

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2023
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1818 H ST BEDFORD, IN 47421
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00407264.</p> <p>Complaint #IN00407264: Federal/state deficiency related to the allegation(s) is cited at W154.</p> <p>Dates of Survey: July 27 and 28, 2023</p> <p>Facility Number: 000717 Provider Number: 15G184 AIMS Number: 100234700</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/9/23.</p>	W 0000		
W 0154  Bldg. 00	<p>483.420(d)(3) 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 1 of 1 incident/investigative report reviewed affecting clients A, B and C, the facility failed to conduct a thorough investigation of client C stealing clients A's and B's money.</p> <p>Findings include:</p> <p>On 7/27/23 at 1:13 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) Client A's 4/24/23 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 4/24/23 RM (Residential Manager) was completing money audits and found that</p>	W 0154	To correct the deficient practice the QA department received refresher training on the components of thorough investigations. Additional monitoring will be achieved by the QAM and Regional Operational Support Specialist reviewing all investigations to ensure thoroughness prior to submitting to the administrator. Ongoing monitoring will be achieved by the Quality and safety committee reviewing all incidents and investigations at least quarterly.	08/28/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick O'Heran	QAM	08/16/2023

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>\$54.00 is missing from home cash account. An investigation has been initiated to determine where abouts (sic) of the cash. No staff suspensions at this time due to no known suspects."</p> <p>2) Client B's 4/24/23 BDDS incident report indicated, "On 4/24/23 RM was completing money audits and found that \$52.00 is missing from home cash account. An investigation has been initiated to determine where abouts (sic) of the cash. No staff suspensions at this time due to no known suspects."</p> <p>The 4/26/23 Investigative Summary indicated in the Residential Manager's (RM) statement, "On 4-24-23 [RM] called Qualified Intellectual Disabilities Professional (QIDP) at 8:39am to report missing money. On 4-24-23 [RM] faxed QIDP ledgers, account audit sheets, bank receipts, and staff schedule. [RM] reported to QIDP who was working, and that the money cabinet was to be locked at all times. [RM] reported that staff are supposed to count the money when they come onto shift with the outgoing person. [RM] reported that it has come to her attention that not all staff are counting the money. [RM] stated that [client C] has a history of stealing money. Per rights restriction on (sic) [client C's] BSP he was checked after he got home from [name of day program]. [RM] reported he had the money on him, but it was short \$16. [RM] reported [client C] admitted to taking the money while staff was busy giving meds."</p> <p>The 4/26/23 Investigative Summary indicated in client C's statement, "On 4-25-23 [client C] admitted to QIDP [name] that he did take the money. [Client C] said that he waited until staff were busy to take the money. [Client C] admitted</p>			

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	<p>that he knew it was wrong and that he will not do it again. [Client C] stated that he knew he was responsible for paying back the money he spent from the money he stole. [Client C] stated that he spent the money in the vending machines at [name of day program]."</p> <p>The Factual Findings section of the investigation indicated, "...There was money missing from [client B] and [client A's] cash accounts. Staff are not doing cash audits as stated in policy. [Client C] did take the money. The money was returned to the accounts. [Client C] reimbursed the missing money from his own account, he signed a receipt showing that he knew he was paying back the money he stole per BSP (Behavior Support Plan) on 4-27-23. Conclusion: As of 4-25-24 (sic) the theft of the money was substantiated. [Client C] did take the money while staff were busy giving medications. [RM] is doing retraining on policy of counting the money per shift."</p> <p>On 7/27/23 at 2:34 PM, the Program Manager (PM) indicated client C took the money but she was not sure how since the money should be secured at all times. The PM indicated the investigation should have addressed how client C had access to the money.</p> <p>On 7/27/23 at 2:36 PM, the Quality Assurance Manager (QAM) indicated client C gave the money back once he realized staff knew he took the money. The QAM indicated the money should be secured at all times. The QAM indicated the investigation should address how client C had access to the money. The QAM indicated due to the investigation not addressing how client C accessed the money, the investigation was not thorough.</p>			

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	<p>On 7/27/23 at 3:39 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client C accessed the money due to a new staff leaving the cabinet where the money was stored unlocked. The QIDP indicated she should have included how client C accessed the money in the investigation. The QIDP indicated the cabinet where the money was stored was supposed to be locked at all times. The QIDP indicated due to not including how client C accessed the money, the investigation was not thorough.</p> <p>On 7/27/23 at 4:07 PM, staff #1 indicated client C got to the money due to former staff #6 (new staff at the time) leaving the cabinet unlocked. Staff #1 indicated staff #6 only worked at the group home for a couple of weeks.</p> <p>On 7/27/23 at 2:22 PM, a review of the January 2019 Client Finance Management for Home Accounts indicated, "...ResCare is responsible for the financial management of all individuals... All individual funds must be secured safely... All finances should be locked in a safe or lockbox unless the Interdisciplinary Team has assessed that the individual is independent in money management and capable of carrying their money/checkbook/possessions safely...."</p> <p>This federal tag relates to complaint #IN00407264.</p> <p>9-3-2(a)</p>			