

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 03/26/2024
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 154 CHAD DR VERSAILLES, IN 47042
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00426821.</p> <p>Complaint #IN00426821: Federal and state deficiency related to the allegations is cited at W149.</p> <p>Dates of Survey: 3/25/24 and 3/26/24.</p> <p>Facility Number: 000775 Provider Number: 15G255 AIMS Number: 100248960</p> <p>This federal deficiency reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 4/2/24.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, F, G and H), the facility failed to implement it's written policy and procedures to prevent financial theft of clients A, B, C, D, F, G and H's personal finances.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 3/25/24 at 3:49 PM. The review indicated on 1/22/24 the facility had filed separate BDS reports</p>	W 0149	<p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action:</b> All staff trained on the Abuse and Neglect Exploitation Policy. <b>(Attachment A)</b> All staff trained on finance policy. <b>(Attachment A)</b></p>	04/20/2024

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

TITLE

(X6) DATE

Anna Brison

Program Director

04/18/2024

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>for clients A, B, C, D, F, G and H regarding each clients' missing personal money bags. The 1/22/24 BDS reports indicated client A was missing \$0.81, client B was missing \$161.89, client C was missing \$127.62, client D was missing \$116.87, client F was missing \$50.00, client G was missing \$50.55 and client H was missing \$51.15. The 1/22/24 BDS report indicated the last staff member documented as having access to the clients' funds was suspended pending an investigation.</p> <p>The review indicated on 1/26/24 the facility completed an internal investigation regarding clients A, B, C, D, F, G and H's missing money. The 1/26/24 investigation concluded client A was missing \$0.81, client B was missing \$161.89, client C was missing \$127.62, client D was missing \$116.87, client F was missing \$50.00, client G was missing \$50.55 and client H was missing \$51.15. The results of the investigation were inconclusive in determining who had taken the money or how it was missing from the home.</p> <p>An administrative review of the 1/26/24 investigation was completed by the facility on 2/19/24 and indicated, "1. Terminations for [DSP (Direct Support Professional) #1], as she was the last staff to access the client funds and failed to do a shift change count prior to leaving her shift per protocol. It was also discovered [DSP #1] left for a significant amount of time during her shift without clocking out or obtaining permission from her supervisor. 2. ResCare will reimburse all client funds."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) and QIDP-D (Qualified Intellectual Disabilities Professional Designee) were interviewed on 3/25/24 at 2:08 PM. QIDP indicated she had completed the 1/26/24 Investigation</p>		<p>Staff terminated from Rescare for the theft of client funds. <b>(Attachment B)</b> Rescare reimbursed client A for missing money (\$.81). <b>(Attachment C)</b> Rescare reimbursed client B for missing money (\$161.89). <b>(Attachment D)</b> Rescare reimbursed client C for missing money (\$127.62). <b>(Attachment E)</b> Rescare reimbursed client D for missing money (\$116.87). <b>(Attachment F)</b> Rescare reimbursed client F for missing money (\$50.00). <b>(Attachment G)</b> Rescare reimbursed client G for missing money (\$50.55). <b>(Attachment H)</b> Rescare reimbursed client H for missing money (\$51.15). <b>(Attachment I)</b> Financial Audits will be conducted by Rescare Management 2 times weekly for no less than 60 days to audit all financials in the facility and ensure they are accounted for to the penny. <b>(Attachment A)</b> Area Supervisor/QIDP completes a monthly summary that includes client's financial totals from RFMS and Cash on Hand in the facility. <b>(Attachment J)</b> Area Supervisor conducts monthly house meetings to review items as needed, the Abuse and</p>		

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	<p>regarding clients A, B, C, D, F, G and H's missing money. QIDP indicated clients A, B, C, D, F, G and H's personal money was substantiated as missing. QIDP indicated the facility was unable to conclusively determine who had taken the clients' personal funds. QIDP indicated DSP #1 had been suspended as she was the last staff with access to the funds and had not completed a shift count prior to leaving her shift. QIDP indicated DSP #1 was terminated from employment regarding separate facility policy violations and had not returned to the group home. QIDP indicated clients A, B, C, D, F, G and H's funds had been or were in the process of being reimbursed, staff had been retrained on the accounting and management of clients A, B, C, D, F, G and H's funds and she and QIDP-D had been completing weekly audits of the home's finances since the 1/22/24 incident. QIDP indicated the police had been notified of the missing client money and no further concerns or allegations were known since the 1/22/24 incident.</p> <p>PD (Program Director) was interviewed on 3/25/24 at 3:44 PM. PD indicated the facility's ANE (Abuse Neglect Exploitation) policy should be implemented to prevent exploitation/theft of clients A, B, C, D, F, G and H's personal money.</p> <p>The facility's policy and procedures were reviewed on 3/26/24 at 10:25 AM. The facility's 7/18/11 ANE policy indicated, "ResCare strictly prohibits...exploitation...."</p> <p>This federal tag relates to complaint #IN00426821.</p> <p>9-3-2(a)</p>		<p>Neglect Exploitation Policy is included in this meeting as well as the finance policy and procedure process.</p> <p>The Program Manager, Program Director and Business Manager will rotate weekly and will audit any funds in the safe weekly and sign the safe ledger acknowledging the amounts are accurate.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>Financial Audit will be completed 2 times weekly by Rescare Management and sent to the Program Manager and Program Director for review and to ensure completion.</p> <p>All allegations of Abuse, Neglect and Exploitation will be investigated and a peer review completed by Rescare management.</p> <p>QIDP will complete a monthly summary and send to the IDT team. The monthly summary includes RFMS balances as well as cash balances for each client in the facility.</p> <p><b>Completion Date: 4/20/24</b></p>		

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

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