

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

PRINTED: 01/13/2020
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/10/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042			
(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 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00311424.</p> <p>Complaint #IN00311424: Substantiated, Federal and state deficiencies related to the allegations are cited at: W102, W104, W122, W140 and W149.</p> <p>Survey dates: December 4, 5, 6, 9 and 10, 2019.</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/20/19.</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. Based on observation, record review and interview for 2 of 8 clients living in the group home (A and G), the facility failed to meet the Condition of Participation: Governing Body. The facility's governing body failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility and prevent clients A and G from exploitation.</p> <p>Findings include:</p> <p>1) Please refer to W104. For 2 of 8 clients living in</p>			W 0102	<p>W102: 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 general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation. The</p>		01/09/2020

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>the group home (A and G), the facility's governing body failed to exercise operating direction over the facility by failing to ensure there was a full and complete accounting of the clients' personal funds entrusted to the facility and protect clients A and G from exploitation.</p> <p>2) Please refer to W122. For 2 of 8 clients living in the group home (A and G), the facility failed to meet the Condition of Participation: Client Protections. The facility's governing body failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility and protect clients A and G from exploitation.</p> <p>This federal tag relates to complaint #IN00311424.</p> <p>9-3-1(a)</p>				<p>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>Corrective Action:</p> <ul style="list-style-type: none"> ·All staff trained on the Abuse and Neglect Policy. (Attachment A) ·All staff trained on finance policy and procedures. (Attachment B) ·Staff #6 received a corrective action for failing to following proper policy and procedures. (Attachment Q) ·Rescare reimbursed client A for missing money. (Attachment C) ·Rescare reimbursed client G for missing money. (Attachment D) ·Observations are being conducted by Rescare Management 3 times weekly for no less than 60 days to audit all financials and complete environmental check. (Attachment E) ·Daily calls are conducted with Rescare Management to discuss the observations, progress and trainings. ·Residential Manager will conduct a weekly audit on all finances. (Attachment F) ·Area Supervisor will conduct a weekly audit on all finances. (Attachment G) ·Maintenance Request submitted for replacement of the 		

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					<p>dishwasher in the facility. (Attachment H)</p> <ul style="list-style-type: none"> ·Maintenance Request submitted for replacement of the electric stove in the facility. <p>(Attachment I)</p> <ul style="list-style-type: none"> ·Maintenance Request submitted for replacement of the bathroom flooring in the facility. <p>(Attachment J)</p> <ul style="list-style-type: none"> ·Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Policy is included in this meeting as well as the finance policy and procedure process. <p>(Attachment K)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·The Area Supervisor will send monthly house meeting inservice to Program Manager to ensure completion. ·Residential Manager submits weekly check to the Area Supervisor and Program Manager to ensure completion. ·Area Supervisor submits weekly check to the Program Manager to ensure completion. ·Daily calls are conducted during the condition period with Rescare Management. ·Daily observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion. 		

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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 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility's governing body failed to exercise operating direction over the facility by failing to ensure 1) a full and complete accounting of client A and client G's personal funds entrusted to the facility, 2) implementation of policies and procedures for prohibiting exploitation of client A and client G's finances and 3) the home's dish washer, electric stove and bathroom flooring were maintained in good repair for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>1) Please refer to W140. For 2 of 8 clients living in the group home (A and G), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.</p> <p>2) Please refer to W149. For 2 of 16 incident reports reviewed affecting clients A and G, the facility failed to implement its policies and procedures for prohibiting exploitation of client A and client G's finances.</p> <p>3) Observations were conducted at the facility on</p>			W 0104	<p>·Program Manager submits all maintenance requests to Aramark and will follow up and monitor to ensure completion. Completion Date: 1/9/20</p> <p>W104: The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>Corrective Action:</p> <p>·All staff trained on the Abuse and Neglect Policy. (Attachment A)</p> <p>·All staff trained on finance policy and procedures. (Attachment B)</p> <p>·Staff #6 received a corrective action for failing to following proper policy and procedures. (Attachment Q)</p> <p>·Rescare reimbursed client A for missing money. (Attachment C)</p> <p>·Rescare reimbursed client G for missing money. (Attachment D)</p> <p>·Observations are being conducted by Rescare Management 3 times weekly to audit all financials and complete environmental check. (Attachment E)</p> <p>·Daily calls are conducted with Rescare Management to discuss</p>		01/09/2020

