

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 #IN00404151 and #IN00406972.</p> <p>Complaint #IN00404151: No deficiencies related to the allegation(s) are cited.</p> <p>Complaint #IN00406972: Federal/state deficiencies related to the allegation(s) are cited at W102, W104, W122, W140, W149 and W154.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: April 25, 26, 27, 28, May 3, 4, 5, 8, 9 and 10, 2023</p> <p>Facility Number: 001021 Provider Number: 15G507 AIMS Number: 100245130</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/12/23.</p>			W 0000			
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview for 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to ensure the clients' funds were not exploited by the Office Coordinator. The governing body failed to provide sufficient</p>			W 0102	<p><b>W102:</b> The facility failed to exercise general policy, budget and operating direction over the facility to implement its written policies and procedures to ensure the group home was operated in a clean and sanitary manner. The governing body failed to exercise</p>		05/26/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Anna Brison

Program Director

05/24/2023

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 disclosable 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.

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>oversight of the clients' funds to prevent exploitation of their funds entrusted to the facility. The governing body failed to ensure there were sufficient checks and balances in place to prevent the clients' funds from being mismanaged and stolen.</p> <p>Findings include:</p> <p>1) Please refer to W104. For 5 of 5 clients (B, C, D, F and G) the facility was designated the representative payee, the governing body failed to exercise operating direction over the facility to ensure the clients' funds were not exploited by the Office Coordinator. The governing body failed to provide sufficient oversight of the clients' funds to prevent exploitation of their funds entrusted to the facility. The governing body failed to ensure there were sufficient checks and balances in place to prevent the clients' funds from being mismanaged and stolen. The facility's governing body failed to account for the clients' finances to the penny.</p> <p>2) Please refer to W122. For 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to ensure the clients' funds were not exploited by the Office Coordinator. The governing body failed to provide sufficient oversight of the clients' funds to prevent exploitation of their funds entrusted to the facility. The governing body failed to ensure there were sufficient checks and balances in place to prevent the clients' funds from being mismanaged and stolen. The governing body failed to account for the clients' finances to the penny.</p>				<p>general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the condition of participation.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>All staff trained on the Abuse and Neglect Exploitation Policy. <b>(Attachment A)</b></li> <li>All Management staff trained on updated Financial Preventative Measures that were put into place to prevent further misappropriation of client funds and to ensure financial accuracy to the penny. <b>(Attachment B)</b></li> <li>Area Supervisors trained on updated procedures to request client funds from their RFMS accounts. <b>(Attachment C)</b></li> <li>Office Coordinator terminated from Rescare for the theft of client funds. <b>(Attachment D)</b></li> <li>Rescare Management created a spreadsheet to track all client reimbursements to ensure all client meetings are conducted, reimbursement is received and is deposited into clients RFMS accounts.</li> <li>Rescare reimbursed client B for missing money (\$2312.00). <b>(Attachment E)</b></li> <li>Rescare reimbursed client C for missing money (\$2905.76).</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
	This federal tag relates to complaint #IN00406972.  9-3-1(a)		<b>(Attachment F)</b> · Rescare reimbursed client D for missing money (\$1649.75). <b>(Attachment G)</b> · Rescare reimbursed client F for missing money (\$3460.00). <b>(Attachment H)</b> · Rescare reimbursed client G for missing money (\$3604.17). <b>(Attachment I)</b> · Financial Audits will be conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials in the facility. <b>(Attachment J)</b> · Daily calls are conducted with Rescare Management to discuss financial processes and procedures, financial policies and implementation of those policies. and are tracked by the Quality Assurance Manager. · Area Supervisor weekly check updated to include listing the amount of money each client has in the facility as well as the RFMS balance. <b>(Attachment K)</b> · Area Supervisor/QIDP completes a monthly summary that includes clients financial totals from RFMS and Cash on Hand in the facility. <b>(Attachment L)</b> · Rescare Management has been granted access to view all clients RFMS statements as needed to ensure all client funds are accounted for. <b>(Attachment M)</b>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
			<ul style="list-style-type: none"> <li>Area Supervisor conducts monthly house meetings to review items as needed, the Abuse Neglect Exploitation Policy are included in this meeting as well as the finance policy and procedure process. <b>(Attachment N)</b></li> <li>All client requests that are completed asking that funds be sent to their funeral trust, ARC or Able trust accounts will be processed through their RFMS accounts and the checks will be made out directly to the vendors and will be sent certified to ensure we have supporting documentation that it was received.</li> <li>Once client requests are processed and checks are printed, an approved signer will go to the bank and deposit the checks. The following day an approved signer will go to the bank and withdraw the funds for the clients and return to the office to deposit the funds into the safe until clients are brought to the office to pick up and sign out their funds they had requested.</li> <li>The Program Manager, Program Director and Business Manager will rotate weekly and will audit any funds in the safe weekly and sign the safe ledger acknowledging the amounts are accurate.</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
			<b>Monitoring of Corrective Action:</b> <ul style="list-style-type: none"> <li>Area Supervisor submits weekly check that includes the balance of the in house finances to the Program Manager for review and to ensure completion.</li> <li>Daily calls are conducted during the condition period with Rescare Management.</li> <li>Weekly adverse actions calls with Senior Director of Quality Support and Rescare Operation Support Specialist with Rescare Management to monitor condition level findings and progress on citations noted during complaint survey.</li> <li>Observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion.</li> <li>Financial Audit will be completed 3 times weekly by Rescare Management and sent to the Program Manager and Program Director for review and to ensure completion.</li> <li>All financial requests for spending will be approved by the Executive Director, amounts that exceed \$499 will require Regional Director approval for processing.</li> <li>QIDP will complete a monthly summary and send to the IDT team. The monthly summary includes RFMS balances as well as cash balances for each client in the facility.</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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 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 5 of 5 clients (B, C, D, F and G) the facility was designated the representative payee, the governing body failed to exercise operating direction over the facility to ensure the clients' funds were not exploited by the Office Coordinator. The governing body failed to provide sufficient oversight of the clients' funds to prevent exploitation of their funds entrusted to the facility. The governing body failed to ensure there were sufficient checks and balances in place to prevent the clients' funds from being mismanaged and stolen. The facility's governing body failed to account for the clients' finances to the penny.</p> <p>Findings include:</p> <p>1) Please refer to W140. For 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility's governing body failed to account for the clients' finances to the penny.</p> <p>2) Please refer to W149. For 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility's governing body neglected to implement its policies and procedures to prevent financial exploitation of the clients and to conduct a thorough investigation</p>		W 0104	<p><b>Completion Date: 5/26/23</b></p> <p><b>W104:</b> The governing body must exercise general policy, budget and operating direction over the facility.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>All staff trained on the Abuse and Neglect Exploitation Policy. <b>(Attachment A)</b></li> <li>All Management staff trained on updated Financial Preventative Measures that were put into place to prevent further misappropriation of client funds and to ensure financial accuracy to the penny. <b>(Attachment B)</b></li> <li>Area Supervisors trained on updated procedures to request client funds from their RFMS accounts. <b>(Attachment C)</b></li> <li>Office Coordinator terminated from Rescare for the theft of client funds. <b>(Attachment D)</b></li> <li>Rescare Management created a spreadsheet to track all client reimbursements to ensure all client meetings are conducted, reimbursement is received and is deposited into clients RFMS accounts.</li> <li>Rescare reimbursed client B</li> </ul>		05/26/2023	

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
	<p>including the names of the clients affected and the amount of money stolen from each client.</p> <p>This federal tag relates to complaint #IN00406972.</p> <p>9-3-1(a)</p>		<p>for missing money (\$2312.00). <b>(Attachment E)</b></p> <ul style="list-style-type: none"> <li>Rescare reimbursed client C for missing money (\$2905.76). <b>(Attachment F)</b></li> <li>Rescare reimbursed client D for missing money (\$1649.75). <b>(Attachment G)</b></li> <li>Rescare reimbursed client F for missing money (\$3460.00). <b>(Attachment H)</b></li> <li>Rescare reimbursed client G for missing money (\$3604.17). <b>(Attachment I)</b></li> <li>Financial Audits will be conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials in the facility. <b>(Attachment J)</b></li> <li>Daily calls are conducted with Rescare Management to discuss financial processes and procedures, financial policies and implementation of those policies. and are tracked by the Quality Assurance Manager.</li> <li>Area Supervisor weekly check updated to include listing the amount of money each client has in the facility as well as the RFMS balance. <b>(Attachment K)</b></li> <li>Area Supervisor/QIDP completes a monthly summary that includes clients financial totals from RFMS and Cash on Hand in the facility. <b>(Attachment L)</b></li> <li>Rescare Management has been granted access to view all</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
			<p>clients RFMS statements as needed to ensure all client funds are accounted for. <b>(Attachment M)</b></p> <ul style="list-style-type: none"> <li>Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Exploitation Policy is included in this meeting as well as the finance policy and procedure process. <b>(Attachment N)</b></li> <li>All client requests that are completed asking that funds be sent to their funeral trust, ARC or Able trust accounts will be processed through their RFMS accounts and the checks will be made out directly to the vendors and will be sent certified to ensure we have supporting documentation that it was received.</li> <li>Once client requests are processed and checks are printed, an approved signer will go to the bank and deposit the checks. The following day an approved signer will go to the bank and withdraw the funds for the clients and return to the office to deposit the funds into the safe until clients are brought to the office to pick up and sign out their funds they had requested.</li> <li>The Program Manager, Program Director and Business Manager will rotate weekly and will audit any funds in the safe weekly and sign the safe ledger acknowledging the amounts are</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
			<p>accurate.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor submits weekly check that includes the balance of the in house finances to the Program Manager for review and to ensure completion.</li> <li>Daily calls are conducted during the condition period with Rescare Management.</li> <li>Weekly adverse actions calls with Senior Director of Quality Support and Rescare Operation Support Specialist with Rescare Management to monitor condition level findings and progress on citations noted during complaint survey.</li> <li>Observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion.</li> <li>Financial Audit will be completed 3 times weekly by Rescare Management and sent to the Program Manager and Program Director for review and to ensure completion.</li> <li>All financial requests for spending will be approved by the Executive Director, amounts that exceed \$499 will require Regional Director approval for processing.</li> <li>QIDP will complete a monthly summary and send to the IDT team. The monthly summary includes RFMS balances as well</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(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	
W 0122  Bldg. 00	<p>483.420(a) CLIENT PROTECTIONS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must Based on record review and interview for 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure the clients' funds were not exploited by the Office Coordinator. The facility failed to provide sufficient oversight of the clients' funds to prevent exploitation of their funds entrusted to the facility. The facility failed to ensure there were sufficient checks and balances in place to prevent the clients' funds from being mismanaged and stolen. The facility failed to account for the clients' finances to the penny.</p> <p>Findings include:</p> <p>1) Please refer to W140. For 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility failed to account for the clients' finances to the penny.</p> <p>2) Please refer to W149. For 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility neglected to implement its policies and procedures to prevent financial exploitation of the clients and to conduct a thorough investigation including the names of</p>		W 0122	<p>as cash balances for each client in the facility.</p> <p><b>Completion Date: 5/26/23</b></p> <p><b>W122:</b> The facility must ensure that specific client protections are met.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· All staff trained on the Abuse and Neglect Exploitation Policy. <b>(Attachment A)</b></li> <li>· All Management staff trained on updated Financial Preventative Measures that were put into place to prevent further misappropriation of client funds and to ensure financial accuracy to the penny. <b>(Attachment B)</b></li> <li>· Area Supervisors trained on updated procedures to request client funds from their RFMS accounts. <b>(Attachment C)</b></li> <li>· Office Coordinator terminated from Rescare for the theft of client funds. <b>(Attachment D)</b></li> <li>· Rescare Management created a spreadsheet to track all client reimbursements to ensure all client meetings are conducted, reimbursement is received and is</li> </ul>		05/26/2023	

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>the clients affected and the amount of money stolen from each client.</p> <p>3) Please refer to W154. For 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility failed to conduct a thorough investigation including the names of the clients affected and the amount of money stolen from each client.</p> <p>This federal tag relates to complaint #IN00406972.</p> <p>9-3-2(a)</p>				<p>deposited into clients RFMS accounts.</p> <ul style="list-style-type: none"> <li>Rescare reimbursed client B for missing money (\$2312.00). <b>(Attachment E)</b></li> <li>Rescare reimbursed client C for missing money (\$2905.76). <b>(Attachment F)</b></li> <li>Rescare reimbursed client D for missing money (\$1649.75). <b>(Attachment G)</b></li> <li>Rescare reimbursed client F for missing money (\$3460.00). <b>(Attachment H)</b></li> <li>Rescare reimbursed client G for missing money (\$3604.17). <b>(Attachment I)</b></li> <li>Financial Audits will be conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials in the facility. <b>(Attachment J)</b></li> <li>Daily calls are conducted with Rescare Management to discuss financial processes and procedures, financial policies and implementation of those policies. and are tracked by the Quality Assurance Manager.</li> <li>Weekly adverse actions calls with Senior Director of Quality Support and Rescare Operation Support Specialist with Rescare Management to monitor condition level findings and progress on citations noted during complaint survey.</li> <li>Area Supervisor weekly check updated to include listing</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
			<p>the amount of money each client has in the facility as well as the RFMS balance. <b>(Attachment K)</b></p> <ul style="list-style-type: none"> <li>Area Supervisor/QIDP completes a monthly summary that includes clients financial totals from RFMS and Cash on Hand in the facility. <b>(Attachment L)</b></li> <li>Rescare Management has been given access to view all clients RFMS statements as needed to ensure all client funds are accounted for. <b>(Attachment M)</b></li> <li>Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Exploitation Policy is included in this meeting as well as the finance policy and procedure process. <b>(Attachment N)</b></li> <li>All client requests that are completed asking that funds be sent to their funeral trust, ARC or Able trust accounts will be processed through their RFMS accounts and the checks will be made out directly to the vendors and will be sent certified to ensure we have supporting documentation that it was received.</li> <li>Once client requests are processed and checks are printed, an approved signer will go to the bank and deposit the checks. The following day an approved signer will go to the bank and withdraw the funds for the clients and return</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			<p>to the office to deposit the funds into the safe until clients are brought to the office to pick up and sign out their funds they had requested.</p> <ul style="list-style-type: none"> <li>The Program Manager, Program Director and Business Manager will rotate weekly and will audit any funds in the safe weekly and sign the safe ledger acknowledging the amounts are accurate.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor submits weekly check that includes the balance of the in house finances to the Program Manager for review and to ensure completion.</li> <li>Daily calls are conducted during the condition period with Rescare Management.</li> <li>Weekly adverse actions calls with Senior Director of Quality Support and Rescare Operation Support Specialist with Rescare Management to monitor condition level findings and progress on citations noted during complaint survey.</li> <li>Observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion.</li> <li>Financial Audit will be completed 3 times weekly by</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 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. Based on record review and interview for 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility failed to account for the clients' funds to the penny.</p> <p>Findings include:</p> <p>On 4/25/23 at 4:06 PM, a review of the facility's incident reports was conducted and indicated the following:</p> <p>A 4/20/23 Bureau of Developmental Disabilities</p>	W 0140	<p>Rescare Management and sent to the Program Manager and Program Director for review and to ensure completion.</p> <ul style="list-style-type: none"> <li>All financial requests for spending will be approved by the Executive Director, amounts that exceed \$499 will require Regional Director approval for processing.</li> <li>QIDP will complete a monthly summary and send to the IDT team. The monthly summary includes RFMS balances as well as cash balances for each client in the facility.</li> </ul> <p><b>Completion Date: 5/26/23</b></p> <p><b>W140:</b> The facility must establish and maintain a system that assures a full and complete accounting of client's personal funds and entrusted to the facility on behalf of the clients.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>All staff trained on the Abuse and Neglect Exploitation Policy. <b>(Attachment A)</b></li> <li>All Management staff trained on updated Financial Preventative</li> </ul>	05/26/2023	

