STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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W 0000 Bldg. 00	This visit was for an annual recertification and state licensure survey. Survey Dates: April 14, 15, 18, 19 and 29, 2016. Facility Number: 000841 Provider Number: 15G323 AIM Number: 100243670 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/10/16.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the governing body failed to exercise general policy and operating direction over the facility: __To ensure client #2 was provided a representative to assist the client in making informed decisions in regard to her medical and psychological needs. __To ensure investigations were	W 0104	**CORRECTION:** *The Governing body must exercise general policy, budget and operating direction over the facility.* Specifically: Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager has received training toward organizing completed investigation records in a manner that can be reproduced promptly when needed. The Residential	05/29/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	conducted for all allegations of abuse/neglect and all injuries of unknown origin for clients #3, #4, #5, #6 and #7. __To ensure the facility provided sufficient direct care staff to supervise, care for and meet the clients' needs for clients #1, #2, #3, #4, #5, #6 and #7. __To ensure the facility obtained an outside service provider to meet client #1's vocational needs. __To ensure client #3's individual finances were not used to buy health/fitness equipment. __To ensure the home was maintained and in good repair. __To ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' active treatment programs and needs for clients #1, #2, #3, #4, #5, #6 and #7. Findings include: 1. Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6 and #7 on 4/14/16 between 4 PM and 7:30 PM. __The home was a two story home with one bath room downstairs and a walk in shower. The flooring in the bathroom was faded, stained and cracked. The flooring around the toilet had a large dark brown stain and there was a black		Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The QIDP and Quality Assurance Team (QA Manager, QA Coordinator and Training Coordinator) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Program Manager will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days. The Governing Body has directed the QIDP to guide the facility in modifying the staffing matrix to assure that there are no less than two staff on duty during the overnight shift and three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast. Through the day, no less than two staff will be on duty to provide a	

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	substance around all the baseboards. The walk in shower had a homemade hand rail that was designed from a metal pipe. The edge of the pipe was padded and covered in duct tape. __There was a large leather recliner in the living room. The headrest of the recliner was torn and had two large patches of leather missing. During interview with the QIDP on 4/19/16 at 1 PM, the QIDP indicated the bathroom was in need of a new flooring and could use some work. The QIDP indicated the home was to be maintained and in good repair at all times. 2. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. Client #1 remained in his bedroom throughout both observation periods except to take his medications and to consume meals. Client #1 did not attend a day program and/or go to work. Client #1's record was reviewed on 4/18/16 at 12 PM. Client #1's record indicated client #1 was a healthy young male who was transferred to the facility from another ResCare facility on 3/11/16. Client #1's vocational assessment dated 3/2016 indicated client #1 wanted to work and would like to work with		full range of skills training activities to individuals not currently enrolled in outside day service or vocational programming. No less than three staff will be on duty during evening hours, with additional staffing resources to be made available, based on acute need. Day, evening and night timeframes are defined below. For Client #1, the QIDP and will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect any additional clients. For Client #2, the facility will obtain a current occupational therapy assessment to determine current adaptive dining equipment needs. The facility will also reassess whether Client #4 currently requires protective clothing at meal time and will revise her supports accordingly. A review of Physician's Orders and support documents and observation of active treatment indicated that this deficient practice did not affect any additional clients. The facility will obtain current speech assessments for Clients #2 and #4 and develop enhanced supports based on recommendations. Through review and observation, the	