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	<p>12/4/19 from 4:01 PM to 6:20 PM and 12/5/19 from 6:35 AM to 8:25 AM and indicated the following:</p> <p>-At 4:39 PM, client D and client G were helping staff #6 prepare the evening meal in the kitchen. The Residential Manager indicated the clients and staff were hand washing dishes due to the dishwasher needing repair or replacement. When opened, the dishwasher had stagnant water standing in the bottom and an odor.</p> <p>-At 4:44 PM, staff #6 had a large skillet across two burners of the stove. When asked why the largest burner was not being used staff #6 indicated that burner would smoke and the back right burner sparked and she did not trust using parts of the stove. Staff #6 stated, "The plug is loose. If you turn on the back burner you can see blue sparks". When the back right burner was turned on, blue sparks from the underside of the burner occurred as described by staff #6.</p> <p>-At 7:26 AM, the Residential Manager was asked about cracked tile on the floor of the bathroom. The Residential Manager indicated the shower was not used in the bathroom, only the toilet and sink. The Residential Manager indicated work orders had been made requesting repair of the floor and stated, "I think the floor may be rotten. If I put my weight on it I might fall through". When asked if a work order had been created the Residential Manager stated, "Yes, [Area Supervisor] told me that was one she had put in". Large pieces of fractured broken tile were in front of the shower which spanned across 3 of the 12 inch by 12 inch sections of tile. The Residential Manager was asked if the home referred to this bathroom by a name and stated, "Far Bathroom".</p> <p>On 12/6/19 at 1:58 PM, the Executive Director (ED)</p>				<p>the observations, progress and trainings.</p> <p>·Residential Manager will conduct a weekly audit on all finances. (Attachment F)</p> <p>·Area Supervisor will conduct a weekly audit on all finances. (Attachment G)</p> <p>·Maintenance Request submitted for replacement of the dishwasher in the facility. (Attachment H)</p> <p>·Maintenance Request submitted for replacement of the electric stove in the facility. (Attachment I)</p> <p>·Maintenance Request submitted for replacement of the bathroom flooring in the facility. (Attachment J)</p> <p>·Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Policy is included in this meeting as well as the finance policy and procedure process. (Attachment K)</p> <p>Monitoring of Corrective Action:</p> <p>·The Area Supervisor will send monthly house meeting inservice to Program Manager to ensure completion.</p> <p>·Residential Manager submits weekly check to the Area Supervisor and Program Manager to ensure completion.</p> <p>·Area Supervisor submits weekly check to the Program</p>		

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W 0122 Bldg. 00	<p>was interviewed. The ED was asked about work orders to repair the dishwasher, electric stove and bathroom flooring. The ED researched and provided a spreadsheet then stated, "I don't believe those would be a capital expense" and indicated the repairs should be concerns the regional office could approve for repair. The ED was asked if the home should be maintained in good repair and stated, "Correct, yes!"</p> <p>This federal tag relates to complaint #IN00311424.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview for 2 of 8 clients living in the group home (A and G), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility and protect clients A and G from exploitation.</p> <p>Findings include:</p> <p>1) Please refer to W140. For 2 of 8 clients living in the group home (A and G), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.</p> <p>2) Please refer to W149. For 2 of 16 incident reports reviewed affecting clients A and G, the facility failed to implement its policies and procedures for prohibiting exploitation of client A</p>		W 0122	<p>Manager to ensure completion.</p> <ul style="list-style-type: none"> ·Daily calls are conducted during the condition period with Rescare Management. ·Daily observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion. ·Program Manager submits all maintenance requests to Aramark and will follow up and monitor to ensure completion. <p>Completion Date: 1/9/20</p> <p>W122: The facility must ensure that specific client protections are met.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> ·All staff trained on the Abuse and Neglect Policy. (Attachment A) ·All staff trained on finance policy and procedures. (Attachment B) ·Staff #6 received a corrective action for failing to following proper policy and procedures. (Attachment Q) ·Rescare reimbursed client A for missing money. (Attachment C) ·Rescare reimbursed client G for 		01/09/2020	