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>Services (BDDS) incident report indicated, "There has been an allegation of misappropriation of funds. A full audit of the account is being completed and amount of funds is undetermined at this time. Staff alleged to be responsible for misappropriation of funds has been suspended pending investigation. In addition, the police have been notified and the initial case number is [case number]. Any funds proven to be missing will be reimbursed by ResCare...."</p> <p>On 5/4/23 at 3:48 PM, a review of the clients' Resident Fund Management Service (RFMS) accounts indicated the clients had the following "Transaction Fraudulent" from their accounts:</p> <p>1) Client B: \$2312.00 2) Client C: \$2905.76 3) Client D: \$1649.75 4) Client F: \$3460.00 5) Client G: \$3604.17 Total: \$13931.68</p> <p>The facility's 4/26/23 Investigative Summary indicated in the Conclusion, "It is substantiated [Office Coordinator/OC] embezzled client and ResCare funds from [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds." The investigation's statement from the Business Office Manager (BOM) indicated, "[BOM] was asked what issue(s) he noticed with the pass-through expenditures account and if he had spoken with any other business office staff about the issue. He replied with the following email: 'When reviewing the "pass through" account statements on 4/11/2023, I noticed previous ending balances were below the amount of funds ResCare funded the account with. I knew there had to be an issue because the initial balance on the account should</p>				<p>Measures that were put into place to prevent further misappropriation of client funds and to ensure financial accuracy to the penny. <b>(Attachment B)</b></p> <ul style="list-style-type: none"> <li>Area Supervisors trained on updated procedures to request client funds from their RFMS accounts. <b>(Attachment C)</b></li> <li>Office Coordinator terminated from Rescare for the theft of client funds. <b>(Attachment D)</b></li> <li>Rescare Management created a spreadsheet to track all client reimbursements to ensure all client meetings are conducted, reimbursement is received and is deposited into clients RFMS accounts.</li> <li>Rescare reimbursed client B for missing money (\$2312.00). <b>(Attachment E)</b></li> <li>Rescare reimbursed client C for missing money (\$2905.76). <b>(Attachment F)</b></li> <li>Rescare reimbursed client D for missing money (\$1649.75). <b>(Attachment G)</b></li> <li>Rescare reimbursed client F for missing money (\$3460.00). <b>(Attachment H)</b></li> <li>Rescare reimbursed client G for missing money (\$3604.17). <b>(Attachment I)</b></li> <li>Financial Audits will be conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials in the facility. <b>(Attachment J)</b></li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>remain the same, given no bank fees occurred, as funds get deposited and withdrawn in the same amount. As I was reviewing the statements and photocopies of the deposits and withdrawals, I was briefly talking to [OC]. I made comments along the line of, "something is off with the account." I was sitting at her desk as I was reviewing. [OC] was occupied, signing client funds out to staff. Her direct involvement in the conversation at that time was minimal. I did not have Mar-2023 (March 2023) statement, so I stopped reviewing and went to the bank to get a copy. After I got the statement, I noticed the balance was at \$210.86. After getting the most recent statement, I went back to the office and had a conversation with [Quality Assurance Manager/QAM]. I asked [QAM] if she had time so I could get her professional opinion and brief her on the suspicions I had. She did have time and we spoke in private in the ResCare lunchroom. I explained to her what the "pass through" account was and how we utilized it. In addition, I showed her the discrepancies we were experiencing.</p> <p>After the conversation, I explained I was not sure what the next steps were going to be and had to bring [ED], up to date. This concluded our conversation. Shortly after having the conversation with [QAM], I asked [OC] to join me in the lounge so we could review it together. As we sat down at the table, I pointed out the September 2022 statement. This was the first month the account balance dropped below the amount ResCare funded it with (\$7000.00). I then went through each month showing the influx in the balance. As I was about to continue my explanation and what we were looking for, [OC] stopped me and said, "I did it. I took the money. I'm so sorry." I did not say anything right away</p>				<ul style="list-style-type: none"> <li>Daily calls are conducted with Rescare Management to discuss financial processes and procedures, financial policies and implementation of those policies. and are tracked by the Quality Assurance Manager.</li> <li>Area Supervisor weekly check updated to include listing the amount of money each client has in the facility as well as the RFMS balance. <b>(Attachment K)</b></li> <li>Area Supervisor/QIDP completes a monthly summary that includes clients financial totals from RFMS and Cash on Hand in the facility. <b>(Attachment L)</b></li> <li>Rescare Management has been granted access to view all clients RFMS statements as needed to ensure all client funds are accounted for. <b>(Attachment M)</b></li> <li>Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Exploitation Policy is included in this meeting as well as the finance policy and procedure process. <b>(Attachment N)</b></li> <li>All client requests that are completed asking that funds be sent to their funeral trust, ARC or Able trust accounts will be processed through their RFMS accounts and the checks will be made out directly to the vendors and will be sent certified to ensure we have supporting documentation</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>as I was in shock. She continued to cry and previously apologize stating she would pay it all back. I told her we need to go talk to [Human Resources Manager/HRM]. She explained she wanted to speak with [ED] and she didn't want anyone else to see her in the state she was in. She asked to go wait in [ED's] office. I said that was fine. Once I got to HR, I shut the door and explained everything that [OC] and I had just spoken about to [HRM]. We then called [ED] and told her [OC] admitted to stealing the funds. We discussed what the next steps would be and went to [ED's] office, with [ED] on speaker. [OC] and [ED] spoke. [OC] was apologetic and promised to pay everything back. The conversation ended with [OC], [HRM] and me signing her suspension form. This statement is the best recollection of the events and conversation that transpired on 4/11/2023.'</p> <p>During follow-up questioning, [BOM] states that the account was established in April 2021 and that [Treasury] assisted with opening the account at [name of bank]. He states that the initial opening balance was \$500 and then there was a second deposit of \$6500, meaning that ResCare funded the account with a total of \$7000. He states that authorized signers on the account are himself, [OC], [Program Manager], [former Program Manager], [name of current Program Director], [Program Manager], [name of former Program Director], and [former Office Coordinator for payroll]. He states that all signers have had access to the account since its opening, however, of those listed, only [OC] and he had ever gone to the bank to make transactions using the account. He states that the account was used as a 'pass-through' account, meaning it was established as a means for providing clients with access to their funds in the form of cash. He</p>				<p>that it was received.</p> <ul style="list-style-type: none"> <li>Once client requests are processed and checks are printed, an approved signer will go to the bank and deposit the checks. The following day an approved signer will go to the bank and withdraw the funds for the clients and return to the office to deposit the funds into the safe until clients are brought to the office to pick up and sign out their funds they had requested.</li> <li>The Program Manager, Program Director and Business Manager will rotate weekly and will audit any funds in the safe weekly and sign the safe ledger acknowledging the amounts are accurate.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor submits weekly check that includes the balance of the in house finances to the Program Manager for review and to ensure completion.</li> <li>Daily calls are conducted during the condition period with Rescare Management.</li> <li>Weekly adverse actions calls with Senior Director of Quality Support and Rescare Operation Support Specialist with Rescare Management to monitor condition level findings and</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>states that anytime a client needs cash, a check was cut to Normal Life of Indiana (ResCare). The check can then be deposited into the 'pass-through' account and the exact deposited amount can be withdrawn. The balance of the account should always remain the same (\$7000.00), as funds deposited are then immediately withdrawn (in the same amount). He states that the account was monitored daily by the [OC] as deposits and withdrawals were made. The [BOM] was responsible for overseeing the account by doing reconciliations. He states that the majority of the clients for whom ResCare serves as rep-payee have had funds pass through the account. On average, the account is used weekly. It was used regularly for group home clients monthly allowances and waiver client cash-on-hand monthly allowances. Any other times the account was used it would have been for special requests where cash is necessary.</p> <p>[BOM] describes the process of the 'pass-through' account as follows:</p> <ol style="list-style-type: none"> <li>1. Receive request for funds for client (if necessary).</li> <li>2. Complete check request spreadsheet (including client name, RFMS ID, amount, description, and vendor (Normal Life of Indiana).</li> <li>3. Send spreadsheet to RFMS processing team-they queue check.</li> <li>4. Office Coordinator [OC] prints check.</li> <li>5. Check request spreadsheet used to label money envelopes (per client) with the appropriate amount of money enclosed in each.</li> <li>6. Ledgers are created per client in the batch.</li> <li>7. Deposit and withdrawal slips completed.</li> <li>8. Drive to bank.</li> <li>9. Provide deposit slip(s) and/or check(s) provided to bank teller.</li> <li>10. Withdrawal slip provided with exact amount.</li> </ol>				<p>progress on citations noted during complaint survey.</p> <ul style="list-style-type: none"> <li>· Observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion.</li> <li>· Financial Audit will be completed 3 times weekly by Rescare Management and sent to the Program Manager and Program Director for review and to ensure completion.</li> <li>· All financial requests for spending will be approved by the Executive Director, amounts that exceed \$499 will require Regional Director approval for processing.</li> <li>· QIDP will complete a monthly summary and send to the IDT team. The monthly summary includes RFMS balances as well as cash balances for each client in the facility.</li> </ul> <p><b>Completion Date: 5/26/23</b></p>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>11. Bank teller breaks up cash into money envelopes per client in the exact amount.</p> <p>12. Office Coordinator or Business Manager returns to office with cash. Ledgers are completed per client showing funds have been deposited into the office safe.</p> <p>13. Staff are then notified that funds are ready to be picked up.</p> <p>14. Staff come to pick up funds and sign them out on the ledger.</p> <p>15. Funds are then either spent or signed into a ledger in the home for tracking cash-on-hand.</p> <p>[OC] states he cannot recall if any policies or procedures for managing the new account had been provided to him over the phone in conversations regarding the establishing of the account. He states he does not have a physical copy of any policies or procedures for managing the pass-through account. He states [Treasurer Director] gave directives for the account to be reconciled monthly. He states he noticed discrepancies in early January 2023, however, admits he had not been fully reconciling the account monthly. After his discovery, he spoke to [Program Director] and [Program Manager] in private, noting his concern for the account seemingly not balancing correctly. He asked them to keep the conversation private and to not let [OC] know that he was reviewing. [PM] offered her assistance with reviewing. He states that at this point, he was working on getting the remaining statements and check copies in order to complete a thorough review. He states he mentioned to [ED] that he thought 'something was up' and that he would follow-up with her once he had completed his review. He states he informed [QAM], [OC], [HRM], and [ED] on 4/11/23 that he had verified discrepancies...."</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>The OC's statement in the facility's investigation indicated, "[OC] was contacted via phone and was asked if there were any other accounts affected after her admission to taking money that did not belong to her. She stated that it was only the 'pass-through' account. She was asked if any client funds had been taken during the process and stated that all clients received their money and none were affected. An appointment was made for further interview following collection of evidence and [OC] initially agreed to meet, but later stated she had changed her mind and declined."</p> <p>The ED's statement in the facility's investigation indicated, "...On Tuesday approximately 2:31pm, I received a text from [BOM] to let me know he needed me to call him because he has a problem and doesn't know what to do. He called me shortly thereafter with [HRM] on speaker phone and relayed that he wanted to reconcile the 'pass-through' account at [name of bank] before the new Business Manager starts but noticed a problem. He suspected some fraudulent activity and said he asked [OC] for the bank statements. He told me that she had put him off and then finally relayed that she had taken money. They had [OC] go into my office and took the phone in there. I relayed to her that she was suspended and she kept apologizing and said she had a gambling problem. She said she started online gambling on her phone. I asked if there was any client money involved and she said no, only ResCare money from the 'pass-through' account at [name of bank]. She states, '[OC] was suspended immediately and an investigation started.' She states, 'On Thursday morning on my way into work, I called [OC] and said, 'It wasn't just the 'passthrough (sic) account was it? It was client funds too ...you made checks for cash that was</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>(sic) supposed to go to the ARC (Association of Remarkable Citizens) and took them, you took spending money? '[OC] replied with, 'Yes.' I then asked, 'How much are we talking about, [OC]? She replied with, 'I don't know, maybe \$20,000.' The rest of the conversation consisted of her apologizing and saying she would take it all back (if she could)."</p> <p>The PD's statement in the facility's investigation indicated, "[PD] was asked to describe the conversation between she, [BOM], and [PM] when he came to them to speak about a potential issue he had noticed with the balance of the 'pass-through' account. She states, 'I can't recall if it was August or September (2022) but [BOM] had stopped in our office and said he had a feeling something was 'off' in the cash account at [name of bank]. [BOM] stated that he was thinking the account may be off and if the checks weren't ran (sic) through right it could cause the balance to be off. I never heard any more about the 'pass-through' account until 4/11/23 when the current investigation was initiated."</p> <p>The Factual Findings section of the facility's investigation indicated, "During the investigative process, all client RFMS statements from 4/1/21 (date of pass through account opening) through April of 2023 were audited. Suspicious transactions were listed and flagged for review with supporting documentation. Documentation was obtained to verify which of the flagged transactions were fraudulent or executed correctly on behalf of the clients. A spreadsheet was generated to track all transactions flagged for review and their verification status. Review if (sic) client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for weekly/monthly spending,</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>ARC, Funeral, and ABLE trust funds (tax-advantaged savings and investment accounts for individuals with disabilities), and other client spending needs. Review if (sic) client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for Stimulus funds for various needs including those mentioned above. Review of the [name of bank] account (pass-through) confirms client checks issued to Normal Life of Indiana (ResCare) were deposited in the 'pass through' account. Review of the [name of bank] withdrawal slips confirms [OC] was the only person withdrawing funds from the account. Review of client Funeral, ARC, and ABLE accounts confirms deposits were not made to the accounts for the designated amounts noted in their RFMS statements. Review of client Resource Ledger Sheets confirms clients did not receive all funds issued from their RFMS accounts for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Client lists/spreadsheets of audit results will be added to the investigation file when final auditing has been completed. Review of the [name of bank] pass through account confirms ResCare funds totaling \$7,000.00 were deposited to open the account and service fees of \$134.63 should result in a remaining balance of \$6,865.37. As of April 2023, the balance of the account is \$95.86 confirming a deficit of \$6,769.51. [BOM] stated he was not reconciling the 'pass-through' account thoroughly each month. [OC] admitted she took ResCare funds and client funds (ARC account funds and client spending funds) from the [name of bank] 'pass-through' account. [OC] initially denied taking client funds then recanted...." The Conclusion indicated, "It is substantiated [OC] embezzled client and ResCare funds from the [name of bank] 'pass through' account. It is substantiated [OC] exploited clients</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>through theft of client funds."</p> <p>The facility's investigation was not thorough as evidenced by:</p> <ul style="list-style-type: none"> <li>-Not identifying the clients involved in the exploitation.</li> <li>-Not identifying the amount of money stolen from each client.</li> <li>-Not identifying the amount of money each client was going to be reimbursed.</li> </ul> <p>On 4/27/23 at 9:34 AM, the Program Director (PD) stated the investigation was "very, very large. What you are seeing is the ResCare money portion and it mentions client funds were taken. It is not the final for every bit of it. The other portion is the clients' tally. Took a small piece to get her (OC) terminated. This is not the final investigation."</p> <p>The facility did not include additional information in the investigation as of 5/4/23 at 12:13 PM.</p> <p>On 5/4/23 at 12:58 PM, the PD indicated it was not a thorough investigation. The PD indicated the Operations Support Specialist (OSS) told her it was a small piece and additional information was going to be included in the final investigation. The PD indicated no additional information was included in the investigation. The PD indicated the investigation needed to include the total number of clients affected and how much money was stolen from each client. The PD indicated the total amount of money stolen from all the clients involved was over \$260,000.00.</p> <p>On 5/4/23 at 1:02 PM, the OSS stated "we need to add client information. Need to add an addendum statement. Need to break it out by client. It is not thorough without the information."</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>On 5/4/23 at 3:48 PM, the Program Director (PD) sent an email with a Financial Investigation Summary attached. The Factual Findings section indicated, "During the investigative process, all client RFMS statements from 4/1/21 (date of pass through account opening) through April of 2023 were audited. Suspicious transactions were listed and flagged for review with supporting documentation. Documentation was obtained to verify which of the flagged transactions were fraudulent or executed correctly on behalf of the clients. A spreadsheet was generated to track all transactions flagged for review and their verification status. Review of client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Review of client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for Stimulus funds for various needs including those mentioned above. Review of the [name of bank] account (pass through) confirms client checks issued to Normal Life of Indiana (ResCare) were deposited in the 'pass through' account. Review of the [name of bank] withdrawal slips confirms [OC] was the only person withdrawing funds from the account. Review of client Funeral, ARC, and ABLE accounts confirms deposits were not made to the accounts for the designated amounts noted in their RFMS statements. Review of client Resource Ledger Sheets confirms clients did not receive all funds issued from their RFMS accounts for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Client lists/spreadsheets of audit results will be added to the investigation file when final auditing has been completed. Review of the [name</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>of bank] pass through account confirms ResCare funds totaling \$7,000.00 were deposited to open the account and service fees of \$134.63 should result in a remaining balance of \$6,865.37. As of April 2023, the balance of the account is \$95.86 confirming a deficit of \$6,769.51. [BOM] stated he was not reconciling the 'pass-through' account thoroughly each month. [OC] admitted she took ResCare funds and client funds (ARC account funds and client spending funds) from the [name of bank] 'pass-through' account. [OC] initially denied taking client funds then recanted. Conclusion: It is substantiated [OC] embezzled client and ResCare funds from the [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds." The summary indicated, "ADDENDUM: Upon final audit the following funds were embezzled from the [name of group home] clients:</p> <p>[Client G] - \$3604.17 [Client D] - \$1649.75 [Client B] - \$2312.00 [Client C] - \$2905.76 [Client F] - \$3460.00 Total: \$13931.68</p> <p>Additionally, it was determined that collectively, \$253,305.59 was embezzled from 106 clients. All financial documentation reviewed for this investigation is being released to the [name of city] PD (police department)/Prosecutor, and the Attorney General for prosecution of [OC] for the embezzlement. ResCare will comply with all requests/directives from the above entities as received."</p> <p>On 5/9/23 at 12:08 PM, the OSS emailed a copy of the investigation with the following Addendum, "...[BOM] and [OC] are no longer with the company. Recommendations Being Implemented:</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Implement Pass Through Account Procedure, Retrain all management staff... on Client Trust Funds Policy, Implement review process for ABLE, ARC, and Funeral Trust Accounts, Retrain all management staff... on RFMS statement review process, and Report all discrepancies immediately to Quality Assurance Dept for investigation."</p> <p>On 5/5/23 at 9:19 AM, the OSS indicated the BOM was going to be terminated due to knowing there was an issue with the ResCare pass through account in February 2023 but not taking action to resolve the issue at the time. The BOM showed the OSS a text he (BOM) sent to the Executive Director (ED) on 2/1/23 indicating the pass through account balance was \$93.00 when it should have been around \$6,800.00. The BOM did not report his concerns to the Quality Assurance department for them to investigate the issue. The BOM did report his concerns to the ED. Neither of them took action at the time. The ED indicated to the OSS during her interview she was not aware of the pass through account issues until April 2023.</p> <p>On 4/27/23 at 9:17 AM, a review of an email from the QAM was conducted. The email included a 4/26/23 Investigation Peer Review (administrative review). The review indicated, "The allegations of exploitation and theft of client funds and theft of ResCare funds has been substantiated. Recommendations include termination of employment for [OC] and ineligible for rehire due to substantiated exploitation and theft. Additional recommendations will be added upon final audit."</p> <p>On 5/4/23 at 1:17 PM, a review of 5/3/23 Investigation Peer review indicated, "The allegations of exploitation and theft of client funds and theft of ResCare funds has been</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>substantiated. [OC] has been terminated of her employment and is deemed ineligible for rehire due to substantiated exploitation and theft. Her access has been removed from all ResCare financial applications/accounts. She has been removed as a representative on all ARC and ABLE accounts associated with our clients. All clients will be fully reimbursed by ResCare. ResCare has added internal protective measures until corporate establishes new policies and/or procedures associated with client finances."</p> <p>On 4/25/23 at 12:43 PM, the Program Director (PD) stated "funds were misappropriated by the former Office Coordinator. The police are involved. Working on the investigation. Many thousands of dollars were stolen from the RFMS accounts. Stimulus checks were also taken. Discovered on 4/11/23." The PD indicated the OC was an employee for 17 years. When the Business Manager asked her to reconcile the account, she admitted to taking the clients' money. The PD indicated approximately 131 clients were affected totaling over \$200,000. The PD indicated Rescare funds were also stolen from a pass through account created in April 2021. The PD stated the OC took the money by using "fake requests" of the clients' money going to ARC, funeral trusts and ABLE accounts. The PD indicated the OC indicated she had a gambling problem. The PD stated, "ResCare will be reimbursing the clients their money... Substantiated exploitation without a doubt." On 4/25/23 at 2:46 PM, the PD indicated the OC admitted to the ED, BOM and her (PD) she took the money. The PD indicated the OC started taking money 2 years ago when the pass through account was created. The PD stated the BOM told her and the Program Manager "something wasn't right in August/September 2022. Wasn't like he was reporting exploitation, just said money</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>wasn't adding up. He wasn't reporting missing money at the time." The PD indicated she was not aware of the clients missing out on making purchases due to the theft of the clients' money.</p> <p>On 4/25/23 at 1:26 PM, the Operations Support Specialist (OSS) indicated some of the clients living in the group home were affected by the OC. The OSS indicated approximately 100 clients were affected with a total of \$250,000 to \$300,000. The OSS indicated the situation started in June 2021 when the facility started using a pass through account for the clients' money. Money came to the account from the clients' RFMS accounts. He stated, "[OC] stole it at this point." The OSS stated it was "substantiated exploitation by [OC]." The OSS indicated he was recommending the OC be terminated. The OSS indicated the BOM turned in his resignation prior to this situation being uncovered. The BOM was conducting an audit when he discovered the issues. The OC admitted to the BOM she stole the money from ResCare but denied taking any of the clients' finances. The OSS indicated the OC took money from ResCare and the clients by using the pass through account. The OSS indicated the BOM was not reconciling the pass through account as he should have. The OSS stated the BOM "will most likely be terminated." The OSS indicated the OC was stealing money going to funeral trusts, ARC trusts and ABLE trusts.</p> <p>On 4/26/23 at 1:55 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 stated clients "were exploited." QIDP #1 indicated the clients were not affected in a negative way and did not miss out on purchasing anything.</p> <p>On 4/26/23 at 1:55 PM, Qualified Intellectual Disabilities Professional (QIDP) #2 stated clients</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>"were exploited." QIDP #2 indicated the clients were not affected in a negative way and did not miss out on purchasing anything.</p> <p>On 4/25/23 at 1:47 PM, the BOM stated, "My [OC] has been stealing from ResCare and the clients." He indicated the OC was stealing funds through the pass through account. He indicated in January 2023, he noticed discrepancies in the pass through account. The balance should be close to \$7000.00. The money goes into the account and immediately gets withdrawn and distributed to the clients. In January 2023, the balance was around \$4000-5000. He indicated at the time he spoke to the PM and PD. He stated he "got busy" and did not look into the low balance until last week. He indicated he went to speak to the OC and she admitted to stealing funds from ResCare. He indicated she did not say anything about client funds. She denied touching the clients' funds. She was able to take the money with fake check requests and forgery of staff and client signatures. He indicated the OC took check requests for ARC trust funds or funeral trusts and had the checks made out to Normal Life of Indiana instead of the trusts. She could take the checks made out to Normal Life to the bank and cash the checks. The BOM stated the OC needed to ensure Executive Director approval was obtained for anything over \$100.00. He stated the OC created "false ledgers." He indicated the RFMS ledger did not show the vendor (where the checks were payable). He indicated she started taking the funds in April 2021 when the pass through account was started. He indicated he started working at the facility in January 2021. He stated "I reconcile the accounts." He indicated he asked the OC to get statements for the accounts and she did not get them. She indicated she forgot and then never provided them to him. He indicated in</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>September 2022, he noticed the balance dropped below \$6,600.00. He stated, "I told them I would do a full reconciliation. I got caught up in other things and didn't do it until this month when I reconciled the accounts for the new BOM." He stated, "I feel some responsibility. It was my responsibility to reconcile the account. I failed to do so for 3-5 months." He stated the OC was "deceiving" and she "committed a crime." The BC indicated there was no investigation conducted in September 2022 when he first noticed there was an issue. He stated, "I told [ED] I would review it and tell her what I found."</p> <p>The BOM stated, "She admitted to taking it. I would have never thought she would have taken it. The total funds missing is approximately \$282,000." He indicated he was not sure what percentage was from ResCare and what was from the client funds. The BOM stated there was "room for improvement. Clients will be reimbursed. There is enough evidence to substantiate exploitation of the clients' funds."</p> <p>On 4/25/23 at 2:59 PM, the Executive Director (ED) indicated there were 112 clients involved and more than \$250,000 stolen. The ED stated, "Definitely going to substantiate exploitation. She will be terminated." The ED indicated she received a text from the BOM on 4/11/23 asking her to call him (BOM). He said he went to reconcile the pass through account and "something was off." The ED stated the OC admitted to stealing ResCare money of approximately \$6,600.00. The ED stated, "She (OC) admitted it to me and HR that she stole the money. She said she had a gambling problem. She said it was just ResCare money. She said she was going to pay it back." On 4/12/23, she indicated the facility checked the clients' finances. The ED stated, "she (OC) was taking the clients'</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>and ResCare's money." The ED indicated the OC was taking money intended for the ARC trust but making the check out to Normal Life so she could cash the check and keep the money. The ED stated on 4/13/23, the OC "admitted she was taking the clients' funds. She said it was around \$20,000.00 and promised to pay the money back." The ED indicated the amount of money discovered missing grew from there. The ED indicated the RFMS statements when printed certain ways did not show the vendor therefore others could not see who the checks were made out to. The ED indicated the OC worked at the facility for 18 years. The ED indicated prior to the pass through account being instituted, the clients had their own bank accounts. The ED indicated the BOM was supposed to reconcile the pass through account monthly. She stated the "[BOM] didn't do it for a long while. Over a year. When he figured out the pass through account was low he reconciled it." She indicated it was not part of the BOM's job responsibility. She indicated the BOM reconciled the account for awhile with no issues noted. She indicated she was first aware of the issue on 4/11/23. She stated "just [OC] and [BOM] had access to the RFMS accounts." The ED stated, "she (OC) was printing and providing the (RFMS) statements in a format that did not provide all the information. Didn't know all the other information was available. Easily detected now that I know." She indicated she was not aware of any clients who couldn't buy something due to the missing funds.</p> <p>On 5/9/23 at 2:11 PM, the Chief Security Officer (CSO) indicated the pass through account was initially opened with \$500.00 and 5 signers. The CSO indicated the account should not have had 5 signers on the account. Due to the amount of funds going into and out of the account, the total</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>amount in the account was increased to \$7000.00. The CSO indicated the amount in the account should not have been increased to \$7000.00 without corporate approval, which did not happen. The CSO stated the BOM "did not reconcile the account like he was supposed to" on a monthly basis. The CSO indicated the BOM forgot his password on the account and did not check it. The BOM asked the OC to get statements however she never provided them to the BOM. The BOM indicated he got busy and did not follow up to get the statements until the BOM went to the bank to request statements in January 2023. When the BOM got the statements, he realized the account dropped below \$7000.00 several times. The BOM informed the ED. The ED indicated she thought the BOM was taking care of the issue. The CSO stated the BOM "got busy" and after a few months, started to go through the statements. While going through the statements with the OC, the OC admitted to taking ResCare's money. The CSO indicated the total amount between ResCare's money and client funds was \$280,000.00.</p> <p>The CSO stated the BOM, "didn't do what he was directed to do" regarding reconciling the pass through account monthly. The CSO indicated the ED should have followed up to ensure he was taking care of the issue in January 2023 when the BOM initially reported his concerns. The CSO indicated although there were staff who had suspicions about the clients' funds, no one reported it to the Quality Assurance department. The CSO stated the OC "falsified documents and requests."</p> <p>This federal tag relates to complaint #IN00406972.</p> <p>9-3-2(a)</p>						

