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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/10/2022 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT | STREET ADDRESS, CITY, STATE, ZIP COD 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250 |
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| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaint #IN00370492.</p> <p>Complaint #IN00370492: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149 and W154.</p> <p>Dates of Survey: February 7, 8, 9 and 10, 2022.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/18/22.</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 2 of 3 sampled clients (A and B), the facility failed to meet the Condition of Participation: Governing Body. The governing body neglected to exercise general policy, budget and operating direction over the facility to ensure an investigation was completed regarding an allegation of financial exploitation of client A, an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system regarding ensuring the completion of investigations.</p> <p>Findings include:</p> | W 0102 | <p>CORRECTION: <i>The facility must ensure that specific governing body and management requirements are met. Specifically:</i> The Quality Assurance Manager will complete an investigation into an allegation of financial exploitation of client A. If the allegation is substantiated, the governing body will reimburse client A for any missing or unaccounted for funds. Due to the fact that this deficient</p> | 03/11/2022 |

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>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure an investigation was completed regarding an allegation of financial exploitation of client A and an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system regarding completed investigations. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to meet the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B). The governing body neglected to exercise general policy, budget and operating direction over the facility to ensure an investigation was completed regarding an allegation of financial exploitation of client A and an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system regarding completed investigations. Please see W122.</p> <p>This federal tag relates to complaint #IN00370492.</p> <p>9-3-1(a)</p> | | <p>practice may have affected other clients, the governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e., furnishings, linens etc.), or that lack complete documentation.</p> <p>All facility investigations will be completed by trained investigators. When incidents requiring investigation occur, the QA manager or designee will assign the investigation to a specific investigator. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. Specifically, investigators will save electronic files of all components of investigations into a shared investigation folder to provide access and monitoring capability throughout the investigation process and to allow investigations to be reproduced and provided to regulatory entities as required. The QIDP manager will conduct follow-up with the investigator to assure completion within required timeframes.</p> <p>In addition to weekly face to face</p> | |

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| | | | <p>training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion if investigations. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring</p> | |

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| W 0104 Bldg. 00 | 483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 2 of 3 | W 0104 | <p>investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> | 03/11/2022 |

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| | <p>sampled clients (A and B), the governing body neglected to exercise general policy, budget and operating direction over the facility to ensure an investigation was completed regarding an allegation of financial exploitation of client A, an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system ensuring the completion of investigations.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to exercise general policy, budget and operating direction over the facility to ensure it implemented its policy and procedures to ensure an investigation was completed regarding an allegation of financial exploitation of client A, an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system ensuring the completion of investigations. Please see W149. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure an investigation was completed regarding an allegation of financial exploitation of client A and an incident of inappropriate usage of electronic devices/social media by client B. Please see W154. <p>This federal tag relates to complaint #IN00370492.</p> <p>9-3-1(a)</p> | | <p><i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically:</i></p> <p>The Quality Assurance Manager will complete an investigation into an allegation of financial exploitation of client A. If the allegation is substantiated, the governing body will reimburse client A for any missing or unaccounted for funds.</p> <p>Due to the fact that this deficient practice may have affected other clients, the governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e., furnishings, linens etc.), or that lack complete documentation.</p> <p>All facility investigations will be completed by trained investigators. When incidents requiring investigation occur, the QA manager or designee will assign the investigation to a specific investigator. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. Specifically, investigators will save electronic</p> | | |

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| | | | <p>files of all components of investigations into a shared investigation folder to provide access and monitoring capability throughout the investigation process and to allow investigations to be reproduced and provided to regulatory entities as required. The QIDP manager will conduct follow-up with the investigator to assure completion within required timeframes. In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion if investigations. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers,</p> | |

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| | | | <p>Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team</p> | |