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	<p>and client G's finances.</p> <p>This federal tag relates to complaint #IN00311424.</p> <p>9-3-2(a)</p>		<p>missing money. (Attachment D)</p> <p>·Observations are being conducted by Rescare Management 3 times weekly to audit all financials and complete environmental check.</p> <p>(Attachment E)</p> <p>·Daily calls are conducted with Rescare Management to discuss the observations, progress and trainings.</p> <p>·Residential Manager will conduct a weekly audit on all finances. (Attachment F)</p> <p>·Area Supervisor will conduct a weekly audit on all finances.</p> <p>(Attachment G)</p> <p>·Maintenance Request submitted for replacement of the dishwasher in the facility.</p> <p>(Attachment H)</p> <p>·Maintenance Request submitted for replacement of the electric stove in the facility.</p> <p>(Attachment I)</p> <p>·Maintenance Request submitted for replacement of the bathroom flooring in the facility.</p> <p>(Attachment J)</p> <p>·Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and Neglect Policy is included in this meeting as well as the finance policy and procedure process.</p> <p>(Attachment K)</p> <p>·Client (B) had initial PT evaluation on 12/19/19. PT recommended rolling walker and wheelchair for home use. Follow</p>		

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			<p>up scheduled to clarify the order for use in and out of the house. (Attachment L)</p> <p>·IDT email for fall investigation from 9/28/19 incident, client (B) room was rearranged for easier access to his bed and a night light was purchased for his room. (Attachment M)</p> <p>·The Nurse scheduled a follow up for 1/3/20 with PT for client (B). (Attachment N)</p> <p>·Nurse corrected the typo on the Medication Administration Record to reflect the correct exercise regimen for client (B) based on current PT recommendations.</p> <p>·Nurse and QIDP will update all plans and goals as needed from PT appointment for 1/3/20.</p> <p>·Nurse completes weekly check of the facility to ensure all medical related items are addressed accordingly. (Attachment O)</p> <p>·Nurse updated the HRP for client (B). (Attachment P)</p> <p>Monitoring of Corrective Action:</p> <p>·The Area Supervisor will send monthly house meeting inservice to Program Manager to ensure completion.</p> <p>·Residential Manager submits weekly check to the Area Supervisor and Program Manager to ensure completion.</p>		

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W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES 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 (A) and 1 additional client (G), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.	W 0140	<ul style="list-style-type: none"> Area Supervisor submits weekly check to the Program Manager to ensure completion. Daily calls are conducted during the condition period with Rescare Management. Daily observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion. Program Manager submits all maintenance requests to Aramark and will follow up and monitor to ensure completion. The Nurse weekly check will be sent to the Area Supervisor, Nurse Manager and Program Manager for review. Site Reviews done monthly by Rescare management to monitor all environmental issues. <p>Completion Date: 1/9/20</p> <p>W140: 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</p>	01/09/2020	

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	<p>Findings include:</p> <p>On 12/4/19 at 2:25 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 11/7/19 indicated, "Staff reported missing money of another client. Staff completed an audit on all client finances and discovered [client A] is missing \$104.99. Staff was suspended for the missing money. An investigation has been initiated to determine whereabouts of [client A's] missing money". Investigative summary dated 11/7/19 through 11/13/19 indicated, "Introduction: The evening of 11/6/19 [staff #1] audited [client A's] cash on hand. [Staff #1] audited the money due to an unrelated report of another client's missing money. [Staff #1] found [client A's] money to be missing \$104.99. [Area Supervisor] verified on the morning of 11/7/19 that [client A's] cash on hand was missing \$104.99". The investigative summary indicated under the conclusion section, "Based on witness statements and review of [client A's] financial documentation there is \$104.99 missing. [Staff #1] found that [client A] was missing the money when she completed a money audit. All staff and clients deny personal knowledge of what happened to [client A's] missing money. Staff were not following the money shift audit counts per policy and procedure. Based on these findings the investigation conclusions (sic) [client A] is missing \$104.99 but the whereabouts of the money cannot be determined".</p> <p>-BDDS report dated 11/7/19 indicated, "[Client G] had a spend down check in the amount of \$800.00. The \$800.00 check was deposited into [Financial</p>				<p>on behalf of the clients.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> ·All staff trained on the Abuse and Neglect Policy. (Attachment A) ·All staff trained on finance policy and procedures. (Attachment B) ·Staff #6 received a corrective action for failing to following proper policy and procedures. (Attachment Q) ·Rescare reimbursed client A for missing money. (Attachment C) ·Rescare reimbursed client G for missing money. (Attachment D) ·Observations are being conducted by Rescare Management 3 times weekly to audit all financials and complete environmental check. (Attachment E) ·Daily calls are conducted with Rescare Management to discuss the observations, progress and trainings. ·Residential Manager will conduct a weekly audit on all finances. (Attachment F) ·Area Supervisor will conduct a weekly audit on all finances. (Attachment G) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·The Area Supervisor will send monthly house meeting inservice to Program Manager to ensure completion. 		