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility neglected to implement its policies and procedures to prevent financial exploitation of the clients and to conduct a thorough investigation including the names of the clients affected and the amount of money stolen from each client.</p> <p>Findings include:</p> <p>On 4/25/23 at 4:06 PM, a review of the facility's incident reports was conducted and indicated the following:</p> <p>A 4/20/23 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "There has been an allegation of misappropriation of funds. A full audit of the account is being completed and amount of funds is undetermined at this time. Staff alleged to be responsible for misappropriation of funds has been suspended pending investigation. In addition, the police have been notified and the initial case number is [case number]. Any funds proven to be missing will be reimbursed by ResCare...."</p> <p>On 5/4/23 at 3:48 PM, a review of the clients' Resident Fund Management Service (RFMS) accounts indicated the clients had the following "Transaction Fraudulent" from their accounts:</p> <p>1) Client B: \$2312.00 2) Client C: \$2905.76 3) Client D: \$1649.75</p>			W 0149	<p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· All staff trained on the Abuse and Neglect Exploitation Policy. <b>(Attachment A)</b></li> <li>· All Management staff trained on updated Financial Preventative Measures that were put into place to prevent further misappropriation of client funds and to ensure financial accuracy to the penny. <b>(Attachment B)</b></li> <li>· Area Supervisors trained on updated procedures to request client funds from their RFMS accounts. <b>(Attachment C)</b></li> <li>· Office Coordinator terminated from Rescare for the theft of client funds. <b>(Attachment D)</b></li> <li>· Rescare Management created a spreadsheet to track all client reimbursements to ensure all client meetings are conducted, reimbursement is received and is deposited into clients RFMS accounts.</li> <li>· Rescare reimbursed client B for missing money (\$2312.00). <b>(Attachment E)</b></li> </ul>		05/26/2023

