

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486 | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2019 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT | | STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256 | | |
| (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 a post certification revisit (PCR) to a pre-determined full recertification and state licensure survey completed on 7/22/19.</p> <p>Dates of Survey: September 3 and 4, 2019.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 9/11/19.</p> | W 0000 | | |
| 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.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure a full and complete accounting of client #1 and #3's expenditures/purchases.</p> <p>Findings include:</p> <p>Client #1's financial record was reviewed on 9/4/19 at 12:50 PM. Client #1's RLS (Resource Ledger Sheet) dated 8/17/19 indicated, "... 8/17/19...". Balance: - \$5.34...". Client #3's cash on hand was \$6.25 in single \$1 dollar bills and several coins of all denominations: quarters, dimes, nickels and pennies.</p> <p>Client #3's financial record was reviewed on 9/4/19</p> | W 0140 | <p>CORRECTION: <i>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. Specifically, financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor and certified as accurate per facility protocol. The Residential Manager will receive detailed training and will maintain an up to</i></p> | 10/04/2019 |

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>at 12:50 PM. Client #3's RLS (Resource Ledger Sheet) dated 8/29/19 indicated, "... 8/29/19...". Balance: - \$.90...". Client #3's cash on hand was \$3.11 in single \$1 dollar bills and several coins of all denominations: quarters, dimes, nickels and pennies.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager #1) was interviewed on 9/4/19 at 2:30 PM. QIDPM #1 indicated the facility did not have documentation of a current cash balance for client #3. QIDPM #1 indicated the facility should maintain a full and accurate accounting of client #1 and #3's finances.</p> <p>9-3-2(a)</p> | | <p>date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility.</p> <p>PREVENTION: The Residential Manager will maintain responsibility for maintaining client financial records and the Area Supervisor will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The Area Supervisor will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team comprised of the Operations Directors, Program Managers, Nurse Manager, Executive Director, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators, will incorporate audits of client finances into daily administrative monitoring during varied shifts/times, daily, to assure interaction with multiple staff, involved in a full range of active</p> | |

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| | | | | <p>treatment scenarios. After 30 days, administrative observations will occur no less than three times weekly until all staff demonstrate competence. Administrative support will include assuring a complete and accurate accounting of client finances is present.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> |