

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/28/2017
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00222657.</p> <p>Complaint #IN00222657 - Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: February 27 and 28, 2017.</p> <p>Facility Number: 000723 Provider Number: 15G507 AIMS Number: 100234760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/15/17.</p>	W 0000		
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 observation, record review and interview for 3 of 3 sampled clients (A, B and C), and 4 additional clients (D, E, F</p>	W 0104	W104: The governing body must exercise general policy, budget, and operating direction over the facility.	03/30/2017

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>and G), the governing body failed to implement policy/procedure which prohibited financial exploitation of client B and failed to implement agency policy of providing a safe/lockbox for client money. The facility failed to keep an accurate and complete accounting of client B's funds who was missing \$200.00.</p> <p>Findings include:</p> <p>The governing body failed to maintain a system to keep a full and complete accounting of the client's funds for 1 of 3 sampled clients (B). Please see W140.</p> <p>The governing body failed to implement policy/procedure which prohibited financial exploitation of client B and failed to implement agency policy of providing a safe/lockbox for client money for 3 of 3 sampled clients (A, B and C), and 4 additional clients (D, E, F and G). Please see W149.</p> <p>9-3-1(a)</p>		<p>Corrective Action: (Specific): All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights and the client finance management operation standard. A safe has been purchased for the home that only management personnel have access to the combination. All clients have been reimbursed the missing funds.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home at least five times weekly to complete an audit of all client finances for the next 30 days then at least three times weekly thereafter. The area Supervisor will be in the at least once weekly to complete an audit of all client finances. The Program Manager will be in the home at least once weekly for the next 30 days then at least monthly thereafter to complete</p>		

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			<p>an audit of all client finances.</p> <p>Measures to be put in place: All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights and the client finance management operation standard. A safe has been purchased for the home that only management personnel have access to the combination. All clients have been reimbursed the missing funds.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home at least five times weekly to complete an audit of all client finances for the next 30 days then at least three times weekly thereafter. The area Supervisor will be in the at least once weekly to complete an audit of all client finances. The Program Manager will be in the home at least once weekly for the next 30 days then at least monthly</p>		

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure a system was maintained to keep a full and complete accounting of the client's funds.</p> <p>Findings include:</p> <p>Review of facility investigations, incidents and Bureau of Developmental Disabilities Services/BDDS reports on 2/27/17 at 3:55 PM indicated the following:</p> <p>A BDDS report dated 2/26/17 indicated client B was taken to the bank on 2/25/17 to cash a check for \$500.00 by staff #4.</p>	W 0140	<p>thereafter to complete an audit of all client finances.</p> <p>Completion date: 03/30/2017</p> <p>W140: The facility must establish and maintain system that assures a full and complete accounting of clients personal funds entrusted to the facility on behalf of the clients</p> <p>Corrective Action: (Specific): All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights and the client finance management operation standard. A safe has been purchased for the</p>	03/30/2017

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	<p>When staff #4 returned with clients to the facility (clients B, D and F), staff #4 began to count and enter the money into the clients' financial records. Staff #4 found \$200.00 missing from client B's envelope. Staff #4 called his supervisor and subsequently returned to the bank to see if the discrepancy had originated there. The audit at the bank did not account for the missing \$200.00. The facility initiated an investigation into Client B's missing \$200.00 on 2/26/17.</p> <p>Review of client accounts and interview with Quality Assurance Manager/QA #1 was conducted on 2/26/17 at 4:30 PM. Client B's financial record indicated he should have \$510.00. The actual amount counted by QA #1 was \$310.00; a discrepancy of \$200.00.</p> <p>Client D had cashed a check for \$500.00 on 2/25/17. His balance was listed as \$483.40; which was verified by the count. Client D's money book/pouch contained an uncashed check in the amount of \$500.00 dated 1/27/17.</p> <p>Client F had cashed a check for \$500.00 on 2/25/17. His balance was listed as \$467.05; which was verified by the count.</p> <p>QA #1 indicated client B's missing money had been reported and was being investigated.</p>		<p>home that only management personnel have access to the combination. All clients have been reimbursed the missing funds.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home at least five times weekly to complete an audit of all client finances for the next 30 days then at least three times weekly thereafter. The area Supervisor will be in the at least once weekly to complete an audit of all client finances. The Program Manager will be in the home at least once weekly for the next 30 days then at least monthly thereafter to complete an audit of all client finances.</p> <p>Measures to be put in place: All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights and the client finance management operation standard. A safe has been</p>	