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>4) Client F: \$3460.00 5) Client G: \$3604.17 Total: \$13931.68</p> <p>The facility's 4/26/23 Investigative Summary indicated in the Conclusion, "It is substantiated [Office Coordinator/OC] embezzled client and ResCare funds from [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds." The investigation's statement from the Business Office Manager (BOM) indicated, "[BOM] was asked what issue(s) he noticed with the pass-through expenditures account and if he had spoken with any other business office staff about the issue. He replied with the following email: 'When reviewing the "pass through" account statements on 4/11/2023, I noticed previous ending balances were below the amount of funds ResCare funded the account with. I knew there had to be an issue because the initial balance on the account should remain the same, given no bank fees occurred, as funds get deposited and withdrawn in the same amount. As I was reviewing the statements and photocopies of the deposits and withdrawals, I was briefly talking to [OC]. I made comments along the line of, "something is off with the account." I was sitting at her desk as I was reviewing. [OC] was occupied, signing client funds out to staff. Her direct involvement in the conversation at that time was minimal. I did not have Mar-2023 (March 2023) statement, so I stopped reviewing and went to the bank to get a copy. After I got the statement, I noticed the balance was at \$210.86. After getting the most recent statement, I went back to the office and had a conversation with [Quality Assurance Manager/QAM]. I asked [QAM] if she had time so I could get her professional opinion and brief her on the suspicions I had. She did have time</p>				<ul style="list-style-type: none"> <li>Rescare reimbursed client C for missing money (\$2905.76). <b>(Attachment F)</b></li> <li>Rescare reimbursed client D for missing money (\$1649.75). <b>(Attachment G)</b></li> <li>Rescare reimbursed client F for missing money (\$3460.00). <b>(Attachment H)</b></li> <li>Rescare reimbursed client G for missing money (\$3604.17). <b>(Attachment I)</b></li> <li>Financial Audits will be conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials in the facility. <b>(Attachment J)</b></li> <li>Daily calls are conducted with Rescare Management to discuss financial processes and procedures, financial policies and implementation of those policies. and are tracked by the Quality Assurance Manager.</li> <li>Area Supervisor weekly check updated to include listing the amount of money each client has in the facility as well as the RFMS balance. <b>(Attachment K)</b></li> <li>Area Supervisor/QIDP completes a monthly summary that includes clients financial totals from RFMS and Cash on Hand in the facility. <b>(Attachment L)</b></li> <li>Rescare Management has been granted access to view all clients RFMS statements as needed to ensure all client funds</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>and we spoke in private in the ResCare lunchroom. I explained to her what the "pass through" account was and how we utilized it. In addition, I showed her the discrepancies we were experiencing.</p> <p>After the conversation, I explained I was not sure what the next steps were going to be and had to bring [ED], up to date. This concluded our conversation. Shortly after having the conversation with [QAM], I asked [OC] to join me in the lounge so we could review it together. As we sat down at the table, I pointed out the September 2022 statement. This was the first month the account balance dropped below the amount ResCare funded it with (\$7000.00). I then went through each month showing the influx in the balance. As I was about to continue my explanation and what we were looking for, [OC] stopped me and said, "I did it. I took the money. I'm so sorry." I did not say anything right away as I was in shock. She continued to cry and previously apologize stating she would pay it all back. I told her we need to go talk to [Human Resources Manager/HRM]. She explained she wanted to speak with [ED] and she didn't want anyone else to see her in the state she was in. She asked to go wait in [ED's] office. I said that was fine. Once I got to HR, I shut the door and explained everything that [OC] and I had just spoken about to [HRM]. We then called [ED] and told her [OC] admitted to stealing the funds. We discussed what the next steps would be and went to [ED's] office, with [ED] on speaker. [OC] and [ED] spoke. [OC] was apologetic and promised to pay everything back. The conversation ended with [OC], [HRM] and me signing her suspension form. This statement is the best recollection of the events and conversation that transpired on 4/11/2023.'</p>				<p>are accounted for. <b>(Attachment M)</b></p> <ul style="list-style-type: none"> <li>Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Exploitation Policy is included in this meeting as well as the finance policy and procedure process. <b>(Attachment N)</b></li> <li>All client requests that are completed asking that funds be sent to their funeral trust, ARC or Able trust accounts will be processed through their RFMS accounts and the checks will be made out directly to the vendors and will be sent certified to ensure we have supporting documentation that it was received.</li> <li>Once client requests are processed and checks are printed, an approved signer will go to the bank and deposit the checks. The following day an approved signer will go to the bank and withdraw the funds for the clients and return to the office to deposit the funds into the safe until clients are brought to the office to pick up and sign out their funds they had requested.</li> <li>The Program Manager, Program Director and Business Manager will rotate weekly and will audit any funds in the safe weekly and sign the safe ledger acknowledging the amounts are accurate.</li> </ul>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>During follow-up questioning, [BOM] states that the account was established in April 2021 and that [Treasury] assisted with opening the account at [name of bank]. He states that the initial opening balance was \$500 and then there was a second deposit of \$6500, meaning that ResCare funded the account with a total of \$7000. He states that authorized signers on the account are himself, [OC], [Program Manager], [former Program Manager], [name of current Program Director], [Program Manager], [name of former Program Director], and [former Office Coordinator for payroll]. He states that all signers have had access to the account since its opening, however, of those listed, only [OC] and he had ever gone to the bank to make transactions using the account. He states that the account was used as a 'pass-through' account, meaning it was established as a means for providing clients with access to their funds in the form of cash. He states that anytime a client needs cash, a check was cut to Normal Life of Indiana (ResCare). The check can then be deposited into the 'pass-through' account and the exact deposited amount can be withdrawn. The balance of the account should always remain the same (\$7000.00), as funds deposited are then immediately withdrawn (in the same amount). He states that the account was monitored daily by the [OC] as deposits and withdrawals were made. The [BOM] was responsible for overseeing the account by doing reconciliations. He states that the majority of the clients for whom ResCare serves as rep-payee have had funds pass through the account. On average, the account is used weekly. It was used regularly for group home clients monthly allowances and waiver client cash-on-hand monthly allowances. Any other times the account was used it would have been</p>				<p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor submits weekly check that includes the balance of the in house finances to the Program Manager for review and to ensure completion.</li> <li>Daily calls are conducted during the condition period with Rescare Management.</li> <li>Weekly adverse actions calls with Senior Director of Quality Support and Rescare Operation Support Specialist with Rescare Management to monitor condition level findings and progress on citations noted during complaint survey.</li> <li>Observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion.</li> <li>Financial Audit will be completed 3 times weekly by Rescare Management and sent to the Program Manager and Program Director for review and to ensure completion.</li> <li>All financial requests for spending will be approved by the Executive Director, amounts that exceed \$499 will require Regional Director approval for processing.</li> <li>QIDP will complete a monthly summary and send to the IDT team. The monthly summary includes RFMS balances as well as cash balances for each client</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>for special requests where cash is necessary.</p> <p>[BOM] describes the process of the 'pass-through' account as follows:</p> <ol style="list-style-type: none"> <li>1. Receive request for funds for client (if necessary).</li> <li>2. Complete check request spreadsheet (including client name, RFMS ID, amount, description, and vendor (Normal Life of Indiana).</li> <li>3. Send spreadsheet to RFMS processing team-they queue check.</li> <li>4. Office Coordinator [OC] prints check.</li> <li>5. Check request spreadsheet used to label money envelopes (per client) with the appropriate amount of money enclosed in each.</li> <li>6. Ledgers are created per client in the batch.</li> <li>7. Deposit and withdrawal slips completed.</li> <li>8. Drive to bank.</li> <li>9. Provide deposit slip(s) and/or check(s) provided to bank teller.</li> <li>10. Withdrawal slip provided with exact amount.</li> <li>11. Bank teller breaks up cash into money envelopes per client in the exact amount.</li> <li>12. Office Coordinator or Business Manager returns to office with cash. Ledgers are completed per client showing funds have been deposited into the office safe.</li> <li>13. Staff are then notified that funds are ready to be picked up.</li> <li>14. Staff come to pick up funds and sign them out on the ledger.</li> <li>15. Funds are then either spent or signed into a ledger in the home for tracking cash-on-hand.</li> </ol> <p>[OC] states he cannot recall if any policies or procedures for managing the new account had been provided to him over the phone in conversations regarding the establishing of the account. He states he does not have a physical copy of any policies or procedures for managing</p>				<p>in the facility.</p> <p><b>Completion Date: 5/26/23</b></p>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>the pass-through account. He states [Treasurer Director] gave directives for the account to be reconciled monthly. He states he noticed discrepancies in early January 2023, however, admits he had not been fully reconciling the account monthly. After his discovery, he spoke to [Program Director] and [Program Manager] in private, noting his concern for the account seemingly not balancing correctly. He asked them to keep the conversation private and to not let [OC] know that he was reviewing. [PM] offered her assistance with reviewing. He states that at this point, he was working on getting the remaining statements and check copies in order to complete a thorough review. He states he mentioned to [ED] that he thought 'something was up' and that he would follow-up with her once he had completed his review. He states he informed [QAM], [OC], [HRM], and [ED] on 4/11/23 that he had verified discrepancies...."</p> <p>The OC's statement in the facility's investigation indicated, "[OC] was contacted via phone and was asked if there were any other accounts affected after her admission to taking money that did not belong to her. She stated that it was only the 'pass-through' account. She was asked if any client funds had been taken during the process and stated that all clients received their money and none were affected. An appointment was made for further interview following collection of evidence and [OC] initially agreed to meet, but later stated she had changed her mind and declined."</p> <p>The ED's statement in the facility's investigation indicated, "...On Tuesday approximately 2:31pm, I received a text from [BOM] to let me know he needed me to call him because he has a problem and doesn't know what to do. He called me</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>shortly thereafter with [HRM] on speaker phone and relayed that he wanted to reconcile the 'pass-through' account at [name of bank] before the new Business Manager starts but noticed a problem. He suspected some fraudulent activity and said he asked [OC] for the bank statements. He told me that she had put him off and then finally relayed that she had taken money. They had [OC] go into my office and took the phone in there. I relayed to her that she was suspended and she kept apologizing and said she had a gambling problem. She said she started online gambling on her phone. I asked if there was any client money involved and she said no, only ResCare money from the 'pass-through' account at [name of bank]. She states, '[OC] was suspended immediately and an investigation started.' She states, 'On Thursday morning on my way into work, I called [OC] and said, 'It wasn't just the 'passthrough (sic) account was it? It was client funds too ...you made checks for cash that was (sic) supposed to go to the ARC (Association of Remarkable Citizens) and took them, you took spending money?' '[OC] replied with, 'Yes.' I then asked, 'How much are we talking about, [OC]?' She replied with, 'I don't know, maybe \$20,000.' The rest of the conversation consisted of her apologizing and saying she would take it all back (if she could)."</p> <p>The PD's statement in the facility's investigation indicated, "[PD] was asked to describe the conversation between she, [BOM], and [PM] when he came to them to speak about a potential issue he had noticed with the balance of the 'pass-through' account. She states, 'I can't recall if it was August or September (2022) but [BOM] had stopped in our office and said he had a feeling something was 'off' in the cash account at [name of bank]. [BOM] stated that he was thinking the</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>account may be off and if the checks weren't ran (sic) through right it could cause the balance to be off. I never heard any more about the 'pass-through' account until 4/11/23 when the current investigation was initiated."</p> <p>The Factual Findings section of the facility's investigation indicated, "During the investigative process, all client RFMS statements from 4/1/21 (date of pass through account opening) through April of 2023 were audited. Suspicious transactions were listed and flagged for review with supporting documentation. Documentation was obtained to verify which of the flagged transactions were fraudulent or executed correctly on behalf of the clients. A spreadsheet was generated to track all transactions flagged for review and their verification status. Review if (sic) client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for weekly/monthly spending, ARC, Funeral, and ABLE trust funds (tax-advantaged savings and investment accounts for individuals with disabilities), and other client spending needs. Review if (sic) client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for Stimulus funds for various needs including those mentioned above. Review of the [name of bank] account (pass-through) confirms client checks issued to Normal Life of Indiana (ResCare) were deposited in the 'pass through' account. Review of the [name of bank] withdrawal slips confirms [OC] was the only person withdrawing funds from the account. Review of client Funeral, ARC, and ABLE accounts confirms deposits were not made to the accounts for the designated amounts noted in their RFMS statements. Review of client Resource Ledger Sheets confirms clients did not receive all funds issued from their RFMS accounts</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Client lists/spreadsheets of audit results will be added to the investigation file when final auditing has been completed. Review of the [name of bank] pass through account confirms ResCare funds totaling \$7,000.00 were deposited to open the account and service fees of \$134.63 should result in a remaining balance of \$6,865.37. As of April 2023, the balance of the account is \$95.86 confirming a deficit of \$6,769.51. [BOM] stated he was not reconciling the 'pass-through' account thoroughly each month. [OC] admitted she took ResCare funds and client funds (ARC account funds and client spending funds) from the [name of bank] 'pass-through' account. [OC] initially denied taking client funds then recanted...." The Conclusion indicated, "It is substantiated [OC] embezzled client and ResCare funds from the [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds."</p> <p>The facility's investigation was not thorough as evidenced by:</p> <ul style="list-style-type: none"> <li>-Not identifying the clients involved in the exploitation.</li> <li>-Not identifying the amount of money stolen from each client.</li> <li>-Not identifying the amount of money each client was going to be reimbursed.</li> </ul> <p>On 4/27/23 at 9:34 AM, the Program Director (PD) stated the investigation was "very, very large. What you are seeing is the ResCare money portion and it mentions client funds were taken. It is not the final for every bit of it. The other portion is the clients' tally. Took a small piece to get her (OC) terminated. This is not the final investigation."</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>The facility did not include additional information in the investigation as of 5/4/23 at 12:13 PM.</p> <p>On 5/4/23 at 12:58 PM, the PD indicated it was not a thorough investigation. The PD indicated the Operations Support Specialist (OSS) told her it was a small piece and additional information was going to be included in the final investigation. The PD indicated no additional information was included in the investigation. The PD indicated the investigation needed to include the total number of clients affected and how much money was stolen from each client. The PD indicated the total amount of money stolen from all the clients involved was over \$260,000.00.</p> <p>On 5/4/23 at 1:02 PM, the OSS stated "we need to add client information. Need to add an addendum statement. Need to break it out by client. It is not thorough without the information."</p> <p>On 5/4/23 at 3:48 PM, the Program Director (PD) sent an email with a Financial Investigation Summary attached. The Factual Findings section indicated, "During the investigative process, all client RFMS statements from 4/1/21 (date of pass through account opening) through April of 2023 were audited. Suspicious transactions were listed and flagged for review with supporting documentation. Documentation was obtained to verify which of the flagged transactions were fraudulent or executed correctly on behalf of the clients. A spreadsheet was generated to track all transactions flagged for review and their verification status. Review of client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>needs. Review if client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for Stimulus funds for various needs including those mentioned above. Review of the [name of bank] account (pass through) confirms client checks issued to Normal Life of Indiana (ResCare) were deposited in the 'pass through' account. Review of the [name of bank] withdrawal slips confirms [OC] was the only person withdrawing funds from the account. Review of client Funeral, ARC, and ABLE accounts confirms deposits were not made to the accounts for the designated amounts noted in their RFMS statements. Review of client Resource Ledger Sheets confirms clients did not receive all funds issued from their RFMS accounts for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Client lists/spreadsheets of audit results will be added to the investigation file when final auditing has been completed. Review of the [name of bank] pass through account confirms ResCare funds totaling \$7,000.00 were deposited to open the account and service fees of \$134.63 should result in a remaining balance of \$6,865.37. As of April 2023, the balance of the account is \$95.86 confirming a deficit of \$6,769.51. [BOM] stated he was not reconciling the 'pass-through' account thoroughly each month. [OC] admitted she took ResCare funds and client funds (ARC account funds and client spending funds) from the [name of bank] 'pass-through' account. [OC] initially denied taking client funds then recanted. Conclusion: It is substantiated [OC] embezzled client and ResCare funds from the [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds." The summary indicated, "ADDENDUM: Upon final audit the following funds were embezzled from the [name of group home] clients:</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>[Client G] - \$3604.17 [Client D] - \$1649.75 [Client B] - \$2312.00 [Client C] - \$2905.76 [Client F] - \$3460.00 Total: \$13931.68</p> <p>Additionally, it was determined that collectively, \$253,305.59 was embezzled from 106 clients. All financial documentation reviewed for this investigation is being released to the [name of city] PD (police department)/Prosecutor, and the Attorney General for prosecution of [OC] for the embezzlement. ResCare will comply with all requests/directives from the above entities as received."</p> <p>On 5/9/23 at 12:08 PM, the OSS emailed a copy of the investigation with the following Addendum, "...[BOM] and [OC] are no longer with the company. Recommendations Being Implemented: Implement Pass Through Account Procedure, Retrain all management staff... on Client Trust Funds Policy, Implement review process for ABLE, ARC, and Funeral Trust Accounts, Retrain all management staff... on RFMS statement review process, and Report all discrepancies immediately to Quality Assurance Dept for investigation."</p> <p>On 5/5/23 at 9:19 AM, the OSS indicated the BOM was going to be terminated due to knowing there was an issue with the ResCare pass through account in February 2023 but not taking action to resolve the issue at the time. The BOM showed the OSS a text he (BOM) sent to the Executive Director (ED) on 2/1/23 indicating the pass through account balance was \$93.00 when it should have been around \$6,800.00. The BOM did not report his concerns to the Quality Assurance department for them to investigate the</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>issue. The BOM did report his concerns to the ED. Neither of them took action at the time. The ED indicated to the OSS during her interview she was not aware of the pass through account issues until April 2023.</p> <p>On 4/27/23 at 9:17 AM, a review of an email from the QAM was conducted. The email included a 4/26/23 Investigation Peer Review (administrative review). The review indicated, "The allegations of exploitation and theft of client funds and theft of ResCare funds has been substantiated. Recommendations include termination of employment for [OC] and ineligible for rehire due to substantiated exploitation and theft. Additional recommendations will be added upon final audit."</p> <p>On 5/4/23 at 1:17 PM, a review of 5/3/23 Investigation Peer review indicated, "The allegations of exploitation and theft of client funds and theft of ResCare funds has been substantiated. [OC] has been terminated of her employment and is deemed ineligible for rehire due to substantiated exploitation and theft. Her access has been removed from all ResCare financial applications/accounts. She has been removed as a representative on all ARC and ABLE accounts associated with our clients. All clients will be fully reimbursed by ResCare. ResCare has added internal protective measures until corporate establishes new policies and/or procedures associated with client finances."</p> <p>On 4/25/23 at 12:43 PM, the Program Director (PD) stated "funds were misappropriated by the former Office Coordinator. The police are involved. Working on the investigation. Many thousands of dollars were stolen from the RFMS accounts. Stimulus checks were also taken. Discovered on 4/11/23." The PD indicated the OC was an</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>employee for 17 years. When the Business Manager asked her to reconcile the account, she admitted to taking the clients' money. The PD indicated approximately 131 clients were affected totaling over \$200,000. The PD indicated Rescare funds were also stolen from a pass through account created in April 2021. The PD stated the OC took the money by using "fake requests" of the clients' money going to ARC, funeral trusts and ABLE accounts. The PD indicated the OC indicated she had a gambling problem. The PD stated, "ResCare will be reimbursing the clients their money... Substantiated exploitation without a doubt." On 4/25/23 at 2:46 PM, the PD indicated the OC admitted to the ED, BOM and her (PD) she took the money. The PD indicated the OC started taking money 2 years ago when the pass through account was created. The PD stated the BOM told her and the Program Manager "something wasn't right in August/September 2022. Wasn't like he was reporting exploitation, just said money wasn't adding up. He wasn't reporting missing money at the time." The PD indicated she was not aware of the clients missing out on making purchases due to the theft of the clients' money.</p> <p>On 4/25/23 at 1:26 PM, the Operations Support Specialist (OSS) indicated some of the clients in the group home were affected by the OC. The OSS indicated approximately 100 clients were affected with a total of \$250,000 to \$300,000. The OSS indicated the situation started in June 2021 when the facility started using a pass through account for the clients' money. Money came to the account from the clients' RFMS accounts. He stated, "[OC] stole it at this point." The OSS stated it was "substantiated exploitation by [OC]." The OSS indicated he was recommending the OC be terminated. The OSS indicated the BOM turned in his resignation prior to this situation</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>being uncovered. The BOM was conducting an audit when he discovered the issues. The OC admitted to the BOM she stole the money from ResCare but denied taking any of the clients' finances. The OSS indicated the OC took money from ResCare and the clients by using the pass through account. The OSS indicated the BOM was not reconciling the pass through account as he should have. The OSS stated the BOM "will most likely be terminated." The OSS indicated the OC was stealing money going to funeral trusts, ARC trusts and ABLE trusts.</p> <p>On 4/26/23 at 1:55 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 stated clients "were exploited." QIDP #1 indicated the clients were not affected in a negative way and did not miss out on purchasing anything.</p> <p>On 4/26/23 at 1:55 PM, Qualified Intellectual Disabilities Professional (QIDP) #2 stated clients "were exploited." QIDP #2 indicated the clients were not affected in a negative way and did not miss out on purchasing anything.</p> <p>On 4/25/23 at 1:47 PM, the BOM stated, "My [OC] has been stealing from ResCare and the clients." He indicated the OC was stealing funds through the pass through account. He indicated in January 2023, he noticed discrepancies in the pass through account. The balance should be close to \$7000.00. The money goes into the account and immediately gets withdrawn and distributed to the clients. In January 2023, the balance was around \$4000-5000. He indicated at the time he spoke to the PM and PD. He stated he "got busy" and did not look into the low balance until last week. He indicated he went to speak to the OC and she admitted to stealing funds from ResCare. He indicated she did not say anything about client</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>funds. She denied touching the clients' funds. She was able to take the money with fake check requests and forgery of staff and client signatures. He indicated the OC took check requests for ARC trust funds or funeral trusts and had the checks made out to Normal Life of Indiana instead of the trusts. She could take the checks made out to Normal Life to the bank and cash the checks. The BOM stated the OC needed to ensure Executive Director approval was obtained for anything over \$100.00. He stated the OC created "false ledgers." He indicated the RFMS ledger did not show the vendor (where the checks were payable). He indicated she started taking the funds in April 2021 when the pass through account was started. He indicated he started working at the facility in January 2021. He stated "I reconcile the accounts." He indicated he asked the OC to get statements for the accounts and she did not get them. She indicated she forgot and then never provided them to him. He indicated in September 2022, he noticed the balance dropped below \$6,600.00. He stated, "I told them I would do a full reconciliation. I got caught up in other things and didn't do it until this month when I reconciled the accounts for the new BOM." He stated, "I feel some responsibility. It was my responsibility to reconcile the account. I failed to do so for 3-5 months." He stated the OC was "deceiving" and she "committed a crime." The BC indicated there was no investigation conducted in September 2022 when he first noticed there was an issue. He stated, "I told [ED] I would review it and tell her what I found."</p> <p>The BOM stated, "She admitted to taking it. I would have never thought she would have taken it. The total funds missing is approximately \$282,000." He indicated he was not sure what percentage was from ResCare and what was from</p>						

