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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G333 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/02/2012 |
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| NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 4208 W GARVER ST MUNCIE, IN 47305 |
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| W0000 | <p>This visit was for the investigation of complaint #IN00113015.</p> <p>Complaint #IN00113015: Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W122, W148, W149, and W153.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: August 1 and 2, 2012</p> <p>Facility number: 000851 Provider number: 15G333 AIM number: 100243880</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/13/12 by Ruth Shackelford, Medical Surveyor III.</p> | W0000 | | |
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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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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| W0122 | <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the Condition of Participation: Client Protections, was not met as the facility neglected to implement their abuse/neglect policy/procedure resulting in physical abuse/neglect and neglected to ensure staff reported abuse immediately for 1 of 4 sampled clients (client A).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W148. The facility failed to notify the Health Care Representative of staff physical abuse of client A with injury. Please refer to W149. The facility staff failed to follow the facility's abuse policy resulting in physical abuse and injury to client A. Please refer to W153. The facility staff failed to report 1 of 1 incident of abuse/neglect immediately to the Administrator and to the Bureau of Developmental Disabilities Services in accordance with state law for client A. <p>This federal tag relates to complaint #IN00113015.</p> | W0122 | <p>W 148 – Communication with Clients, Parents & Guardians The facility will notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including but not limited to, serious illness, accident, death, abuse or unauthorized absence. The QDDP will be retrained by 8/31/12, on notifying the parent, guardian or health care representative when any significant incidents or changes in the client's condition includes but not limited to, serious illness, accident, death, abuse or unauthorized absence.</p> <p>W 149 – Staff Treatment of Clients The facility will ensure that policies and procedures are implemented that prohibit mistreatment, neglect or abuse of the client. On 7/26/12 and on 8/3/12, all staff were retrained on reporting mistreatment, neglect or abuse to any client.</p> <p>W 153 – Staff Treatment of Clients The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source are reported immediately to the administrator or to other officials</p> | 08/31/2012 | | | |

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| | 9-3-2(a) | | in accordance with State law through established procedures. On 8/3/12, all staff were retrained on reporting mistreatment, neglect or abuse as well as unknown injuries to the administration immediately. | | |

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| W0125 | <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients (client A), the facility failed to ensure he had a legally sanctioned representative to assist him with medical and financial decisions.</p> <p>Findings include:</p> <p>On 8-1-12 at 12:40 p.m. client A was observed at his day program. Client A pulled a \$10.00 bill from his pocket and indicated his mom had given him a dollar. This writer asked him how much money the bill was worth and he looked at it and repeated one dollar. Client A did not differentiate between a nickel and quarter. Client A did not know the names of any of his medications or the purposes for their use.</p> <p>On 8-1-12 at 10:20 a.m. a record review for client A was conducted. The Individual Support Plan (ISP) dated 6-22-12 indicated he was an emancipated adult. The Behavior Support Plan (BSP) dated 6-22-12 indicated he had targeted</p> | W0125 | <p>The facility will ensure the rights of all clients. The facility will allow and encourage individual clients the right to exercise their rights as clients of the facility and as citizens of the United States including the right to file complaints and the right to due process. All efforts will be made to obtain a legal representative to assist client A with medical and financial decisions. The QDDP has contacted Life Stream concerning guardianship for Client A. Client A will be placed on a waiting list for guardianship. The facility will review the need for guardianship for all clients. Those who are in need of a guardian will be referred to an agency (Life Stream) to be placed on a waiting list. The facility will also investigate having current Health Care Representatives become the legal "Power of Attorney" for those consumers placed on the waiting list and in need of guardianship. The facility has identified an outside person who will become Client #1's legal Power of Attorney for medical and financial decisions. Client #1 has met this person and has agreed</p> | 08/24/2012 | |