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	<p>Institution Name] bank on 10/23/19. When staff took [client G] to the bank yesterday to withdraw the \$88.00 (sic) for shopping the money had been withdrawn. When questioned about the money another staff stated she and [client G] had withdrawn the \$800.00 on 10/26/19 but stated she was feeling ill that day, returned to the group home, placed the \$800.00 in [client G's] money pouch and left her shift early that day. Staff has been suspended and investigation initiated".</p> <p>Investigative summary dated 11/6/19 through 11/12/19 indicated, " Introduction: On 11/6/19 [staff #1] went to [Financial Institution Name] bank to withdraw the \$800 spend down money [client G] had requested for personal spending. When [staff #1] began to withdraw the money, she was told he did not have the funds in his account and the \$800 had been withdrawn on 10/26/19". The investigative summary indicated under the conclusion section, "Based on witness statements and documentation [client G] \$800 is missing. The documentation reveals a request for \$800 spend down was requested on 10/10/19. The \$800 spend down check was deposited in [Financial Institution Name] bank on 10/23/19. In interview, [staff #6] admits she withdrew the \$800 with [client G] on 10/26/19 but was unable to go on the shopping trip and did not document the deposit of the \$800 in [client G's] home account; but placed the \$800 cash in the safe in [client G's] money pouch. All staff admit they have not counted the money per policy and procedure and all state they never saw the \$800 cash from [client G's] spend down check. Based on these findings the \$800 is missing, [staff #6] would have been the last person known to have contact with the \$800 but the whereabouts of the money is unknown".</p> <p>On 12/4/19 at 5:01 PM, the QIDP was interviewed.</p>				<p>·Residential Manager submits weekly check to the Area Supervisor and Program Manager to ensure completion.</p> <p>·Area Supervisor submits weekly check to the Program Manager to ensure completion.</p> <p>·Daily calls are conducted during the condition period with Rescare Management.</p> <p>·Daily observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion.</p> <p>Completion Date: 1/9/20</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/10/2019	
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	<p>The QIDP was asked about client A's missing money and if it was found. The QIDP stated, "No. There was no way to determine. They (staff) was not doing the receipts right. They was not keeping (financial accounting) the ledgers correctly, but no way to determine definitely". The QIDP indicated client A would be reimbursed and the process had been initiated. The QIDP indicated client A's missing money was discovered through an audit due to client G missing money.</p> <p>On 12/5/19 at 10:30 AM, the Area Supervisor was interviewed. The Area Supervisor was asked about client A and client G's missing monies. The Area Supervisor stated, "We did a two hour training. The staff (staff #6) that left the money (client G's \$800) knew she made a mistake and did not follow policy for spend downs. She admitted to [QIDP] and I that it (bringing money back to the home) was not the policy. It should never come in the home. She should have went shopping and she failed to call and let anyone know".</p> <p>On 12/6/19 at 12:06 PM, the QIDP was interviewed again about both client A and client G's missing monies. The QIDP was asked about the conclusion of the two investigations she had completed. For client A the QIDP stated, "We determined [client A] was missing \$104.99. We don't know where it went, who took it". The QIDP shared a check requisition form and stated, "This is where we're requesting reimbursement of the \$104.99". For client G the QIDP stated, "He had a spend down of \$800.00. It was requested on 10/10/19 by [Area Supervisor]. We got the check on 10/23/19 put into [Financial Institution Name] bank by [staff #6]. [Staff #6] deposited so it clears the bank. She was going to take [client G] shopping the next Saturday 10/26/19. The bank</p>						

