred, but a lack of accounting for the clients' personal funds. The QAM was asked how the clients' personal funds should be maintained and accounted for. The QAM stated, "At all times".</p> <p>This federal tag relates to complaints #IN00426039 and #IN00427826.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to immediately report to the administrator and Bureau of Disabilities Services (BDS) within 24 hours, in accordance with state law: 1) clients A, B, C, D, E, F, G and H's missing personal funds and 2) alleged negligence for the implementation of client C's program plan due to staff sleeping while on duty.</p> <p>Findings include:</p> <p>1) Confidential Interview (CI #1) indicated concerns with the finances, shopping and purchasing of clothes and food items. CI #1 indicated the safe at the home had been left unlocked and money had been missing. CI #1 stated, "A client got into the safe and got into</p>	W 0153	<p>1 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>2 The Area Supervisor will train all Facility Staff on the BDDS Reporting Standard.</p> <p>3 The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect and Exploitation Policy is</p>	03/17/2024

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	<p>other clients' money. I guess the safe had been unlocked and that's how... I don't understand why they (staff) were spending their money when the P-card was in there (safe). [Client A] received \$100.00 and no documentation it (money) was there or had been". CI #1 was asked if client A's money had been in cash or a debit/gift card. CI #1 stated, "I don't know. It was just no documentation of it being there or spent".</p> <p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C, D, E, F, G and H:</p> <p>No BDS incident reports were available for review.</p> <p>Investigation Summary dated 8/24/23 through 8/31/23 indicated, "An exploitation (sic/exploitation) investigation was initiated when it was reported during a financial audit, finances for [client B], [client E], [client H], [client F], [client D], [client G], [client A] and [client C's] did not balance with cash on hand ...</p> <p>Factual Findings:... [Client B] with total of \$100.00 has receipts totaling \$38.27 with \$18.00 cash on hand leaving \$43.73 unaccounted for...</p> <p>[Client C] with total of \$50.00 has receipts totaling \$22.57 with \$22.12 cash on hand leaving \$5.31 unaccounted for...</p> <p>[Client E] with total of \$100.00 has receipts totaling \$97.46 with \$0.00 cash on hand leaving \$2.54 unaccounted for...</p> <p>[Client H] with total of \$100.00 has receipts totaling \$92.92 with \$0.27 cash on hand leaving</p>		<p>followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>4 The Program Manager will ensure the Area Supervisor will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>5 Area Supervisor and Program Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed through random monitoring.</p> <p>6 The area supervisor in serviced facility staff on ResCare anonymous compliance line allowing an additional resource for staff to report outside the Administrative chain, and on ResCare's non-retaliation and Zero Violence policy</p> <p>7 A member of the administrative team will conduct a monthly site review for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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	<p>\$6.81 unaccounted for...</p> <p>[Client F] with total of \$100.00 has receipts totaling \$79.03 with \$10.94 cash on hand leaving \$10.03 unaccounted for...</p> <p>[Client D] with total of \$100.00 has receipts totaling \$79.50 with \$2.00 cash on hand leaving \$18.50 unaccounted for...</p> <p>[Client G] with total of \$50.00 has receipts totaling \$27.49 with \$0.54 cash on hand leaving \$21.97 unaccounted for...</p> <p>[Client A] with total of \$100.00 has receipts totaling \$86.45 with \$20.57 cash on hand leaving \$7.02 in excess...</p> <p>Review of client inventories updated from 2022 to June 2023 shows:... Due to inability to locate receipts, its unknown how much the items cost when they were purchased or how...</p> <p>[Former staff #1] stated she witnessed staff give clients pocket money to take to day program when they needed it. [Former staff #1] stated she witnessed a former site supervisor give money to a client from a different client's money envelope. [Former staff #1] is unaware if any money given to the clients to carry was deducted from the resource (financial) ledger...</p> <p>Review of finances, including ledgers and receipts show staff did not properly document expenditures as they should have, not accounting for pocket change or cash to go to day program. Staff responsible for client finances from 9/1/22 through 4/28/23 when the last receipt was received are no longer employed with ResCare...</p>		Supervisor, QIDP, Direct Support Lead, and DSP.	