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>the client funds. The BOM stated there was "room for improvement. Clients will be reimbursed. There is enough evidence to substantiate exploitation of the clients' funds."</p> <p>On 4/25/23 at 2:59 PM, the Executive Director (ED) indicated there were 112 clients involved and more than \$250,000 stolen. The ED stated, "Definitely going to substantiate exploitation. She will be terminated." The ED indicated she received a text from the BOM on 4/11/23 asking her to call him (BOM). He said he went to reconcile the pass through account and "something was off." The ED stated the OC admitted to stealing ResCare money of approximately \$6,600.00. The ED stated, "She (OC) admitted it to me and HR that she stole the money. She said she had a gambling problem. She said it was just ResCare money. She said she was going to pay it back." On 4/12/23, she indicated the facility checked the clients' finances. The ED stated, "she (OC) was taking the clients' and ResCare's money." The ED indicated the OC was taking money intended for the ARC trust but making the check out to Normal Life so she could cash the check and keep the money. The ED stated on 4/13/23, the OC "admitted she was taking the clients' funds. She said it was around \$20,000.00 and promised to pay the money back." The ED indicated the amount of money discovered missing grew from there. The ED indicated the RFMS statements when printed certain ways did not show the vendor therefore others could not see who the checks were made out to. The ED indicated the OC worked at the facility for 18 years. The ED indicated prior to the pass through account being instituted, the clients had their own bank accounts. The ED indicated the BOM was supposed to reconcile the pass through account monthly. She stated the "[BOM] didn't do it for a long while. Over a year. When</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>he figured out the pass through account was low he reconciled it." She indicated it was not part of the BOM's job responsibility. She indicated the BOM reconciled the account for awhile with no issues noted. She indicated she was first aware of the issue on 4/11/23. She stated "just [OC] and [BOM] had access to the RFMS accounts." The ED stated, "she (OC) was printing and providing the (RFMS) statements in a format that did not provide all the information. Didn't know all the other information was available. Easily detected now that I know." She indicated she was not aware of any clients who couldn't buy something due to the missing funds.</p> <p>On 5/9/23 at 2:11 PM, the Chief Security Officer (CSO) indicated the pass through account was initially opened with \$500.00 and 5 signers. The CSO indicated the account should not have had 5 signers on the account. Due to the amount of funds going into and out of the account, the total amount in the account was increased to \$7000.00. The CSO indicated the amount in the account should not have been increased to \$7000.00 without corporate approval, which did not happen. The CSO stated the BOM "did not reconcile the account like he was supposed to" on a monthly basis. The CSO indicated the BOM forgot his password on the account and did not check it. The BOM asked the OC to get statements however she never provided them to the BOM. The BOM indicated he got busy and did not follow up to get the statements until the BOM went to the bank to request statements in January 2023. When the BOM got the statements, he realized the account dropped below \$7000.00 several times. The BOM informed the ED. The ED indicated she thought the BOM was taking care of the issue. The CSO stated the BOM "got busy" and after a few months, started to go</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>through the statements. While going through the statements with the OC, the OC admitted to taking ResCare's money. The CSO indicated the total amount between ResCare's money and client funds was \$280,000.00.</p> <p>The CSO stated the BOM, "didn't do what he was directed to do" regarding reconciling the pass through account monthly. The CSO indicated the ED should have followed up to ensure he was taking care of the issue in January 2023 when the BOM initially reported his concerns. The CSO indicated although there were staff who had suspicions about the clients' funds, no one reported it to the Quality Assurance department. The CSO stated the OC "falsified documents and requests."</p> <p>On 4/28/23 at 5:05 PM, a review of the undated BOM's Job Description Form was conducted. The form indicated, "...The Business Manager monitors client fund disbursements and account balances. The Business Manager is responsible for the oversight of Purchase Card receipt allocation and collections... Manages and participates in all administrative and business support functions including Revenue Cycle accounts receivable responsibilities, client financial and benefits record maintenance, accounts payable, purchase card program, client funds management, and payroll. Acts as liaison to select Corporate departments. Works under general direction. Supervises Office Coordinator... Ensures client funds are managed as per ResCare policy...."On 4/28/23 at 5:05 PM, a review of the</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>undated Office Coordinator's (OC) Job Description Form was conducted. The form indicated, "...Assist with processing of client funds requests as required...."On 4/27/23 at 4:28 PM, a review of the facility's 2/16/22 Client Finance Policy and Procedures was conducted. The policy indicated, "It is the policy of this operation to responsibly manage and monitor consumer finances at all site locations...." The General Practice section indicated, "1. No client shall have an outside banking account other than their residential management trust fund account. This includes, but is not limited to checking, savings, and lines of credit. 2. Checks, whether they are paychecks, Social Security Checks, RLA Checks, etc., are to be deposited to the client's personal RFMS account. Any check received will be deposited into the account within 24 hours of the receipt of the check. 3. Any discrepancies within the individuals account will be reported to the Business Office Manager and the Program Manager immediately. These discrepancies include but are not limited to: missing deposits, missing funds, and cash withdrawals from the individual's account that are not recorded nor are there any receipts for the withdrawal. 4. In the event of missing funds, discrepancies, or suspected policy violations within an individual's account, an</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
(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	
	audit or review will be conducted. All discrepancies with regards to individuals finance will be reviewed. 5. Please be advised in regard to policy 7.1A.5 that Direct Support Personnel can be subject to corrective action for purchasing items while shopping with an individual and the individual pays for those items even if the Direct Support Personnel pays the individual back for those items. The agency will not tolerate any negligence or carelessness by staff regarding the finances of individuals. 6. As per ResCare's Human Resources Manual Policy 7.1A.5 theft, unauthorized removal, wrongful possession, or deliberate destruction of property, merchandise, equipment, or possessions belonging to the individuals we serve; applies to financial management as well. Violating this policy is subject to corrective action up to and including termination. 7. An employee that uses an individual's money/identity for any other purpose than what was approved or intended for that individual can/will be prosecuted and may serve time either in jail or prison...." The Funds Overview section indicated, "...ResCare has established policy and procedures that govern how we will execute our fiduciary responsibilities for a client who has authorized us to manage their funds - includes how to safeguard assets, how to authorize deposits/withdrawals,				