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	animals. During interview with client #1 on 4/14/16 at 5:10 PM, client #1 indicated he was new to the facility and mostly just stayed in his room and played video games or watched movies. Client #1 indicated he wanted to work and would enjoy a job working with animals. When client #1 was asked what he did all day client #1 stated, "I just play video games." During interview with the workshop supervisor on 4/15/16 at 1:30 PM, the workshop supervisor indicated the QIDP had not contacted him in regard to employment for client #1. During interview with the QIDP on 4/14/16 at 5 PM, the QIDP indicated since client #1's admission to the facility he (the QIDP) had not had time to contact the workshop in regard to employment for client #1. 3. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM. Client #3 was a heavy set young woman who was quick and unpredictable with her actions and required constant 1:1 (one staff to one client) staff supervision. Client #3 was nonverbal, made loud noises and did not		governing body determined that this deficient practice did not affect additional clients. The QIDP will develop protocols to monitor and document Client #4's use of Melatonin and train staff toward proper implementation. Additionally the QIDP will incorporate guidance for staff to assist Client #4 with maintaining appropriate posture at mealtimes and will train staff toward proper implementation. A review of facility support documents and observation of active treatment indicated that this deficient practice did not affect any additional clients. For Client #2, the team will develop a revised training program to aggressively address oral hygiene deficits. Direct support staff will receive training toward proper implementation of the revised training program. Additionally, the QIDP will develop communication supports for Clients #2 and #4 based on recommendations from a speech therapist and will train staff accordingly. A review of facility support documents indicated this deficient practice did not affect other clients. The QIDP will assure that direct support staff are retrained and will receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation, family style	

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	self motivate or independently participate in activities. Client #3 required staff assistance to meet all adult daily living skills. Client #3's 2016 financial records were reviewed on 4/15/16 at 11 AM with the Residential Manager (RM) and QIDP. __Client #3's April 2016 cash on hand record indicated a purchase on 4/9/16 for a health fitness wrist band used to track physical fitness/exercise for $105.93. __The RM stated, "I thought it would be a good idea and we (the staff) could keep track of her steps." __The RM indicated she (the RM) had a smart phone and would download the application to her personal phone to keep track of the client's steps. __The RM and the QIDP indicated client #3 was nonverbal and could not make financial decisions independently. __The QIDP indicated no Interdisciplinary Team (IDT) meeting in regard to the purchase of the health fitness band. __The RM indicated she had withdrawn the money from client #3's bank account and then deposited the money into client #3's cash on hand in order to purchase the fitness band. 4. The governing body failed to exercise general policy and operating direction		dining, other domestic skills and meaningful leisure activities. The QIDP will develop Active Treatment Schedules for Client #1 that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients. QIDP will be retrained to assure current data collection sheets are in place for all clients at all times, to give direct support staff the opportunity to collect data on prioritized learning objectives and behavior training programs as required.. A review of documentation indicated this deficient practice did not affect any clients in addition to Client #2. The QIDP will develop an individual support plan for Client #2 based on current assessments and will train staff toward proper implementation of the plan. A review of facility support documents indicated that this deficient practice did not affect any additional clients. Written informed consent from Client #2 for Client #2's Behavior Support Plan that includes the use of Risperdal and Zoloft. A review of facility documentation indicated this deficient practice did not affect additional consumers. QIDP will incorporate the use of Zoloft into Client #2's Behavior Support Plan, including a plan for the reduction and eventual	

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	over the facility to ensure client #2 was provided a representative to assist in making informed decisions in regard to the client's medical and psychological needs. Please see W125. 5. The governing body failed to exercise general policy and operating direction over the facility to ensure investigations were conducted for all allegations of abuse/neglect and all injuries of unknown origin for clients #3, #4, #5, #6 and #7. Please see W154. 6. The governing body failed to exercise general policy and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients #1, #2, #3, #4, #5, #6 and #7's programs. Please see W159. 7. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff were provided to supervise, care for and meet the needs of clients #1, #2, #3, #4, #5, #6 and #7. Please see W186 9-3-1(a)		elimination of the medication. A review of facility support documents indicated that this deficient practice did not affect any additional clients. The QIDP will assure that Client #2 receives a hearing evaluation. A review of medical records indicated this deficient practice did not affect additional clients. The QIDP arranged for the staff responsible for incorrectly administering Client #6's Zoloft on 7/12/15 to receive retraining per the agency's medication administration policy and this staff has not been responsible for any additional medication administration errors. The QIDP will assure that facility staff, including direct support staff #4, receive training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed, with emphasis on provision of topical treatments. The QIDP arranged for the facility to furnish the outside day service provider with a controlled flow drinking cup for client #2. A review of facility adaptive equipment needs indicated this deficient practice did not affect additional clients. The QIDP will facilitate retraining of all staff regarding the need to assure that staff and clients wash their hands prior to prior to meal preparation, dining, medication administration and at other appropriate intervals. The QIDP will develop and	