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| 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</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B). The facility neglected to implement its policy and procedures to ensure an investigation was completed regarding an allegation of financial exploitation of client A, an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system regarding ensuring the completion of investigations.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The facility neglected to implement its policy and procedures to ensure an investigation was completed regarding an allegation of financial exploitation of client A, an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system regarding ensuring the completion of investigations. Please see W149. The facility failed to ensure an investigation was completed regarding an allegation of financial exploitation of client A and an incident of inappropriate usage of electronic devices/social media by client B. Please see W154. | W 0122 | <p>members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must ensure that specific client protections requirements are met.</i></p> <p>Specifically, the governing body facilitated the following: The Quality Assurance Manager will complete an investigation into an allegation of financial exploitation of client A. If the allegation is substantiated, the governing body will reimburse client A for any missing or unaccounted for funds.</p> <p>Due to the fact that this deficient practice may have affected other clients, the governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e., furnishings, linens etc.), or that lack complete</p> | 03/11/2022 | |

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| | This federal tag relates to complaint #IN00370492. 9-3-2(a) | | documentation. All facility investigations will be completed by trained investigators. When incidents requiring investigation occur, the QA manager or designee will assign the investigation to a specific investigator. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. Specifically, investigators will save electronic files of all components of investigations into a shared investigation folder to provide access and monitoring capability throughout the investigation process and to allow investigations to be reproduced and provided to regulatory entities as required. The QIDP manager will conduct follow-up with the investigator to assure completion within required timeframes. In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion if investigations. The QIDP Manager will provide | |

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| | | | <p>weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through</p> | |

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| 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 2 of 3 sampled clients (A and B), the facility neglected to implement its policy and procedures to ensure an investigation was completed regarding an allegation of financial exploitation of client A, an incident of inappropriate usage of electronic devices/social media by client B and failed to ensure the facility had a reproducible system regarding ensuring the completion of investigations.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations</p> | W 0149 | <p>occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p> <p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</i> Specific corrections include: The Quality Assurance Manager will complete an investigation into an allegation of financial exploitation of client A. If the allegation is substantiated, the governing body will reimburse client A for any missing or unaccounted for funds.</p> | 03/11/2022 |

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| | <p>were reviewed on 2/7/22 at 9:32 AM.</p> <p>1. A BDDS report dated 12/28/21 indicated the following:"... On 12/28/21, [client A] told the Area Supervisor that in May 2021, he (client A) received a \$1,400 IRS (Internal Revenue Service) stimulus check. He alleged that he spent \$700 and that Residential Manager [FRM (Former Residential Manager) #1] kept the remaining \$700. [FRM #1] is currently suspended pending termination for an unrelated matter. The executive director has been notified and an investigation has been initiated."</p> <p>"Plan to Resolve (Immediate and Long Term)."</p> <p>"[Client A] is currently on therapeutic Leave (sic) with his mother and his team will provide him with emotional support. ResCare's investigation is ongoing, and if money is owed to [client A], ResCare will reimburse him. Residential Manager [FRM #1] will remain suspended (sic) pending formal notification of his termination..."</p> <p>-A review of the BDDS report dated 12/28/21 did not indicate documentation of an investigation regarding an allegation of financial exploitation by FRM #1 of client A. The review did not indicate the facility investigated whether any of the other clients had received stimulus checks. The review did not indicate the facility had reimbursed the \$700 alleged to have been taken from client A.</p> <p>2. A BDDS report dated 1/3/22 indicated the following:</p> <p>"On 01/03/2022, housemates reported to staff that on 01/02/2022, [client B] was on the phone in a verbal argument with a male. It was reported by housemates to staff that the male on the phone</p> | | <p>Due to the fact that this deficient practice may have affected other clients, the governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e., furnishings, linens etc.), or that lack complete documentation.</p> <p>All facility investigations will be completed by trained investigators. When incidents requiring investigation occur, the QA manager or designee will assign the investigation to a specific investigator. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. Specifically, investigators will save electronic files of all components of investigations into a shared investigation folder to provide access and monitoring capability throughout the investigation process and to allow investigations to be reproduced and provided to regulatory entities as required. The QIDP manager will conduct follow-up with the investigator to assure completion within required timeframes.</p> | |