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0154  Bldg. 00	<p>etc...."On 4/27/23 at 4:28 PM, a review of the facility's 7/18/11 Reporting Violations of Policies and Procedures was conducted. The policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights." A review of an undated Abuse, Neglect and Exploitation policy indicated, "...Ensure that all persons served are free from abuse, neglect, or exploitation... ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence... "Exploitation" means the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of a person we support for monetary or personal benefit, profit, or gain, or that results in depriving a person we support of rightful access to, or use of, benefits, resources, belongings, or assets...."This federal tag relates to complaint #IN00406972.9-3-2(a) 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all</p>						

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p><b>alleged violations are thoroughly investigated.</b> Based on record review and interview for 5 of 5 clients (B, C, D, F and G) the facility was designated as the representative payee, the facility failed to conduct a thorough investigation including the names of the clients affected and the amount of money stolen from each client.</p> <p>Findings include:</p> <p>On 4/25/23 at 4:06 PM, a review of the facility's incident reports was conducted and indicated the following:</p> <p>A 4/20/23 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "There has been an allegation of misappropriation of funds. A full audit of the account is being completed and amount of funds is undetermined at this time. Staff alleged to be responsible for misappropriation of funds has been suspended pending investigation. In addition, the police have been notified and the initial case number is [case number]. Any funds proven to be missing will be reimbursed by ResCare...."</p> <p>On 4/25/23 at 3:17 PM, a review of the clients' Resident Fund Management Service (RFMS) accounts indicated the clients had the following "Transaction Fraudulent" from their accounts:</p> <p>1) Client B: \$2312.00 2) Client C: \$2905.76 3) Client D: \$1649.75 4) Client F: \$3460.00 5) Client G: \$3604.17 Total: \$13931.68</p> <p>The facility's 4/26/23 Investigative Summary indicated in the Conclusion, "It is substantiated</p>			W 0154	<p><b>W154: Staff Treatment of Clients</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>The Operation Support Specialist was trained on Ensuring a thorough investigation is completed on all investigations that involve multiple clients/locations, to ensure details are provided for the individual client/locations in separate investigations for each location. <b>(Attachment O)</b></li> <li>The Operation Support Specialist trained the Quality Assurance Manager and the Quality Assurance Coordinator on Ensuring a thorough investigation is completed on all investigations that involve multiple clients/locations, to ensure details are provided for the individual client/locations in separate investigations for each location. <b>(Attachment P)</b></li> <li>Quality Assurance Manager and Quality Assurance Coordinator will conduct investigations for all allegations of Abuse Neglect and Exploitation.</li> <li>Rescare Management will peer review all investigations to ensure they are thorough. <b>(Attachment R)</b></li> <li>Observations are being conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials. <b>(Attachment S)</b></li> </ul>		05/26/2023

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>[Office Coordinator/OC] embezzled client and ResCare funds from [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds." The investigation's statement from the Business Office Manager (BOM) indicated, "[BOM] was asked what issue(s) he noticed with the pass-through expenditures account and if he had spoken with any other business office staff about the issue. He replied with the following email: 'When reviewing the "pass through" account statements on 4/11/2023, I noticed previous ending balances were below the amount of funds ResCare funded the account with. I knew there had to be an issue because the initial balance on the account should remain the same, given no bank fees occurred, as funds get deposited and withdrawn in the same amount. As I was reviewing the statements and photocopies of the deposits and withdrawals, I was briefly talking to [OC]. I made comments along the line of, "something is off with the account." I was sitting at her desk as I was reviewing. [OC] was occupied, signing client funds out to staff. Her direct involvement in the conversation at that time was minimal. I did not have Mar-2023 (March 2023) statement, so I stopped reviewing and went to the bank to get a copy. After I got the statement, I noticed the balance was at \$210.86. After getting the most recent statement, I went back to the office and had a conversation with [Quality Assurance Manager/QAM]. I asked [QAM] if she had time so I could get her professional opinion and brief her on the suspicions I had. She did have time and we spoke in private in the ResCare lunchroom. I explained to her what the "pass through" account was and how we utilized it. In addition, I showed her the discrepancies we were experiencing.</p>				<p>· Daily calls are conducted with Rescare Management to discuss financial processes and procedures, financial policies and implementation of those policies. and are tracked by the Quality Assurance Manager.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>· All investigations of ANE will be peer reviewed by the Program Manager, Human Resource Manager, Quality Assurance Manager, Program Director and Executive Director.</p> <p>· After the investigation is reviewed by the internal peer review the investigation will then be sent to the Regional Director and Corporate Human Resources for further review to ensure the investigation is thorough and complete.</p> <p>· Daily Calls are tracked by the Quality Assurance Manager and include discussion of any allegations of ANE and the investigation into those allegations.</p> <p><b>Completion Date: 5/26/23</b></p>		

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>After the conversation, I explained I was not sure what the next steps were going to be and had to bring [ED], up to date. This concluded our conversation. Shortly after having the conversation with [QAM], I asked [OC] to join me in the lounge so we could review it together. As we sat down at the table, I pointed out the September 2022 statement. This was the first month the account balance dropped below the amount ResCare funded it with (\$7000.00). I then went through each month showing the influx in the balance. As I was about to continue my explanation and what we were looking for, [OC] stopped me and said, "I did it. I took the money. I'm so sorry." I did not say anything right away as I was in shock. She continued to cry and previously apologize stating she would pay it all back. I told her we need to go talk to [Human Resources Manager/HRM]. She explained she wanted to speak with [ED] and she didn't want anyone else to see her in the state she was in. She asked to go wait in [ED's] office. I said that was fine. Once I got to HR, I shut the door and explained everything that [OC] and I had just spoken about to [HRM]. We then called [ED] and told her [OC] admitted to stealing the funds. We discussed what the next steps would be and went to [ED's] office, with [ED] on speaker. [OC] and [ED] spoke. [OC] was apologetic and promised to pay everything back. The conversation ended with [OC], [HRM] and me signing her suspension form. This statement is the best recollection of the events and conversation that transpired on 4/11/2023.'</p> <p>During follow-up questioning, [BOM] states that the account was established in April 2021 and that [Treasury] assisted with opening the account at [name of bank]. He states that the initial opening balance was \$500 and then there was a second</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>deposit of \$6500, meaning that ResCare funded the account with a total of \$7000. He states that authorized signers on the account are himself, [OC], [Program Manager], [former Program Manager], [name of current Program Director], [Program Manager], [name of former Program Director], and [former Office Coordinator for payroll]. He states that all signers have had access to the account since its opening, however, of those listed, only [OC] and he had ever gone to the bank to make transactions using the account. He states that the account was used as a 'pass-through' account, meaning it was established as a means for providing clients with access to their funds in the form of cash. He states that anytime a client needs cash, a check was cut to Normal Life of Indiana (ResCare). The check can then be deposited into the 'pass-through' account and the exact deposited amount can be withdrawn. The balance of the account should always remain the same (\$7000.00), as funds deposited are then immediately withdrawn (in the same amount). He states that the account was monitored daily by the [OC] as deposits and withdrawals were made. The [BOM] was responsible for overseeing the account by doing reconciliations. He states that the majority of the clients for whom ResCare serves as rep-payee have had funds pass through the account. On average, the account is used weekly. It was used regularly for group home clients monthly allowances and waiver client cash-on-hand monthly allowances. Any other times the account was used it would have been for special requests where cash is necessary.</p> <p>[BOM] describes the process of the 'pass-through' account as follows: 1. Receive request for funds for client (if necessary).</p>						