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W 0149 Bldg. 00	<p>closes at noon, but she was not feeling well. [Client G] and [staff #6] went right before and got the money. They were going (shopping) on Sunday, but it (\$800.00) never should have come to the home. [Staff #6] said to [staff #3] she was not feeling well. [Staff #6] and [staff #3] decided the next Sunday they were going to go, but they could not find the list so they didn't know what to buy. They cancel. The next weekend 11/3/19, so they start looking for the list on the 2nd but could not find the list and cancel. They can't buy just anything and have to buy off the list. [Staff #6] admits she did not do the paper work (client G's financial ledger) and done wrong. The one staff that would not come in for an interview quit, but that's why we did not fire her (staff #6). On the 6th, how this come about was [Area Supervisor] told [staff #1] and [staff #8] the money needed spent and they were going (shopping). They headed over to the bank and tried to withdraw the money, but was not there". The QIDP was asked if this initiated the investigation and stated, "Yeah. The next we found [client A] was missing money (\$104.99). Everybody's was correct, but [client A's] . [Client A's] was the only other one off (unaccounted for money)".</p> <p>This federal tag relates to complaint #IN00311424.</p> <p>9-3-2(a)</p> <p>483.420(d)(1)</p> <p>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) and 1 additional client (G), the facility failed to implement its policies and procedures for 1) prohibiting exploitation of client</p>			W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of</p>		01/09/2020

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	<p>A and client G's finances and 2) prevent falls which resulted in client B receiving multiple injuries.</p> <p>Findings include:</p> <p>On 12/4/19 at 2:25 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>1) BDDS report dated 11/7/19 indicated, "Staff reported missing money of another client. Staff completed an audit on all client finances and discovered [client A] is missing \$104.99. Staff was suspended for the missing money. An investigation has been initiated to determine where abouts of [client A's] missing money". Investigative summary dated 11/7/19 through 11/13/19 indicated, "Introduction: The evening of 11/6/19 [staff #1] audited [client A's] cash on hand. [Staff #1] audited the money due to an unrelated report of another client's missing money. [Staff #1] found [client A's] money to be missing \$104.99. [Area Supervisor] verified on the morning of 11/7/19 that [client A's] cash on hand was missing \$104.99". The investigative summary indicated under the conclusion section, "Based on witness statements and review of [client A's] financial documentation there is \$104.99 missing. [Staff #1] found that [client A] was missing the money when she completed a money audit. All staff and clients deny personal knowledge of what happened to [client A's] missing money. Staff were not following the money shift audit counts per policy and procedure. Based on these findings the investigation conclusions (sic) [client A] is missing \$104.99 but the whereabouts of the money cannot be determined".</p>		<p>the client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> ·All staff trained on the Abuse and Neglect Policy. (Attachment A) ·All staff trained on finance policy and procedures. (Attachment B) ·Staff #6 received a corrective action for failing to following proper policy and procedures. (Attachment Q) ·Rescare reimbursed client A for missing money. (Attachment C) ·Rescare reimbursed client G for missing money. (Attachment D) ·Observations are being conducted by Rescare Management 3 times weekly to audit all financials and complete environmental check. (Attachment E) ·Daily calls are conducted with Rescare Management to discuss the observations, progress and trainings. ·Residential Manager will conduct a weekly audit on all finances. (Attachment F) ·Area Supervisor will conduct a weekly audit on all finances. (Attachment G) ·The Nurse scheduled a follow up for 1/3/20 with PT for client (B). (Attachment N) ·Nurse corrected the typo on the Medication Administration Record to reflect the correct exercise 				