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| | <p>behaviors of physical aggression, property destruction, isolating, non-compliance, self-injurious behaviors, and inappropriate vocalizations. The BMP indicated he demonstrated poor planning, judgement, organization, reasoning, problem solving, and decision-making skills. His cognitive processing skills and capabilities were negatively affected due to his diagnosis of profound mental retardation and depression. His affective information indicated he was not oriented to date and time and he needed ongoing training to perform and complete housekeeping, laundry, and meal preparation tasks. Client A also needed training in daily living skills which included shopping, money management, purchasing, and telephone skills. The BMP indicated client A was prescribed Lamictal 200 milligrams (mg) for depression, anxiety, and delusional disorder, Abilify 15 mg for depression, anxiety, and compulsive picking, and Anafranil 75 mg for depression, anxiety, and autistic disorder. The Comprehensive Functional Assessment dated 5-28-12 indicated client A needed physical assistance with his finances and his medication administration.</p> <p>On 8-1-12 at 10:50 a.m. an interview with the House Manager stated client A did not understand his medications or the side</p> | | to her being his POA to assist him in medical and financial decisions. This legally sanctioned representative will remain in place until Client #1 receives a legal guardian through Life Stream. | | | | |

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| | effects and he had "no concept" of money. She also indicated he was in need of a guardian to assist him with his medical and financial needs. 9-3-2(a) | | | | | | |

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| W0148 | <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client A) to ensure the facility notified the Health Care Representative pertaining to an allegation of staff to client physical abuse and subsequent investigation.</p> <p>Findings include:</p> <p>On 8-1-12 at 11:25 a.m. a record review for client A was conducted. The Appointment of Health Care Representative (HCR) Paper dated 9-30-08 indicated client A had a facility appointed HCR who assisted him with his needs.</p> <p>On 8-1-12 at 10:00 a.m. record review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports from 7-1-12 through 8-1-12 was conducted. A BDDS report with a report date of 7-23-12 indicated direct care staff (DCS) #1 had hit client A with a croquet mallet which left bruises. An investigation dated 7-23-12 indicated DCS #1 had hit client A with a croquet</p> | W0148 | <p>The facility will notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including but not limited to, serious illness, accident, death, abuse or unauthorized absence. The QDDP will be retrained by 8/31/12, on notifying the parent, guardian or health care representative when any significant incidents or changes in the client's condition includes but not limited to, serious illness, accident, death, abuse or unauthorized absence.</p> | 08/31/2012 | | | |

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| | <p>mallet which left marks that matched the end of the croquet mallet. The investigation indicated client A had indicated DCS #1 hit him with a stick but he didn't know why.</p> <p>Facility nursing notes dated 7-23-12 indicated an unusual ring of bruising on client A's left scapula and his left armpit. The nurse took three pictures of the "ring" areas.</p> <p>There was no documentation available for review in client A's record to indicate client A's HCR had been notified of the allegation of physical abuse or the injuries observed on 7-23-12.</p> <p>Client A's Interdisciplinary Team (IDT) notes dated 7-23-12 through 7-27-12 did not have any notations or charting to indicate client A's HCR had been notified of the incident and allegation of abuse as well as the observed bruising.</p> <p>On 8-1-12 at 10:50 a.m. an interview with the House Manager indicated client A's HCR was not notified of the abuse incident.</p> <p>This federal tag relates to complaint #IN00113015.</p> <p>9-3-2(a)</p> | | | | | | |

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| W0149 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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, the facility neglected for 1 of 4 sampled clients (client A) to ensure direct care staff followed the facility's abuse policy resulting in physical abuse and injury to client A.</p> <p>Findings include:</p> <p>On 8-1-12 at 10:00 a.m. record review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports from 7-1-12 through 8-1-12 was conducted. A BDDS report with a report date of 7-23-12 indicated direct care staff (DCS) #1 hit client A with a croquet mallet and left bruises which was reported by a neighbor.</p> <p>An investigation dated 7-23-12 indicated DCS #1 hit client A with a croquet mallet which left marks that matched the end of the croquet mallet. The investigation notes indicated DCS #1 and #2 were the only 2 staff on duty at the time of the incident, and they were both suspended immediately pending the outcome of the investigation. The investigation notes indicated they were both terminated due to the abuse being substantiated and the</p> | W0149 | The facility will ensure that policies and procedures are implemented that prohibit mistreatment, neglect or abuse of the client. On 7/26/12 and on 8/3/12, all staff were retrained on reporting mistreatment, neglect or abuse to any client. | 08/31/2012 | | | |