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	<p>Conclusion: It has been determined that: [Client B] has \$43.73 unaccounted for, [client E] \$2.54, [client H] \$6.81, [client F] \$10.03, [client D] \$18.50, [client G] \$21.97, and [client C] \$5.31. [Client A] has \$7.02 over his amount...</p> <p>Recommendations: Reimburse all clients. Retrain staff on client finances and accounting. Weekly audits by DSL (direct support lead). Biweekly audit by AS (Area Supervisor)".</p> <p>2) BDS incident report dated 2/2/24 indicated, "On 2/1/24, staff reported when she arrived at the house, staff was asleep and snoring in the office and [client C] was sitting in the living (room). It was also reported that on 1/25 (2024), when staff arrived back at the site after dropping clients off, another staff was asleep then as well and [client C] was sitting in the living room. Plan to Resolve: Staff have been placed on leave pending the outcome of the investigation. Staff will continue to monitor [client C] and provide all necessary supports".</p> <p>Investigation Summary dated 2/2/24 through 2/9/24 indicated, "On 2/1/24, the Quality Assurance Department received an incident report indicating when staff arrived at the house, staff [staff #11] was asleep and snoring in the office while [client C] was sitting in the living room. Staff also reported on 1/25/24, staff [staff #12] was asleep then as well while [client C] sat in the living room...</p> <p>Summary of Interviews:... [Staff #9] reported when she arrived back at [name of group home] staff [staff #11] was asleep and snoring in the office while [client C] was sitting in the living room. [Staff #9] reported that on 1/25/24, after dropping clients off at workshop and arriving back to the</p>			

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	<p>house, staff [staff #12] was asleep in the living room while [client C] was sitting in the living room. [Staff #9] stated she did not report the 1/25/24 incident until this date because she was afraid of the staff...</p> <p>Factual Findings:... [Staff #9] was temporarily working at [name of group home] pending transition to a waiver location and had only worked at the home since 1/24/24... [Staff #9] reported [staff #11] was asleep and snoring in the office when she arrived at the house on 2/1/24. This is the second suspension and investigation for allegations of [staff #11] sleeping on shift ... [Staff #9] stated she was afraid of [staff #11]... After [staff #9] reported the allegations of staff sleeping, and (sic) anonymous compliance call was received, on 2/1/24, alleging verbal abuse from [staff #9] (this is being investigated separately) ... 6 of 6 staff interviewed denied witnessing staff sleeping when they have been on shift or coming on shift...</p> <p>Conclusion: It cannot be determined if [staff #11] slept while on shift on 2/1/24. It cannot be determined if [staff #12] slept while on shift on 1/25/24...".</p> <p>On 2/21/24 at 1:45 PM, client C's record was reviewed. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 4/29/23 indicated, "Discharge Plan: The interdisciplinary team recommends that he (client C) have supervision while participating in community activities, as he has not acquired safe pedestrian skills. He requires structure for leisure time activities... Needs: To learn IL (independent living) skills. To spend time with staff on developing his speech...".</p>			

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

PRINTED: 03/27/2024

FORM APPROVED

OMB NO. 0938-039

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	<p>On 2/23/24 at 10:13 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about reporting 1) clients A, B, C, D, E, F, G and H's missing personal funds on 8/24/24 and 2) suspected neglect for the implementation of client C's program plan concerning staff sleeping while on shift. The QAM stated, "I believe the incident date was 8/24/23 (missing money). I don't see a BDS (incident) report filed. We looked at it as an accounting issue, rather than exploitation". The QAM indicated the clients' missing personal funds and suspected neglect of client C should have immediately been reported to the administrator and BDS within 24 hours and stated, "I can't disagree with you on that one".</p> <p>This federal tag relates to complaints #IN00426039 and #IN00427826.</p> <p>9-3-2(a)</p>				