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	<p>-BDDS report dated 11/7/19 indicated, "[Client G] had a spend down check in the amount of \$800.00. The \$800.00 check was deposited into [Financial Institution Name] bank on 10/23/19. When staff took [client G] to the bank yesterday to withdraw the \$88.00 (sic) for shopping the money had been withdrawn. When questioned about the money another staff stated she and [client G] had withdrawn the \$800.00 on 10/26/19 but stated she was feeling ill that day, returned to the group home, placed the \$800.00 in [client G's] money pouch and left her shift early that day. Staff has been suspended and investigation initiated".</p> <p>Investigative summary dated 11/6/19 through 11/12/19 indicated, " Introduction: On 11/6/19 [staff #1] went to [Financial Institution Name] bank to withdraw the \$800 spend down money [client G] had requested for personal spending. When [staff #1] began to withdraw the money, she was told he did not have the funds in his account and the \$800 had been withdrawn on 10/26/19". The investigative summary indicated under the conclusion section, "Based on witness statements and documentation [client G] \$800 is missing. The documentation reveals a request for \$800 spend down was requested on 10/10/19. The \$800 spend down check was deposited in [Financial Institution Name] bank on 10/23/19. In interview, [staff #6] admits she withdrew the \$800 with [client G] on 10/26/19 but was unable to go on the shopping trip and did not document the deposit of the \$800 in [client G's] home account; but placed the \$800 cash in the safe in [client G's] money pouch. All staff admit they have not counted the money per policy and procedure and all state they never saw the \$800 cash from [client G's] spend down check. Based on these findings the \$800 is missing, [staff #6] would have been the last person known to have contact with the \$800</p>		<p>regimen for client (B) based on current PT recommendations.</p> <ul style="list-style-type: none"> ·Nurse and QIDP will update all plans and goals as needed from PT appointment for 1/3/20. ·Nurse completes weekly check of the facility to ensure all medical related items are addressed accordingly. (Attachment O) ·Nurse updated the HRP for client (B). (Attachment P) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·The Area Supervisor will send monthly house meeting inservice to Program Manager to ensure completion. ·Residential Manager submits weekly check to the Area Supervisor and Program Manager to ensure completion. ·Area Supervisor submits weekly check to the Program Manager to ensure completion. ·Daily calls are conducted during the condition period with Rescare Management. ·Daily observation forms are sent to the Program Manager for monitoring, follow up and to ensure completion. ·Program Manager submits all maintenance requests to Aramark and will follow up and monitor to ensure completion. ·IDT will be held to discuss any 				

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	<p>but the whereabouts of the money is unknown".</p> <p>2) BDDS report dated 8/15/19 indicated, "[Client B] was going to bed, went to sit down on the end of the bed and missed the bed. As [client B] was falling he stuck (sic) his head on the dresser and caught his pinky finger on the dresser drawer cutting his pinky finger. He was taken to [Hospital Name] ER (emergency room) for evaluation and treatment. He received 11 stitches on the inner side of his left hand pinky finger. He also received a head CT (computer imaging) scan that had negative results. He was released from the ER with orders to change dressing on his finger daily, clean with soapy water and return to his PCP (primary care physician) in 10 to 14 days to have stitches removed".</p> <p>Investigative summary dated 8/14/19 indicated under medical treatment needed as a result of a fall, "Yes, when staff entered bedroom she saw blood rolling down his (client B) arm and onto the floor. Staff applied pressure to his finger with a towel and took him to [hospital name] for evaluation. At the ER (emergency room) he received 11 stitches to his pinky finger...".</p> <p>BDDS report dated 9/18/19 indicated, "Yesterday afternoon while attending the day program [name of peer] grabbed at [client B]. [Client B] was walking past [name of peer] and grabbed at him and [client B] jerked back. When [client B] jerked back he fell into a table and then he fell to his knees. Staff assisted [client B] up and checked him for injuries. [Client B] has a nickel size scrape to his right knee and a pea size scrape to his left knee. [Client B] is doing well and has not complained of any pain".</p> <p>Investigative summary dated 9/23/19 indicated,</p>				<p>PT recommendations.</p> <p>·The Nurse weekly check will be sent to the Area Supervisor, Nurse Manager and Program Manager for review.</p> <p>Completion Date: 1/9/20</p>		