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	<p>Interview with House Manager #1 on 2/28/17 at 1:15 PM indicated it was agency policy not to keep large sums (over \$50.00) of client money in the facility unless they were doing a spend down/shopping. The check dated 1/27/17 belonging to client D had been received on 2/25/2017 and had not been in his money pouch for month.</p> <p>9-3-2(a)</p>		<p>purchased for the home that only management personnel have access to the combination. All clients have been reimbursed the missing funds.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home at least five times weekly to complete an audit of all client finances for the next 30 days then at least three times weekly thereafter. The area Supervisor will be in the at least once weekly to complete an audit of all client finances. The Program Manager will be in the home at least once weekly for the next 30 days then at least monthly thereafter to complete an audit of all client finances.</p> <p>Completion date: 03/30/2017</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), and 4 additional clients (D, E, F and G), the facility failed to implement policy/procedure which prohibited financial exploitation of client B and failed to implement agency policy of providing a safe/lockbox for client money.</p> <p>Findings include:</p> <p>Review of facility investigations, incidents and Bureau of Developmental Disabilities Services/BDDS reports on 2/27/17 at 3:55 PM indicated the following:</p> <p>A BDDS report dated 2/26/17 indicated client B was taken to the bank on 2/25/17 to cash a check for \$500.00 by staff #4. When staff #4 returned with clients to the</p>	W 0149	<p>W149: That facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All clients have been reimbursed the missing funds. A safe has been purchased for the home that only management and office personnel have access to the combination. All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights and the client finance management operation standard. All clients</p>	03/30/2017	

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	<p>facility (clients B, D and F), staff #4 began to count and enter the money into the clients' financial records. Staff #4 found \$200.00 missing from client B's envelope. Staff #4 called his supervisor and subsequently returned to the bank to see if the discrepancy had originated there. The audit at the bank did not account for the missing \$200.00. The facility initiated an investigation into Client B's missing \$200.00 on 2/26/17.</p> <p>Review of client accounts and interview with Quality Assurance Manager/QA #1 was conducted on 2/27/17 at 4:30 PM. Client B's financial record indicated he should have \$510.00. The actual amount counted by QA #1 was \$310.00; a discrepancy of \$200.00. QA #1 indicated client B's missing money had been reported and was being investigated.</p> <p>Observations were conducted at the facility on 2/28/17 from 10:30 AM until 1:30 PM. The clients' (A, B, C, D, E, F and G) financial records and cash were kept in a wall cabinet with a hasp and lock on the door. Interview on 2/28/17 at 1:15 PM with the Residential Manager (staff #1) indicated there was no safe at the facility for housing client money.</p> <p>Interview with Quality Assurance Manager #1 on 2/27/17 at 4:00 PM</p>		<p>have been reimbursed the missing funds.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home at least five times weekly to complete an audit of all client finances for the next 30 days then at least three times weekly thereafter. The area Supervisor will be in the at least once weekly to complete an audit of all client finances. The Program Manager will be in the home at least once weekly for the next 30 days then at least monthly thereafter to complete an audit of all client finances.</p> <p>Measures to be put in place: All clients have been reimbursed the missing funds. A safe has been purchased for the home that only management and office personnel have access to the combination. All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an</p>				

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	<p>indicated the agency had policy/procedures which prohibited abuse/neglect/exploitation of individuals they served.</p> <p>The agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" Policy and Procedure (revised 01/09/2015) was reviewed on 2/28/17 at 9:00 AM. The review indicated the agency prohibited neglect/exploitation of clients. The definitions of neglect and exploitation was as follows:</p> <p>"E. Abuse-Exploitation Definition 1. An act that deprives an individual of real or personal property by fraudulent or illegal means. 2. Utilization of another person for selfish purposes."</p> <p>The policy "Client Finance Management for Home Accounts," revision date of 1/2016 was reviewed on 2/28/17 at 1:00 PM. The policy indicated, in part, "11. All client finances should be locked in a safe or lockbox unless the Interdisciplinary Team has assessed that the individual is independent in money management and capable of carrying their money/checkbook/possessions</p>		<p>individual's rights and the client finance management operation standard. All clients have been reimbursed the missing funds.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home at least five times weekly to complete an audit of all client finances for the next 30 days then at least three times weekly thereafter. The area Supervisor will be in the at least once weekly to complete an audit of all client finances. The Program Manager will be in the home at least once weekly for the next 30 days then at least monthly thereafter to complete an audit of all client finances.</p> <p>Completion date: 03/30/2017</p>		