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| | <p>local police were notified. The investigation documented client A indicated DCS #1 hit him with a stick but he didn't know why. The investigation indicated DCS #2 indicated client A was having "behaviors" so DCS #1 followed him around outside attempting to get him to stop. DCS #2 indicated DCS #1 followed client A around outside by the trees and hit him with the mallet.</p> <p>On 8-1-12 at 11:25 a.m. a record review for client A was conducted. Nursing notes dated 7-23-12 indicated an unusual ring of bruising on client A's left scapula and his left armpit. The nurse took three pictures of the "ring" bruised areas. The bruise under the armpit was 18 centimeters (cm) long, bluish in color with some red and purple areas. The nurse also measured the ring like area on the left scapula and noted there were 3 similar marks but no size was documented. The investigation notes dated 7-24-12 indicated all staff were retrained on the abuse/neglect policy, client A would continue to be offered emotional support, continue counseling, and there would be increased weekend supervision at the group home. The investigation notes indicated client A and all others within the home would be retrained on their right to be safe at all times, and monthly self advocacy</p> | | | | | | |

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| | <p>meetings would be scheduled.</p> <p>On 8-1-12 at 10:00 a.m. a review of the meeting minutes indicated clients and staff were retrained on client rights and the abuse/neglect policy on 7-26-12.</p> <p>On 8-1-12 at 12:30 p.m. an interview with direct care staff #5 indicated she would report abuse/neglect if she witnessed it and she had been trained on abuse and neglect. She also indicated she felt direct care staff would report anything out of the ordinary if they suspected something.</p> <p>On 8-1-12 at 9:30 a.m. an interview with the House Manager indicated she had been trained on the abuse/neglect policy and all allegations had to be reported immediately.</p> <p>On 8-1-12 at 11:15 a.m. a record review of employees #1 and #2's files was conducted. Employee #1's file indicated she had been trained on the abuse/neglect policy, had a limited criminal history completed upon hire, and she had no previous corrective actions on abuse/neglect in her file. Employee #2's file indicated she had been trained on the abuse/neglect policy, had a limited criminal history completed upon hire, and she had no previous corrective actions on abuse/neglect in her file.</p> | | | |

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| | <p>On 8-1-12 at 10:00 a.m. a review of the facility's Abuse/Neglect Policy dated 4-12 indicated abuse, neglect, or mistreatment, to any clients served, was "strictly prohibited."</p> <p>On 8-1-12 at 10:10 a.m. an interview with the House Manager indicated DCS #1 should have followed the abuse/neglect policy and DCS #1 did not abide by the policy by hitting client A with a croquet mallet and DCS #2 should have reported the abuse to her supervisor but failed to do so. The House Manager indicated DCS #1 and #2 were terminated and the remaining DCS were retrained on the abuse neglect policy.</p> <p>This federal tag relates to complaint #IN00113015.</p> <p>9-3-2(a)</p> | | | | | | |

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| W0153 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client A) to ensure staff reported abuse/neglect immediately to the Administrator and to the Bureau of Developmental Disabilities Services for 1 of 1 allegation of abuse/neglect.</p> <p>Findings include:</p> <p>On 8-1-12 at 10:00 a.m. record review was conducted of the facility's Bureau of Developmental Disabilities Services (BDDS) reports from 7-1-12 through 8-1-12. A BDDS report with an incident date of 7-21-12 and a submit report date of 7-23-12 indicated direct care staff (DCS) #1 hit client A with a croquet mallet. An investigation dated 7-23-12 indicated DCS #2 had witnessed DCS #1 hitting client A with the croquet mallet but failed to report it until a neighbor reported it and an investigation was initiated 2 days later. DCS #1 and #2 were terminated due to the allegation of abuse being substantiated.</p> | W0153 | <p>The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source are reported immediately to the administrator or to other officials in accordance with State law through established procedures. On 8/3/12, all staff were retrained on reporting mistreatment, neglect or abuse as well as unknown injuries to the administration immediately.</p> | 08/24/2012 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G333 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 08/02/2012 |
|---|--|---|---|----------------------|---|
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| | <p>On 8-1-12 at 10:10 a.m. an interview with the House Manager indicated DCS #2 should have reported the allegations of abuse/neglect immediately to her supervisor.</p> <p>This federal tag relates to complaint #IN00113015.</p> <p>9-3-2(a)</p> | | | | |