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| | <p>was threatening [client B] with sending the police to his residence for communicating with his daughter, who is a minor, via social media and sending her nude pictures. The supervisor was notified."</p> <p>- "Plan to Resolve (Immediate and Long Term)."</p> <p>- "[Client B] was not injured in this alleged event, and staff counseled him regarding (sic) safe use of social media. In response to this emerging behavior, his interdisciplinary team has revised [client B's] Behavior Support Plan (BSP) to require that he (client B) have direct staff supervision while using electronic communication devices. The restriction will be implemented once the team receives Human Rights Committee (HRC) approval. The administrative team is aware of the incident...".</p> <p>- A review of the BDDS report dated 1/3/22 did not indicate documentation of an investigation regarding an incident of inappropriate use of electronic devices/social media by client B.</p> <p>Client A was interviewed on 2/7/22 at 7:32 AM. Client A was asked if he knew FRM #1. Client A stated, "Yes, manager of the house." Client A was asked if FRM #1 had asked client A for money. Client A stated, "There would be times he would let me use money I shouldn't use. I told him (FRM #1) I had some money come in, a stimulus check and I wasn't supposed to cash it." Client A was asked how much money was in his stimulus check. Client A stated, "It was \$1,400.00, he (FRM #1) gave me \$700.00 but I never got the rest. No one knows if the money went into my account. [AS (Area Supervisor)] #1 said she didn't even know that my money was in the group home and that it (stimulus check) came through the mail. I</p> | | <p>In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion if investigations. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new</p> | |

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| | <p>spent it that same day." Client A was asked if the facility had reimbursed the remaining \$700 to his account. Client A stated, "No, I'm pretty sure it didn't. He (FRM #1) was going to lie and say it came from my parents. He (FRM #1) told me to lie and say the money came from my parents." Client A was asked who he reported this incident to. Client A stated, " I told the guys first, [client D], [client B]. I told my parents first. It didn't feel right to lie to my parents. He (FRM #1) told me to lie to my parents."</p> <p>Client B was interviewed on 2/7/22 at 8:16 AM. Client B was asked if he remembered FRM #1. Client B stated, "Yes he was really nice." Client B was asked if client A had told him FRM #1 had given him \$700 from his stimulus check. Client B stated, "Yes he did, he just said he had it from him (FRM #1)."</p> <p>Staff #1 was interviewed on 2/7/22 at 6:54 AM. Staff #1 was asked if she had worked with FRM #1. Staff #1 stated, "I think he used to work here." Staff #1 was asked if FRM #1 currently worked at the group home. Staff #1 stated, "No."</p> <p>AS #1 was interviewed on 2/7/22 at 7:40 AM. AS #1 was asked if she had worked with FRM #1. AS #1 stated, "When I took over (supervision of the group home) [FRM #1] was here. He would use the van for his own personal use. He (FRM #1) would turn the clients against me because I would hold him accountable." AS #1 was asked if she received any reports regarding FRM #1 taking money from the clients. AS #1 stated, "This came up when [client A] was going to move in with his mother. His mother brought it to my attention that he (client A) got a stimulus check and that he didn't get to spend all his money." AS #1 was asked if the money had been reimbursed to client</p> | | <p>incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p> | | |

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| | <p>A. AS #1 stated, "This has just been within a month and a half."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/7/22 at 2:25 PM. QIDPM #1 was asked if the facility reported an allegation of possible financial exploitation regarding FRM #1 allegedly taking \$700.00 from Client A. QIDPM #1 stated, "Yes." QIDPM #1 was asked if the the facility's investigation had substantiated the financial exploitation of client A. QIDPM #1 stated, "Not yet, because the investigation is not available for you." QIDPM #1 was asked if the facility should have documentation of a thorough investigation regarding an allegation of possible financial exploitation of FRM #1. QIDPM #1 stated, "Yes, to assure that people are being treated appropriately and to reimburse if they have been exploited." QIDPM #1 was asked if client A had been reimbursed the \$700.00. QIDPM #1 stated, "Not yet pending the completion of the investigation." QIDPM #1 was asked if the facility had knowledge other clients received stimulus checks. QIDPM #1 stated, "We have not had any reports that anyone else received a stimulus check." QIDPM #1 indicated the facility did not have documentation of an investigation regarding client B's inappropriate usage of electronic devices/social media. QIDPM #1 indicated the facility's policy on the prevention of abuse, neglect and mistreatment should be implemented as written. QIDPM #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated.</p> <p>The Facility's policy and procedures were reviewed on 2/8/22 at 9:30 AM. The facility's Abuse, Neglect, Exploitation policy revised on 7/10/19 indicated, "Policy: Adept staff actively</p> | | | |

