

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/03/2019
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W 0000  Bldg. 00	<p>This visit was for an investigation of complaint #IN00291412.</p> <p>Complaint #IN00291412: Substantiated. Federal/state deficiency related to the allegations was cited at W149.</p> <p>Survey Dates: May 1, 2 and 3, 2019.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/14/19.</p>	W 0000		
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 3 of 3 sampled clients (A, B and C), and for 1 of 4 investigations of abuse/neglect/exploitation reviewed, the facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding financial exploitation of clients A, B, and C.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 5/01/19 at 10:31 AM and on 5/02/19 at 1:00 PM and indicated the</p>	W 0149	The Facility will retrain staff on the standard of maintaining the system of accounting for clients funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The Residential Manager will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced. The	05/31/2019

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>following:</p> <p>An investigation conducted by Quality Assurance Manager #1 from 2/28/19 until 3/12/19 regarding missing money for clients A and B and a missing gaming system for client C. The incident report indicated allegations that client A was missing \$100.00 earmarked for his personal spending. Client B was missing \$40.00 that was supposed to be used for personal spending. Client C had purchased an Xbox gaming system which was missing from the facility.</p> <p>The investigation's "factual findings" indicated the following:</p> <p>"[Client B] and [client A] had spend down checks for \$500.</p> <p>An audit of the finances and items [client B] purchased indicated \$100 was unaccounted for from the spend down.</p> <p>An audit and the receipts from [client A] indicated \$100 was unaccounted for from the spend down. No one knows what happened to the spend down funds.</p> <p>[Residential Manager/RM] and [staff #2] have the safe access code.</p> <p>[RM] was witnessed putting the funds back into the safe by [staff #6] after the first time of shopping.</p> <p>After second time of shopping, the money was put in a locked cabinet which is accessible to all staff prior to putting them in the safe.</p> <p>The policy for documenting client finances and spend downs was not followed.</p> <p>[Staff #5] stated he put the Xbox in the closet downstairs when it was brought to him to fix. He stated the Internet was not working at the time, so he could not fix it and (he) was going to work on it another day.</p>		<p>Residential Manager will ensure any outstanding checks are redeposited after 30 days.</p> <p>For employees that do not have access to the safe, a security drop box has been purchased and will be installed no later than May 31, 2019. This will provide a secure location for client funds and receipts to be stored until they can be accounted for by the Residential Manager/Area Supervisor or Program Manager.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>Persons Responsible: Program Manager, QA, Business Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	

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	<p>No one knows what happened to the Xbox. The Xbox was not listed on the physical inventory for [client C]. The policy for physical inventory of client belongings was not followed. An audit of the finances and items [client C] purchased indicated the Xbox was purchased at a cost of \$288.89 including tax."</p> <p>The investigation's conclusion indicated:</p> <p>"It is substantiated [client B] and [client A] have \$100 each that is unaccounted for. It is substantiated the Xbox for [client C] is unaccounted for and cannot be located. It is unsubstantiated what happened to the funds and the Xbox. It is substantiated the policies for client finances and physical inventory were not being followed."</p> <p>The review of the investigations and accompanying BDDS reports indicated the investigation took longer than expected because the investigation explored additional questions.</p> <p>Review of client financial records on 5/01/19 at 10:11 AM with Quality Assurance Coordinator/QAC #1 indicated client A had been reimbursed \$100.00 on 4/16/19. Client B had been reimbursed \$100.00 on 4/11/19. Client C had been reimbursed for the missing Xbox \$288.89 on 4/11/19.</p> <p>QAC #1 indicated on 5/01/19 at 10:11 AM clients A, B, and C had lost money/property and it could not be determined how it happened. The agency had a policy in place prohibiting financial exploitation of clients. The interview indicated clients A, B and C had been reimbursed for the missing money/property.</p>			

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	<p>An observation at the facility and an interview with the RM on 5/02/19 at 4:00 PM indicated the facility's safe had been replaced. The RM indicated she was the only person who had the combination to the safe that worked in the home. Arrangements were made so the clients had access to their money as they needed it.</p> <p>The agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" dated 3/08/2018 was reviewed on 5/02/19 at 10:30 AM and indicated the agency prohibited, reported, investigated and implemented corrective measures in regards to abuse/neglect/exploitation/mistreatment of the clients it served. The review of the agency's policy indicated, in part, the following:</p> <p>..."ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights....Program Implementation/Intervention: Failure to provide goods and/or services necessary for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review.... Any situation involving weapons, regardless if abuse, neglect, mistreatment or violation of an Individual's rights is suspected, will be immediately investigated.</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an</p>			

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	<p>Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <ol style="list-style-type: none"> <li>Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director immediately.</li> <li>The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights with 24 hours of the initial report to the appropriate contacts...</li> <li>Any person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated...</li> <li>The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a</li> </ol>			

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FORM APPROVED

OMB NO. 0938-039

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	confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event, a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation			

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	<p>was completed.</p> <p>5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Program Manager, QA representative and a Human Resources representative."</p> <p>This federal tag relates to Complaint #IN00291412.</p> <p>9-3-2(a)</p>				