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W 0418 Bldg. 00	<p>safely."</p> <p>9-3-2(a)</p> <p>483.470(b)(4)(ii) CLIENT BEDROOMS The facility must provide each client with a clean, comfortable mattress. Based on observation and interview for 1 of 3 sampled clients (B), the facility failed to provide the client a mattress which was in good repair.</p> <p>Findings include:</p> <p>During observations at the facility on 2/28/17 from 10:30 AM until 1:30 PM, client B's bedroom was toured. His mattress was observed to be stained and worn. The wooden headboard of his bed was in disrepair.</p> <p>Interview with Program Director/PD #1 was conducted on 2/28/17 at 1:40 PM. PD #1 indicated a new mattress had been ordered by the agency for client B.</p> <p>9-3-7(a)</p>			W 0418	<p>W418: The facility must provide each client with a clean, comfortable mattress.</p> <p>Corrective Action: (Specific): A new mattress has been purchased for client B and is on his bed.</p> <p>How others will be identified: (Systemic): The residential manager will complete an inspection of all client mattresses at least twice weekly to ensure that they are in good repair. The residential manager will immediately notify the Program Manager if a mattress needs replaced.</p>		03/30/2017

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			<p>The area supervisor will complete an inspection of all client mattresses at least weekly to ensure that they are in good repair and notify the Program Manager immediately if any mattress needs replaced.</p> <p>Measures to be put in place: A new mattress has been purchased for client B and is on his bed.</p> <p>Monitoring of Corrective Action: The residential manager will complete an inspection of all client mattresses at least twice weekly to ensure that they are in good repair. The residential manager will immediately notify the Program Manager if a mattress needs replaced. The area supervisor will complete an inspection of all client mattresses at least weekly to ensure that they are in good repair and notify the Program Manager immediately if any mattress needs replaced.</p>	

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W 9999 Bldg. 00	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p>	W 9999	<p>Completion date: 03/30/2017</p> <p>W9999: The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met 460 IAC 9-3-4 Active Treatment (b) The provider shall obtain day services for each resident which: (1) meet criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the residents individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>Corrective Action: (Specific): Client A has chosen a day service and the intake packet has been</p>	03/30/2017
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	<p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>Observations were conducted at the day program on 2/27/17 from 10:34 AM until 2:30 PM. Client A did not attend the day program. Observations were conducted at the facility on 2/28/17 from 10:30 AM until 1:30 PM. Client A was the only client at the facility during the observations. Client A was in the living room using a hand held video game device with the television turned to Cartoon Network. Client A made his lunch with staff supervision. Client A had been employed in the community until 2/02/2017 (record review at 10:30 AM on 2/28/17). No alternative day service was observed to be provided.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 2/28/17 at 11:38 AM. GHM #1 indicated client A had worked in the community but had lost his job and did not attend an</p>		<p>completed and submitted.</p> <p>How others will be identified: (Systemic): The QIDP will re-trained on active treatment services as it relates to obtaining a day service provider that meet criteria and certification requirements established by the division of aging and meets the clients active treatment needs set forth in the program plan. Day Service attendance will be reviewed on the day service attendance form by the QIDP at least weekly to ensure that all clients are attending day service as scheduled.</p> <p>Measures to be put in place: Client A has chosen a day service and the intake packet has been completed and submitted.</p> <p>Monitoring of Corrective Action: The QIDP will re-trained on active treatment services as it relates to obtaining a day service provider that meet criteria and certification requirements</p>		

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>outside day program. The interview indicated the IDT (Interdisciplinary Team) quarterly meeting had met on 1/27/17. GHM #1 had suggested client A have a job coach to help find a job that was not seasonal like his current job (car wash). The IDT indicated the QIDP (Qualified Intellectual Disabilities Professional) and the GHM would pursue acquiring a job coach for client A.</p> <p>Client A was interviewed on 2/28/17 at 12:43 PM. Client A indicated he currently did not have a community job but wanted a steady one.</p> <p>9-3-4(b)(1)(2)</p>		<p>established by the division of aging and meets the clients active treatment needs set forth in the program plan. Day Service attendance will be reviewed on the day service attendance form by the QIDP at least weekly to ensure that all clients are attending day service as scheduled.</p> <p>Completion date: 03/30/2017</p>	