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	<p>"Where there any injuries? Skinned knees".</p> <p>BDDS report dated 9/29/19 indicated, "[Client B] was in his bedroom getting ready to go to bed. He fell striking his head on the dresser. The left side of his head was bleeding, staff applied pressure to the area and called 911. He was taken to [hospital name] ER (emergency room) for evaluation. At the ER he was diagnosed with laceration to head. He received 4 staples to the laceration on left side of his head and 2 staples to his forehead. A CT (computer imaging) scan of his head was completed with results negative. He was released from the ER with orders to have staples removed 7-10 days and follow up with his PCP (primary care physician)".</p> <p>Investigative summary dated 9/28/19 indicated, "Was medical treatment needed as a result of the fall? Yes, he was taken to [hospital name] in [city]. He was diagnosed with laceration to his head. He received 4 staples to the left side of his head and 2 staples to is forehead. A CT scan of the head was completed with results negative...".</p> <p>On 12/4/19 at 4:28 PM, client B was in the medication administration room for his evening medicines. During the medication administration client B pulled up his right pant leg and showed an open sore on his right leg's shin. The open sore was quarter size in diameter and red. Client B was asked how he had received the open sore. Client B stated, "Fell in my bedroom". Client B was asked when he fell receiving the open sore. Client B stated, "Last night". At 4:31 PM, the Qualified Intellectual Disability Professional (QIDP) was asked if she was aware of client B having an open sore from a recent fall. The QIDP indicated she was not aware of any new falls with injury. The QIDP indicated client B fell coming</p>						

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	<p>through the front door and received a bruise on his right buttock from the 27th. No documentation was provided for review with an incident date for the 27th. The QIDP was asked if client B was experiencing a lot of falls. The QIDP stated, "What we're talking about is the recommendation of a walker. I've not made that yet, but it will be apart of our peer review. So, 2 falls in October, one on the 27th making 3 and now possibly 4 falls".</p> <p>On 12/4/19 at 5:01 PM, the QIDP was interviewed. The QIDP was asked about client A's missing money and if it was found. The QIDP stated, "No. There was no way to determine. They (staff) was not doing the receipts right. They was not keeping (financial accounting) the ledgers correctly, but no way to determine definitely". The QIDP indicated client A would be reimbursed and the process had been initiated. The QIDP indicated client A's missing money was discovered through an audit due to client G missing money.</p> <p>On 12/5/19 at 10:30 AM, the Area Supervisor was interviewed. The area supervisor was asked about client A and client G's missing monies. The Area Supervisor stated, "We did a two hour training. The staff (staff #6) that left the money (client G's \$800) knew she made a mistake and did not follow policy for spend downs. She admitted to [QIDP] and I that it (bringing money back to the home) was not the policy. It should never come in the home. She should have went shopping and she failed to call and let anyone know".</p> <p>On 12/6/19 at 12:06 PM, the QIDP was interviewed again about both client A and client G's missing monies. The QIDP was asked about the conclusion of the two investigations she had completed. For client A the QIDP stated, "We</p>						

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	determined [client A] was missing \$104.99. We don't know where it went, who took it". The QIDP shared a check requisition form and stated, "This is where we're requesting reimbursement of the \$104.99". For client G the QIDP stated, "He had a spend down of \$800.00. It was requested on 10/10/19 by [Area Supervisor]. We got the check on 10/23/19 put into [Financial Institution Name] bank by [staff #6]. [Staff #6] deposited so it clears the bank. She was going to take [client G] shopping the next Saturday 10/26/19. The bank closes at noon, but she was not feeling well. [Client G] and [staff #6] went right before and got the money. They were going (shopping) on Sunday, but it (\$800.00) never should have come to the home. [Staff #6] said to [staff #3] she was not feeling well. [Staff #6] and [staff #3] decided the next Sunday they were going to go, but they could not find the list so they didn't know what to buy. They cancel. The next weekend 11/3/19, so they start looking for the list on the 2nd but could not find the list and cancel. They can't buy just anything and have to buy off the list. [Staff #6] admits she did not do the paper work (client G's financial ledger) and done wrong. The one staff that would not come in for an interview quit, but that's why we did not fire her (staff #6). On the 6th, how this come about was [Area Supervisor] told [staff #1] and [staff #8] the money needed spent and they were going (shopping). They headed over to the bank and tried to withdraw the money, but was not there". The QIDP was asked if this initiated the investigation and stated, "Yeah. Next we found [client A] was missing money (\$104.99). Everybody's was correct, but [client A's] . [Client A's] was the only other one off (unaccounted for money)". The QIDP was asked about client B's open sore and history of falls. The QIDP indicated she had discovered since the evening of 12/4/19 when client B pulled up his						