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| W 0154 Bldg. 00 | <p>advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ADEPT, ResCare and local, state and federal guidelines..."Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>"Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review...".</p> <p>This federal tag relates to complaint #IN00370492.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 8 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure an investigation was completed regarding an allegation of financial exploitation of client A and an incident of inappropriate usage of electronic devices/social media by client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental</p> | W 0154 | <p>CORRECTION:</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically: All facility investigations will be completed by trained investigators. <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically: The Quality Assurance Manager</p> | 03/11/2022 |

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| | <p>Disabilities Services) reports and investigations were reviewed on 2/7/22 at 9:32 AM.</p> <p>1. A BDDS report dated 12/28/21 indicated the following: "... On 12/28/21, [client A] told the Area Supervisor that in May 2021, he (client A) received a \$1,400 IRS (Internal Revenue Service) stimulus check. He alleged that he spent \$700 and that Residential Manager [FRM (Former Residential Manager) #1] kept the remaining \$700. [FRM #1] is currently suspended pending termination for an unrelated matter. The executive director has been notified and an investigation has been initiated."</p> <p>- "Plan to Resolve (Immediate and Long Term)."</p> <p>- "[Client A] is currently on therapeutic Leave (sic) with his mother and his team will provide him with emotional support. ResCare's investigation is ongoing, and if money is owed to [client A], ResCare will reimburse him. Residential Manager [FRM #1] will remain suspended pending formal notification of his termination...".</p> <p>- A review of the BDDS report dated 12/28/21 did not indicate documentation of an investigation regarding an allegation of financial exploitation by FRM #1 of client A. The review did not indicate the facility investigated whether any of the other clients had received stimulus checks. The review did not indicate the facility had reimbursed the \$700 alleged to have been taken from client A.</p> <p>2. A BDDS report dated 01/03/2022 indicated the following:</p> <p>- "On 01/03/2022, housemates reported to staff that on 01/02/2022, [client B] was on the phone in a verbal argument with a male. It was reported by</p> | | <p>will complete an investigation into an allegation of financial exploitation of client A. If the allegation is substantiated, the governing body will reimburse client A for any missing or unaccounted for funds. Due to the fact that this deficient practice may have affected other clients, the governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e., furnishings, linens etc.), or that lack complete documentation. All facility investigations will be completed by trained investigators. When incidents requiring investigation occur, the QA manager or designee will assign the investigation to a specific investigator. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required. Specifically, investigators will save electronic files of all components of investigations into a shared investigation folder to provide access and monitoring capability throughout the investigation</p> | | |