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>2. Complete check request spreadsheet (including client name, RFMS ID, amount, description, and vendor (Normal Life of Indiana).</p> <p>3. Send spreadsheet to RFMS processing team-they queue check.</p> <p>4. Office Coordinator [OC] prints check.</p> <p>5. Check request spreadsheet used to label money envelopes (per client) with the appropriate amount of money enclosed in each.</p> <p>6. Ledgers are created per client in the batch.</p> <p>7. Deposit and withdrawal slips completed.</p> <p>8. Drive to bank.</p> <p>9. Provide deposit slip(s) and/or check(s) provided to bank teller.</p> <p>10. Withdrawal slip provided with exact amount.</p> <p>11. Bank teller breaks up cash into money envelopes per client in the exact amount.</p> <p>12. Office Coordinator or Business Manager returns to office with cash. Ledgers are completed per client showing funds have been deposited into the office safe.</p> <p>13. Staff are then notified that funds are ready to be picked up.</p> <p>14. Staff come to pick up funds and sign them out on the ledger.</p> <p>15. Funds are then either spent or signed into a ledger in the home for tracking cash-on-hand.</p> <p>[OC] states he cannot recall if any policies or procedures for managing the new account had been provided to him over the phone in conversations regarding the establishing of the account. He states he does not have a physical copy of any policies or procedures for managing the pass-through account. He states [Treasurer Director] gave directives for the account to be reconciled monthly. He states he noticed discrepancies in early January 2023, however, admits he had not been fully reconciling the account monthly. After his discovery, he spoke</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>to [Program Director] and [Program Manager] in private, noting his concern for the account seemingly not balancing correctly. He asked them to keep the conversation private and to not let [OC] know that he was reviewing. [PM] offered her assistance with reviewing. He states that at this point, he was working on getting the remaining statements and check copies in order to complete a thorough review. He states he mentioned to [ED] that he thought 'something was up' and that he would follow-up with her once he had completed his review. He states he informed [QAM], [OC], [HRM], and [ED] on 4/11/23 that he had verified discrepancies...."</p> <p>The OC's statement in the facility's investigation indicated, "[OC] was contacted via phone and was asked if there were any other accounts affected after her admission to taking money that did not belong to her. She stated that it was only the 'pass-through' account. She was asked if any client funds had been taken during the process and stated that all clients received their money and none were affected. An appointment was made for further interview following collection of evidence and [OC] initially agreed to meet, but later stated she had changed her mind and declined."</p> <p>The ED's statement in the facility's investigation indicated, "...On Tuesday approximately 2:31pm, I received a text from [BOM] to let me know he needed me to call him because he has a problem and doesn't know what to do. He called me shortly thereafter with [HRM] on speaker phone and relayed that he wanted to reconcile the 'pass-through' account at [name of bank] before the new Business Manager starts but noticed a problem. He suspected some fraudulent activity and said he asked [OC] for the bank statements.</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>He told me that she had put him off and then finally relayed that she had taken money. They had [OC] go into my office and took the phone in there. I relayed to her that she was suspended and she kept apologizing and said she had a gambling problem. She said she started online gambling on her phone. I asked if there was any client money involved and she said no, only ResCare money from the 'pass-through' account at [name of bank]. She states, '[OC] was suspended immediately and an investigation started.' She states, 'On Thursday morning on my way into work, I called [OC] and said, 'It wasn't just the 'passthrough (sic) account was it? It was client funds too ...you made checks for cash that was (sic) supposed to go to the ARC (Association of Remarkable Citizens) and took them, you took spending money? '[OC] replied with, 'Yes.' I then asked, 'How much are we talking about, [OC]? She replied with, 'I don't know, maybe \$20,000.' The rest of the conversation consisted of her apologizing and saying she would take it all back (if she could)."</p> <p>The PD's statement in the facility's investigation indicated, "[PD] was asked to describe the conversation between she, [BOM], and [PM] when he came to them to speak about a potential issue he had noticed with the balance of the 'pass-through' account. She states, 'I can't recall if it was August or September (2022) but [BOM] had stopped in our office and said he had a feeling something was 'off' in the cash account at [name of bank]. [BOM] stated that he was thinking the account may be off and if the checks weren't ran (sic) through right it could cause the balance to be off. I never heard any more about the 'pass-through' account until 4/11/23 when the current investigation was initiated."</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>The Factual Findings section of the facility's investigation indicated, "During the investigative process, all client RFMS statements from 4/1/21 (date of pass through account opening) through April of 2023 were audited. Suspicious transactions were listed and flagged for review with supporting documentation. Documentation was obtained to verify which of the flagged transactions were fraudulent or executed correctly on behalf of the clients. A spreadsheet was generated to track all transactions flagged for review and their verification status. Review if (sic) client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for weekly/monthly spending, ARC, Funeral, and ABLE trust funds (tax-advantaged savings and investment accounts for individuals with disabilities), and other client spending needs. Review if (sic) client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for Stimulus funds for various needs including those mentioned above. Review of the [name of bank] account (pass-through) confirms client checks issued to Normal Life of Indiana (ResCare) were deposited in the 'pass through' account. Review of the [name of bank] withdrawal slips confirms [OC] was the only person withdrawing funds from the account. Review of client Funeral, ARC, and ABLE accounts confirms deposits were not made to the accounts for the designated amounts noted in their RFMS statements. Review of client Resource Ledger Sheets confirms clients did not receive all funds issued from their RFMS accounts for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Client lists/spreadsheets of audit results will be added to the investigation file when final auditing has been completed. Review of the [name of bank] pass through account confirms</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>ResCare funds totaling \$7,000.00 were deposited to open the account and service fees of \$134.63 should result in a remaining balance of \$6,865.37. As of April 2023, the balance of the account is \$95.86 confirming a deficit of \$6,769.51. [BOM] stated he was not reconciling the 'pass-through' account thoroughly each month. [OC] admitted she took ResCare funds and client funds (ARC account funds and client spending funds) from the [name of bank] 'pass-through' account. [OC] initially denied taking client funds then recanted...." The Conclusion indicated, "It is substantiated [OC] embezzled client and ResCare funds from the [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds."</p> <p>The facility's investigation was not thorough as evidenced by:</p> <ul style="list-style-type: none"> <li>-Not identifying the clients involved in the exploitation.</li> <li>-Not identifying the amount of money stolen from each client.</li> <li>-Not identifying the amount of money each client was going to be reimbursed.</li> </ul> <p>On 4/27/23 at 9:34 AM, the Program Director (PD) stated the investigation was "very, very large. What you are seeing is the ResCare money portion and it mentions client funds were taken. It is not the final for every bit of it. The other portion is the clients' tally. Took a small piece to get her (OC) terminated. This is not the final investigation."</p> <p>The facility did not include additional information in the investigation as of 5/4/23 at 12:13 PM.</p> <p>On 5/4/23 at 12:58 PM, the PD indicated it was not a thorough investigation. The PD indicated the</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Operations Support Specialist (OSS) told her it was a small piece and additional information was going to be included in the final investigation. The PD indicated no additional information was included in the investigation. The PD indicated the investigation needed to include the total number of clients affected and how much money was stolen from each client. The PD indicated the total amount of money stolen from all the clients involved was over \$260,000.00.</p> <p>On 5/4/23 at 1:02 PM, the OSS stated "we need to add client information. Need to add an addendum statement. Need to break it out by client. It is not thorough without the information."</p> <p>On 5/4/23 at 3:48 PM, the Program Director (PD) sent an email with a Financial Investigation Summary attached. The Factual Findings section indicated, "During the investigative process, all client RFMS statements from 4/1/21 (date of pass through account opening) through April of 2023 were audited. Suspicious transactions were listed and flagged for review with supporting documentation. Documentation was obtained to verify which of the flagged transactions were fraudulent or executed correctly on behalf of the clients. A spreadsheet was generated to track all transactions flagged for review and their verification status. Review of client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Review if client RFMS statements confirms checks were issued to Normal Life of Indiana (ResCare) on behalf of clients for Stimulus funds for various needs including those mentioned above. Review of the [name of bank] account (pass through) confirms client checks issued to</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Normal Life of Indiana (ResCare) were deposited in the 'pass through' account. Review of the [name of bank] withdrawal slips confirms [OC] was the only person withdrawing funds from the account. Review of client Funeral, ARC, and ABLE accounts confirms deposits were not made to the accounts for the designated amounts noted in their RFMS statements. Review of client Resource Ledger Sheets confirms clients did not receive all funds issued from their RFMS accounts for weekly/monthly spending, ARC, Funeral, and ABLE trust funds, and other client spending needs. Client lists/spreadsheets of audit results will be added to the investigation file when final auditing has been completed. Review of the [name of bank] pass through account confirms ResCare funds totaling \$7,000.00 were deposited to open the account and service fees of \$134.63 should result in a remaining balance of \$6,865.37. As of April 2023, the balance of the account is \$95.86 confirming a deficit of \$6,769.51. [BOM] stated he was not reconciling the 'pass-through' account thoroughly each month. [OC] admitted she took ResCare funds and client funds (ARC account funds and client spending funds) from the [name of bank] 'pass-through' account. [OC] initially denied taking client funds then recanted. Conclusion: It is substantiated [OC] embezzled client and ResCare funds from the [name of bank] 'pass through' account. It is substantiated [OC] exploited clients through theft of client funds." The summary indicated, "ADDENDUM: Upon final audit the following funds were embezzled from the [name of group home] clients:</p> <p>1) Client B: \$2312.00 2) Client C: \$2905.76 3) Client D: \$1649.75 4) Client F: \$3460.00 5) Client G: \$3604.17</p>				

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Additionally, it was determined that collectively, \$253,305.59 was embezzled from 106 clients. All financial documentation reviewed for this investigation is being released to the [name of city] PD (police department)/Prosecutor, and the Attorney General for prosecution of [OC] for the embezzlement. ResCare will comply with all requests/directives from the above entities as received."</p> <p>On 5/9/23 at 12:08 PM, the OSS emailed a copy of the investigation with the following Addendum, "...[BOM] and [OC] are no longer with the company. Recommendations Being Implemented: Implement Pass Through Account Procedure, Retrain all management staff... on Client Trust Funds Policy, Implement review process for ABLE, ARC, and Funeral Trust Accounts, Retrain all management staff... on RFMS statement review process, and Report all discrepancies immediately to Quality Assurance Dept for investigation."</p> <p>On 5/5/23 at 9:19 AM, the OSS indicated the BOM was going to be terminated due to knowing there was an issue with the ResCare pass through account in February 2023 but not taking action to resolve the issue at the time. The BOM showed the OSS a text he (BOM) sent to the Executive Director (ED) on 2/1/23 indicating the pass through account balance was \$93.00 when it should have been around \$6,800.00. The BOM did not report his concerns to the Quality Assurance department for them to investigate the issue. The BOM did report his concerns to the ED. Neither of them took action at the time. The ED indicated to the OSS during her interview she was not aware of the pass through account issues until April 2023.</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>On 4/27/23 at 9:17 AM, a review of an email from the QAM was conducted. The email included a 4/26/23 Investigation Peer Review (administrative review). The review indicated, "The allegations of exploitation and theft of client funds and theft of ResCare funds has been substantiated. Recommendations include termination of employment for [OC] and ineligible for rehire due to substantiated exploitation and theft. Additional recommendations will be added upon final audit."</p> <p>On 5/4/23 at 1:17 PM, a review of 5/3/23 Investigation Peer review indicated, "The allegations of exploitation and theft of client funds and theft of ResCare funds has been substantiated. [OC] has been terminated of her employment and is deemed ineligible for rehire due to substantiated exploitation and theft. Her access has been removed from all ResCare financial applications/accounts. She has been removed as a representative on all ARC and ABLE accounts associated with our clients. All clients will be fully reimbursed by ResCare. ResCare has added internal protective measures until corporate establishes new policies and/or procedures associated with client finances."</p> <p>On 4/25/23 at 12:43 PM, the Program Director (PD) stated "funds were misappropriated by the former Office Coordinator. The police are involved. Working on the investigation. Many thousands of dollars were stolen from the RFMS accounts. Stimulus checks were also taken. Discovered on 4/11/23." The PD indicated the OC was an employee for 17 years. When the Business Manager asked her to reconcile the account, she admitted to taking the clients' money. The PD indicated approximately 131 clients were affected totaling over \$200,000. The PD indicated Rescare funds were also stolen from a pass through</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>account created in April 2021. The PD stated the OC took the money by using "fake requests" of the clients' money going to ARC, funeral trusts and ABLE accounts. The PD indicated the OC indicated she had a gambling problem. The PD stated, "ResCare will be reimbursing the clients their money... Substantiated exploitation without a doubt." On 4/25/23 at 2:46 PM, the PD indicated the OC admitted to the ED, BOM and her (PD) she took the money. The PD indicated the OC started taking money 2 years ago when the pass through account was created. The PD stated the BOM told her and the Program Manager "something wasn't right in August/September 2022. Wasn't like he was reporting exploitation, just said money wasn't adding up. He wasn't reporting missing money at the time." The PD indicated she was not aware of the clients missing out on making purchases due to the theft of the clients' money.</p> <p>On 4/25/23 at 1:26 PM, the Operations Support Specialist (OSS) indicated some of the clients living in the group home were affected by the OC. The OSS indicated approximately 100 clients were affected with a total of \$250,000 to \$300,000. The OSS indicated the situation started in June 2021 when the facility started using a pass through account for the clients' money. Money came to the account from the clients' RFMS accounts. He stated, "[OC] stole it at this point." The OSS stated it was "substantiated exploitation by [OC]." The OSS indicated he was recommending the OC be terminated. The OSS indicated the BOM turned in his resignation prior to this situation being uncovered. The BOM was conducting an audit when he discovered the issues. The OC admitted to the BOM she stole the money from ResCare but denied taking any of the clients' finances. The OSS indicated the OC took money from ResCare and the clients by using the pass</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>through account. The OSS indicated the BOM was not reconciling the pass through account as he should have. The OSS stated the BOM "will most likely be terminated." The OSS indicated the OC was stealing money going to funeral trusts, ARC trusts and ABLE trusts.</p> <p>On 4/25/23 at 1:47 PM, the BOM stated, "My [OC] has been stealing from ResCare and the clients." He indicated the OC was stealing funds through the pass through account. He indicated in January 2023, he noticed discrepancies in the pass through account. The balance should be close to \$7000.00. The money goes into the account and immediately gets withdrawn and distributed to the clients. In January 2023, the balance was around \$4000-5000. He indicated at the time he spoke to the PM and PD. He stated he "got busy" and did not look into the low balance until last week. He indicated he went to speak to the OC and she admitted to stealing funds from ResCare. He indicated she did not say anything about client funds. She denied touching the clients' funds. She was able to take the money with fake check requests and forgery of staff and client signatures. He indicated the OC took check requests for ARC trust funds or funeral trusts and had the checks made out to Normal Life of Indiana instead of the trusts. She could take the checks made out to Normal Life to the bank and cash the checks. The BOM stated the OC needed to ensure Executive Director approval was obtained for anything over \$100.00. He stated the OC created "false ledgers." He indicated the RFMS ledger did not show the vendor (where the checks were payable). He indicated she started taking the funds in April 2021 when the pass through account was started. He indicated he started working at the facility in January 2021. He stated "I reconcile the accounts." He indicated he asked</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>the OC to get statements for the accounts and she did not get them. She indicated she forgot and then never provided them to him. He indicated in September 2022, he noticed the balance dropped below \$6,600.00. He stated, "I told them I would do a full reconciliation. I got caught up in other things and didn't do it until this month when I reconciled the accounts for the new BOM." He stated, "I feel some responsibility. It was my responsibility to reconcile the account. I failed to do so for 3-5 months." He stated the OC was "deceiving" and she "committed a crime." The BC indicated there was no investigation conducted in September 2022 when he first noticed there was an issue. He stated, "I told [ED] I would review it and tell her what I found." The BOM stated, "She admitted to taking it. I would have never thought she would have taken it. The total funds missing is approximately \$282,000." He indicated he was not sure what percentage was from ResCare and what was from the client funds. The BOM stated there was "room for improvement. Clients will be reimbursed. There is enough evidence to substantiate exploitation of the clients' funds."</p> <p>On 4/25/23 at 2:59 PM, the Executive Director (ED) indicated there were 112 clients involved and more than \$250,000 stolen. The ED stated, "Definitely going to substantiate exploitation. She will be terminated." The ED indicated she received a text from the BOM on 4/11/23 asking her to call him (BOM). He said he went to reconcile the pass through account and "something was off." The ED stated the OC admitted to stealing ResCare money of approximately \$6,600.00. The ED stated, "She (OC) admitted it to me and HR that she stole the money. She said she had a gambling problem. She said it was just ResCare money. She said she was going to pay it back." On 4/12/23, she indicated the facility checked the clients' finances.</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>The ED stated, "she (OC) was taking the clients' and ResCare's money." The ED indicated the OC was taking money intended for the ARC trust but making the check out to Normal Life so she could cash the check and keep the money. The ED stated on 4/13/23, the OC "admitted she was taking the clients' funds. She said it was around \$20,000.00 and promised to pay the money back." The ED indicated the amount of money discovered missing grew from there. The ED indicated the RFMS statements when printed certain ways did not show the vendor therefore others could not see who the checks were made out to. The ED indicated the OC worked at the facility for 18 years. The ED indicated prior to the pass through account being instituted, the clients had their own bank accounts. The ED indicated the BOM was supposed to reconcile the pass through account monthly. She stated the "[BOM] didn't do it for a long while. Over a year. When he figured out the pass through account was low he reconciled it." She indicated it was not part of the BOM's job responsibility. She indicated the BOM reconciled the account for awhile with no issues noted. She indicated she was first aware of the issue on 4/11/23. She stated "just [OC] and [BOM] had access to the RFMS accounts." The ED stated, "she (OC) was printing and providing the (RFMS) statements in a format that did not provide all the information. Didn't know all the other information was available. Easily detected now that I know." She indicated she was not aware of any clients who couldn't buy something due to the missing funds.</p> <p>On 5/9/23 at 2:11 PM, the Chief Security Officer (CSO) indicated the pass through account was initially opened with \$500.00 and 5 signers. The CSO indicated the account should not have had 5 signers on the account. Due to the amount of</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>funds going into and out of the account, the total amount in the account was increased to \$7000.00. The CSO indicated the amount in the account should not have been increased to \$7000.00 without corporate approval, which did not happen. The CSO stated the BOM "did not reconcile the account like he was supposed to" on a monthly basis. The CSO indicated the BOM forgot his password on the account and did not check it. The BOM asked the OC to get statements however she never provided them to the BOM. The BOM indicated he got busy and did not follow up to get the statements until the BOM went to the bank to request statements in January 2023. When the BOM got the statements, he realized the account dropped below \$7000.00 several times. The BOM informed the ED. The ED indicated she thought the BOM was taking care of the issue. The CSO stated the BOM "got busy" and after a few months, started to go through the statements. While going through the statements with the OC, the OC admitted to taking ResCare's money. The CSO indicated the total amount between ResCare's money and client funds was \$280,000.00.</p> <p>The CSO stated the BOM, "didn't do what he was directed to do" regarding reconciling the pass through account monthly. The CSO indicated the ED should have followed up to ensure he was taking care of the issue in January 2023 when the BOM initially reported his concerns. The CSO indicated although there were staff who had suspicions about the clients' funds, no one reported it to the Quality Assurance department. The CSO stated the OC "falsified documents and requests."</p> <p>This federal tag relates to complaint #IN00406972.</p>				

