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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/08/2015 |
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| NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN 46250 |
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| W 0000 Bldg. 00 | <p>This visit was for the 23 day revisit to remove an Immediate Jeopardy identified during the investigation of complaints #IN00180086 and #IN00179268 completed on 8/18/15.</p> <p>The Immediate Jeopardy was removed on 9/8/15.</p> <p>Date of Survey: 9/8/15</p> <p>Facility Number: 000911 Provider Number: 15G397 AIMS Number: 100244420</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/11/15.</p> | W 0000 | | |
| W 0122 Bldg. 00 | <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients</p> | W 0122 | <p>CORRECTION: <i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained</i></p> | 09/09/2015 |

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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| | <p>(A). The facility failed to implement its policy and procedures to prevent neglect of client A and to report 3 incidents of elopement regarding client A to the BDDS (Bureau of Developmental Disabilities Services).</p> <p>This non-compliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 8/13/15 at 5:22 PM. The Immediate Jeopardy began on 7/18/15 when the facility failed to assess, develop and implement a plan of supervision to ensure client A's safety regarding elopement and client A's making of weapons. Clinical Supervisor #1 was notified of the immediate jeopardy on 8/13/15 at 5:22 PM. The facility neglected to provide supervision of client A while in the community and failed to ensure client A did not bring weapons or items that could be re-purposed as weapons into the group home. The immediate jeopardy was not removed.</p> <p>On 8/14/15 at 3:21 PM the facility submitted an Allegation for Removal of Immediate Jeopardy document which outlined the facility's plan of correction. The 8/14/15 Allegation of Removal of Immediate Jeopardy indicated, "(1.) The IDT (Interdisciplinary Team) has developed and implemented a BSP</p> | | <p>regarding the need to assure all clients participate in all aspects of meal preparation to the extent of their capabilities, including but not limited to participation in family style dining. PREVENTION: The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring clients participate in family style dining. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assuring clients participate in family style dining. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM</p> | |

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| | <p>(Behavior Support Plan) for [client A] that addresses all of his assessed targeted behaviors including but not limited to elopement/evasion of staff supervision. (2.) The IDT has incorporated enhanced supervision into [client A's] plan defined as line of sight observation by facility staff at home, at work and in the community. (3.) All staff currently assigned to the facility have been trained on [client A's] behavior supports and enhanced supervision protocols. Additional, staff brought in to assist the facility will be trained on the procedures prior to being permitted to work. (4.) Daily administrative level oversight by members of the Operations Team, comprised of Clinical Supervisors, the Executive Director, Program Manager and Nurse Manager will occur at the facility until the governing body had determined that the safety protocols are effective and implemented properly. Additionally, salaried supervisors will maintain a presence on every shift, providing ongoing training and coaching, during the period of intensive oversight and assessment."</p> <p>Based on observation, interview and review of the facility's 8/14/15 letter of removal, it was determined the facility's plan of action had not removed the Immediate Jeopardy and the Immediate</p> | | <p>and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring clients participate in family style dining. RESPONSIBLE PARTIES:</p> | |

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| | <p>Jeopardy continued because the facility had not fully implemented the plan of removal to ensure supervision of client A.</p> <p>Observations were conducted at the home on 8/18/15 at 2:20 PM through 2:45 PM. Upon arriving at the group home, client A was in the front yard of the home. Client A was dressed in a black long sleeve shirt, black jeans and a black face mask. Client A had a 4 foot fiber-glass boundary marker pole which he was throwing like a spear in the front yard. Client A used the fiberglass pole as a spear and twirled the pole around and over his head simulating fighting. No staff were present outside the home with client A.</p> <p>Staff #2 was interviewed on 8/19/15 at 2:40 PM. Staff #2 indicated staff should be outside supervising client A when he outside.</p> <p>AS (Administrative Staff) #1 was interviewed on 8/19/15 at 3:45 PM. AS #1 indicated staff should maintain line of sight supervision of client A. AS #1 stated, "They should be within 10 feet of him at all times."</p> <p>The facility did not implement client A's one on one staffing protocol on 8/18/15</p> | | <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> | |

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| | <p>during observations in the home. The Immediate Jeopardy was not removed.</p> <p>Findings include:</p> <p>Observations were conducted at the home on 9/8/15 from 12:52 PM to 1:49 PM. During the observations, the one to one ratio staffing protocol was being implemented and professional staff were onsite at the group home.</p> <p>Client A's one on one ratio staffing supervision log was reviewed on 9/8/15 at 1:15 PM. The review indicated client A's one on one ratio supervision had been implemented.</p> <p>The home's visitor sign in log was reviewed on 9/8/15 at 1:17 PM. The review indicated professional staff had been in the home daily from 8/14/15 through 9/8/15.</p> <p>Client A was interviewed on 9/8/15 at 1:10 PM. Client A declined to be interviewed but indicated he wanted to earn his bicycle back.</p> <p>Administrative Staff #1 was interviewed on 9/8/15 at 1:20 PM. AS #1 indicated management/professional staff had been in the home daily and on weekend hours to ensure client A was properly</p> | | | |

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| | <p>supervised. AS #1 indicated client A had not evaded staff supervision but was demonstrating behaviors related to the constant presence of one to one supervision. AS #1 indicated client A's volunteer hours at the nearby horse stables had been reduced.</p> <p>The Immediate Jeopardy was removed on 9/8/15 at 1:20 PM based upon observation of the plan's implementation in the group home. The condition remains out of compliance because the facility needed to demonstrate ongoing implementation of the added safeguards to address client A's supervision needs.</p> <p>This federal tag relates to complaints #IN00180086 and #IN00179268.</p> <p>9-3-2(a)</p> | | | |