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| | <p>housemates to staff that the male on the phone was threatening [client B] with sending the police to his residence for communicating with his daughter, who is a minor, via social media and sending her nude pictures. The supervisor was notified."</p> <p>- "Plan to Resolve (Immediate and Long Term)."</p> <p>- "[Client B] was not injured in this alleged event, and staff counseled him regarding (sic) safe use of social media. In response to this emerging behavior, his interdisciplinary team has revised [client B's] Behavior Support Plan (BSP) to require that he (client B) have direct staff supervision while using electronic communication devices. The restriction will be implemented once the team receives Human Rights Committee (HRC) approval. The administrative team is aware of the incident...".</p> <p>- A review of the BDDS report dated 1/3/22 did not indicate documentation of an investigation regarding an incident of inappropriate use of electronic devices/social media by client B.</p> <p>Client A was interviewed on 2/7/22 at 7:32 AM. Client A was asked if he knew FRM #1. Client A stated, "Yes, manager of the house." Client A was asked if FRM #1 had asked client A for money. Client A stated, "There would be times he would let me use money I shouldn't use. I told him (FRM #1) I had some money come in, a stimulus check and I wasn't supposed to cash it." Client A was asked how much money was in his stimulus check. Client A stated, "It was \$1,400.00, he (FRM #1) gave me \$700.00 but I never got the rest. No one knows if the money went into my account. [AS (Area Supervisor)] #1 said she didn't even know that my money was in the group home and</p> | | <p>process and to allow investigations to be reproduced and provided to regulatory entities as required. The QIDP manager will conduct follow-up with the investigator to assure completion within required timeframes. In addition to weekly face to face training and follow-up with the Quality Assurance Manager, the investigators will receive ongoing mentorship from the QIDP Manager, including but not limited to interview techniques, gathering and analysis of documentary evidence. The emphasis of this mentorship/training will be development of appropriate scope and conclusions, as well as time management skills to facilitate timely completion if investigations. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress and additional training needs.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager. The</p> | |

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| | <p>that it (stimulus check) came through the mail. I spent it that same day." Client A was asked if the facility had reimbursed the remaining \$700 to his account. Client A stated, "No, I'm pretty sure it didn't. He (FRM #1) was going to lie and say it came from my parents." He (FRM #1) told me to lie and say the money came from my parents. Client A was asked who he reported this incident to. Client A stated, " I told the guys first, [client D], [client B]. I told my parents first. It didn't feel right to lie to my parents. He (FRM #1) told me to lie to my parents."</p> <p>Client B was interviewed on 2/7/22 at 8:16 AM. Client B was asked if he remembered FRM #1. Client B stated, "Yes he was really nice." Client B was asked if client A had told him FRM #1 had given him \$700 from his stimulus check. Client B stated, "Yes he did, he just said he had it from him (FRM #1)."</p> <p>Staff #1 was interviewed on 2/7/22 at 6:54 AM. Staff #1 was asked if she had worked with FRM #1. Staff #1 stated, "I think he used to work here." Staff #1 was asked if FRM #1 currently worked at the group home. Staff #1 stated, "No."</p> <p>AS #1 was interviewed on 2/7/22 at 7:40 AM. AS #1 was asked if she had worked with FRM #1. AS #1 stated, "When I took over (supervision of the group home) [FRM #1] was here. He would use the van for his own personal use. He (FRM #1) would turn the clients against me because I would hold him accountable." AS #1 was asked if she received any reports regarding FRM #1 taking money from the clients. AS #1 stated, "This came up when [client A] was going to move in with his mother. His mother brought it to my attention that he (client A) got a stimulus check and that he didn't get to spend all his money." AS #1 was</p> | | <p>Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional</p> | |

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| | <p>asked if the money had been reimbursed to client A. AS #1 stated, "This has just been within a month and a half."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/7/22 at 2:25 PM. QIDPM #1 was asked if the facility reported an allegation of possible financial exploitation regarding FRM #1 allegedly taking \$700.00 from Client A. QIDPM #1 stated, "Yes." QIDPM #1 was asked if the the facility's investigation had substantiated the financial exploitation of client A. QIDPM #1 stated, "Not yet, because the investigation is not available for you." QIDPM #1 was asked if the facility should have documentation of a thorough investigation regarding an allegation of possible financial exploitation of FRM #1. QIDPM #1 stated, "Yes, to assure that people are being treated appropriately and to reimburse if they have been exploited." QIDPM #1 was asked if client A had been reimbursed the \$700.00. QIDPM #1 stated, "Not yet pending the completion of the investigation." QIDPM #1 was asked if the facility had knowledge other clients received stimulus checks. QIDPM #1 stated, "We have not had any reports that anyone else received a stimulus check." QIDPM #1 indicated the facility did not have documentation of an investigation regarding client B's inappropriate usage of electronic devices/social media. QIDPM #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated.</p> <p>This federal tag relates to complaint #IN00370492.</p> <p>9-3-2(a)</p> | | Director | |