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

PRINTED: 06/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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 0368  Bldg. 00	<p>9-3-2(a)</p> <p>483.460(k)(1) <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 3 clients in the sample (A and C) and three additional clients (D, E and F), the facility failed to ensure the clients' medications were administered as ordered.</p> <p>Findings include:</p> <p>1) On 4/28/23 at 3:10 PM, the 4/28/23 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "[Client E] is ordered Docusate 100mg (constipation) 6a and 2p; Oyster Shell Tab plus Vit D500/200mg (nutritional supplement) at 6am and 2pm; and Pregobalin (sic) (anticonvulsant) 150mg at 6am, 2pm, and 8pm. Yesterday 4/27/23 at the 2pm med pass he did not receive his 2pm meds. Meds omitted at 2pm on 4/27/23 are the Docusate 100mg, Oyster Shell Tab plus Vit D 500/200mg and Pregobalin (sic) 150mg. [Client E] has not experienced any negative effects from this med error... To avoid future med errors staff will receive re-training of the LIC (Living in the Community Curriculum) training. As further preventative measures all administration policy and procedures will be followed."</p> <p>2) On 4/28/23 at 12:00 PM, the 4/28/23 BDDS incident report indicated, "During a BDDS inspection to move another client into the home it was noticed on [client F's] MAR on 4/4/23 her Abilify 15mg (bipolar disorder) on 4/4/23 at 6am was not initialed as being given that morning. The med audit on 4/4/23 and 4/11/23 showed the count</p>			W 0368	<p><b>W368:</b> The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>·Area Supervisor and Nurse Manager trained all staff on the Medication Administration. <b>(Attachment T)</b></li> <li>·Nurse Manager/Nurse will be at the facility no less than 3 days weekly to provide oversight and training as needed. <b>(Attachment U)</b></li> <li>·Rescare Management including the Area Supervisor, Nurse, Nurse Manager, QIDP, Program Manager and Program Director will complete 10 medication pass observations weekly at varied times and varied days to ensure proper procedures are followed for medication administration for no less than 60 days. <b>(Attachment V)</b></li> <li>·Area Supervisor and Nurse Manager will conduct a staff meeting that will include practice bubble packs where staff will</li> </ul>		05/26/2023

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>for the Abilify was the correct count for the amount of meds in home. The bubble pack had already been thrown away and was unable to be verified with a staff initial. It is believed the Abilify was given and error is a documentation error that staff did not initial the MAR (Medication Administration Record) when passing the medication. [Client F] has not experienced any negative effects from this error... As preventative measures staff will receive training of proper documentation and proper buddy checks to ensure staff initial and check that all meds are given and properly documented following the med pass."</p> <p>3) On 4/11/23 at 8:00 PM, the 4/11/23 BDDS incident report indicated, "[Client A] is ordered Gabapentin 100mg (anticonvulsant) at 8pm, Lorazepam 2mg (seizure disorder) at 8pm, and Trihexyphenidyl 2mg (antispasmodic) at 8pm. Today while staff was completing a med audit the following medication errors were found. Med errors: [Client A] did not receive the following medications at 8pm on 4/10/23: gabapentin 100mg, Lorazepam 2mg and Trihexyphenidyl on 4/10/23 at 8pm. [Client A] has not experienced any negative effects from this med errors... As preventative measures the staff will receive the LIC training. As further preventative measures the staff making the med errors will receive corrective action, be suspended from med pass to receive retraining and observation to ensure med pass is completed per policy and procedures."</p> <p>4) On 4/11/23 at 8:00 PM, a 4/11/23 BDDS incident report indicated, "[Client A] is ordered Trihexyphenidyl 2 mg at 8pm. Today during a med audit staff found the following med errors: Med errors: on 4/7/23, 4/8/23 and 4/9/23 at the 8pm med pass [client A] did not receive the</p>				<p>follow the instructions to complete a medication administration including all documentation to complete a mock medication pass and all documentation that goes with each medication administration. <b>(Attachment W)</b></p> <ul style="list-style-type: none"> <li>Medication Errors are tracked in the incident tracking and monitored by the Quality Assurance Manager.</li> <li>Review of Medication Errors is conducted during the quarterly Safety Meeting to determine trends and patterns and further prevention of Medication Errors.</li> <li>Rescare North Vernon is in the process of changing the Medication Administration procedures to QuickMar, a web based electronic medication administration system that will aid in the prevention of continuing medication errors.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>All training sent to the Rescare HR for filing in staff files and tracking for levels of progressive discipline.</li> <li>All oversight observations will be sent to the Program Manager for monitoring and to ensure completion.</li> <li>Rescare Management will send medication administration</li> </ul>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>Trihexyphenidyl 2 mg at 8pm. [Client A] has not experienced any negative effects from these med errors... As preventative measures the staff will receive the LIC training. As further preventative measures the staff making the med errors will receive corrective action, be suspended from med pass to receive retraining and observation to ensure med pass is completed per policy and procedures."</p> <p>5) On 4/11/23 at 1:30 PM, the 4/11/23 BDDS incident report indicated, "[Client D] is ordered Trihexyphenidyl 2mg (2tabs) (antispasmodic) at 7pm. Today while the staff was completing a medication audit a med error was found. The med error is on 4/10/23 at 7pm [client D] only received Trihexyphenidyl 2mg (1 tab instead of the 2 tabs that are ordered). [Client D] has not experienced any negative effects from this med error... As preventative measures the staff will receive the LIC training. As further preventative measures the staff making the med errors will receive corrective action, be suspended from med pass to receive retraining and observation to ensure med pass is completed per policy and procedures."</p> <p>6) On 4/11/23 at 1:30 PM, the 4/11/23 BDDS incident report indicated, "[Client A] receives Divalproex 500mg (epilepsy) at 8am. Today while the staff was completing a medication audit a med error was found. The med error is on 4/9/23 at 8am [client A] did not receive the Divalproex 500mg mg at the 8am med pass. [Client A] has not experienced any negative effects from this med error... As preventative measures the staff will receive the LIC training. As further preventative measures the staff making the med errors will receive corrective action, be suspended from med pass to receive retraining and observation to ensure med pass is completed per policy and</p>				<p>observations to the Program Manager for tracking and review.</p> <ul style="list-style-type: none"> <li>Rescare Management will continue the process towards the installation of QuickMar to assist in the decrease of medication errors.</li> <li>Quality Assurance Manager tracks all medication errors and reviews them in the quarterly safety meeting to monitor for trends and patterns.</li> </ul> <p><b>Completion Date-5/26/23</b></p>		

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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
	<p>procedures."</p> <p>7) On 4/7/23 at 8:00 PM, the 4/7/23 BDDS incident report indicated, "This evening while the staff was passing [client C's] 8pm medications staff found a medication error. Staff found that [client C's] 8pm medications had not been given to him at 8pm on 4/6/23. The medication error is on 4/6/23 at 8pm [client C] did not receive the following medications: Acidophilus 2mg (digestion) (receives TID/three times a day); Atorvastatin 40mg (high cholesterol); Divalproex 250mg (seizures) (receives TID); Namzanic (memory) (sic) Cap 28 - 10mg; Preservision (supplement for eye health) (receives bid/twice a day). When the nurse reviewed the medication errors, she discovered that [client C] did not receive the Acidophilus 2mg at the 8pm med pass on 4/5/23. [Client C] has not exhibited any negative effects from this med error... Staff will receive the LIC training. As further preventative measures all administration of medication policy and procedures will be followed to avoid future med errors."</p> <p>8) On 4/4/23 at 12:00 PM, a 4/4/23 BDDS incident report indicated, "[Client F] is ordered Tamsulosin 0.4mg (urinary retention) BID. Today during a med audit a med error was discovered. The med error is on 4/1/23 at 6am and 4/2/23 at 6am [client F] did not receive the Tamsulosin 0.4mg at ordered. She did receive her PM dose of the Tamsulosin 0.4mg as ordered. [Client F] is doing well and has not exhibited any negative effects from this med error... As preventative measures to avoid future med errors all administration of medication policy and procedures will be followed."</p> <p>On 5/3/23 at 10:38 AM, the Program Manager (PM) stated medication errors were "a constant issue." The PM indicated the clients' medications</p>						

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>should be administered as ordered. The PM indicated there were 7 errors in 6 weeks. The PM indicated the facility hired a Med Lead after getting rid of the position to facilitate with the clients' medications. The PM indicated staff was not checking the MAR and comparing it to the bubble pack prior to administering the clients' medications. The PM indicated the staff was not following the medication administration process.</p> <p>On 5/3/23 at 10:38 AM, the Nurse Manager (NM) indicated the staff was not checking the MAR and comparing it to the bubble pack prior to administering the clients' medications. The NM indicated the staff was not following the medication administration process.</p> <p>On 5/4/23 at 10:43 AM, staff #5 indicated there had been several recent medication errors at the group home. Staff #5 stated the errors were due to "staff not following the policies and procedures. Staff skipping steps." At 11:02 AM, staff #5 stated, "Med errors are an issue."</p> <p>9-3-6(a)</p>						