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	<p>pant leg to show the open sore on his right leg's shin as a continuation from a previous fall which occurred on 9/18/19 at his day program site. The QIDP indicated client B would pick the scab off and the information a fall the night previous as client B stated was not believed to have occurred.</p> <p>On 12/5/19 at 7:48 AM, the Nurse was interviewed. The Nurse was asked about client B's history of falls. The Nurse took the surveyor to client B's bedroom and stated, "I looked at his room when he started falling. He (client B) would turn his lights off and have to walk around his bed. I was telling staff to take the obstacle (bed) out of his way". The Nurse was asked if client B's falls were all in his bedroom. The Nurse stated, "I would have to look, but the issue with hurting his finger was in his room. I don't think he has had a fall since we changed his room". The Nurse was asked about the open sore on client B's shin of his right leg. The Nurse stated, "That happened from a fall at the day program. He picks at it. The issue with covering is infection can grow". Staff #1 then stated to the Nurse, "The doctor told us to quit dressing it because he would take them off". The Nurse indicated client B had received wound care treatment and the open sore was healing by stating, "It looks much better now".</p> <p>On 12/9/19 at 2:32 PM, the Abuse, Neglect, Exploitation, Mistreatment or a Violation of an Individual's Rights (ANE) policy dated 7/10/19 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>This federal tag relates to complaint #IN00311424.</p> <p>9-3-2(a)</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/10/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042			
(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 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B had a goal to encourage participation to exercise as recommended in his 9/12/18 Physical Therapy consult.</p> <p>Findings include:</p> <p>On 12/5/19 at 12:08 PM, client B's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 8/12/19 indicated the following goals, "Medication Administration, Money Management, Mealtime Safety and Personal Hygiene". No exercise goal was included in client B's ISP.</p> <p>-Physical Therapy (PT) consult dated 9/8/19 indicated, "Findings: improved left knee ROM (range of motion) and knee strength. Improved ability for transfers. Improved dynamic gait index. Recommendations: DC (discontinue) 2 degree max potential; con't (continue) to encourage exercise at home". The PT consult did not indicate exercise 3 times a day, but encourage exercise at home.</p> <p>-Medication Administration Record (MAR) dated 12/1/19 through 12/31/19 indicated, "Physical Therapy Exercise Three Times Daily. See client paperwork/exercise sheet with staff supervision". The MAR was coded with the initial "R".</p> <p>On 12/5/19 at 12:35 PM, client B was interviewed.</p>			W 0227	<p>W227: The Individual Program Plan states the specific objectives necessary to meet the client's needs as identified by the comprehensive assessment.</p> <p>Corrective Action:</p> <p>·The Nurse scheduled a follow up for 1/3/20 with PT for client (B). (Attachment N)</p> <p>·Nurse corrected the typo on the Medication Administration Record to reflect the correct exercise regimen for client (B) based on current PT recommendations.</p> <p>·Nurse and QIDP will update all plans and goals as needed from PT appointment for 1/3/20.</p> <p>·Nurse completes weekly check of the facility to ensure all medical related items are addressed accordingly. (Attachment O)</p> <p>·Nurse updated the HRP for client (B). (Attachment P)</p> <p>Monitoring of Corrective Action:</p>		01/09/2020

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

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	<p>Client B was asked if he participated in exercise three times a day. Client B stated, "No" and indicated he did not want to exercise or discuss exercising.</p> <p>On 12/5/19 at 12:37 PM, staff #1 was interviewed. Staff #1 was asked if client B participated in exercises as outlined on his MAR. Staff #1 stated, "No, he refuses to do that". Staff #1 indicated the "R" on the MAR represented client B's refusal to participate.</p> <p>On 12/5/19 at 12:38 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked about client B's Physical Therapy recommendation to exercise at home. The QIDP stated, "Since he said no and is refusing, we need to have an IDT (Interdisciplinary Team) meeting to discuss. We need to come together and decide what we need to do".</p> <p>9-3-4(a)</p>				<p>·The Nurse weekly check will be sent to the Area Supervisor, Nurse Manager and Program Manager for review.</p> <p>·IDT will be held to discuss any PT recommendations.</p> <p>·The Program Manager will review all Individual Support Plans and Behavior Support Plans High Risk Plans and Dining Plans to ensure plans meet all needs of the individuals served.</p> <p>·The QIDP will review all plans with IDT quarterly and annually.</p> <p>Completion Date: 1/9/20</p>		