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			implement an active treatment schedule for Client #1. The interdisciplinary team will assist Client #1 with obtaining appropriate vocational placement The QIDP has assured that the Residential Manager provided lunch boxes for Clients #2 and #5 - #7. The QIDP will assure that the Residential Manager assists Client #1 to withdraw spending money to have spending money available in the cash on hand account in the facility home. A review of client financial records indicated this deficient practice did not affect any additional clients. The agency will reimburse Client #3 for a health fitness wrist band that was purchased with personal funds. The governing body will provide funding to allow the facility to replace worn out bathroom flooring and hand rails as well as a damaged recliner chair. **PREVENTION:** The Quality Assurance Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator. The Program Manger (Administrative level management) will meet with	

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			his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members. The Residential Manager will submit schedule revisions to the QIDP and Program Manager for approval prior to implementation. The Quality Assurance Manager	

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			and Program Manager will perform periodic spot checks of attendance records to assure ongoing compliance. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged. The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (defined below) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. The QIDP will be retrained regarding the need to assure that all individual support plans are updated as needed but no less than annually. The QIDP will be retrained regarding the need to assure written informed consent is obtained prior to the implementation of restrictive programs including but not limited to when new Clients are admitted to the facility. The QIDP will work with the facility nurse will coordinate with the facility direct support medical coach and	

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			Residential Manager to assure that all medical assessments and evaluations occur as required. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly 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 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:	

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			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 staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring adequate direct support staff are on duty to meet the needs of all clients. · Assuring all relevant assessments are current and that support documents correspond to needs identified through ongoing assessment. · Direct face to face assessment of clients to compare	

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			observed behaviors and needs with current support documents and making recommendations for revisions as appropriate. · Assuring that training in personal skills essential for privacy and independence occurs and is incorporated into clients' support plans. · Data Collection materials for prioritized learning objectives are present for all consumers. · Assuring all support plans are updated no less than annually. · Assuring prior written informed consent has been obtained for all restrictive programs. · Reviewing facility Behavior Support Plans no less than monthly and to assure the plans include active treatment programs designed to reduce and eventually eliminate the use of behavior controlling medications. · Assuring all clients have appropriate diet orders signed by their primary care physician. · Assuring medications are administered without error. · Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining. · Assuring prescribed adaptive equipment is available for all clients across environments. · Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assessing direct support staff interaction with clients and to provide hands on	

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			coaching and training including but not limited to assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing. · Assuring that the QIDP develops Active Treatment Schedules that mee the current needs of al clients. · Assuring that all clients who attend outside services and vocational activities have lunch boxes. · Assuring cash on hand is available for clients in the home as indicated in their Individual Financial Assessments. · Assuring the home and its furnishing are in good repair. · Assuring the vocational needs of all clients are met. · Assuring that clients do not use personal funds for programming materials. The Residential Manager will be expected to participate in no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to · Assuring staff implement learning objectives and provide oral hygiene training. · Assisting with and monitoring skills training including but not limited to meal preparation and other domestic activities assuring that staff provide continuous active treatment during formal	

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			and informal opportunities. · Assuring medications are administered without error. · Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0125 Bldg. 00	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. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's rights by not ensuring a representative to assist client #2 in making informed decisions in regard to her medical and psychological needs. Findings include:	W 0125	**CORRECTION:** *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.*Specifically, the facility has reassessed Client 2's ability	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's record indicated diagnoses of, but not limited to, Severe Intellectual Disability, Intermittent Explosive Disorder, Obstructive sleep apnea (a sleep disorder), Dysphagia (difficulty swallowing), Gastritis (inflammation or erosion of the lining of the stomach), Esophagitis (inflammation of the esophagus), Hypotension (low blood pressure), Hypothyroidism (insufficient thyroid hormones), constipation, lower back pain, hearing loss and vision problems. Client #2's 9/24/15 Behavior Support Plan indicated client #2 had targeted behaviors of self injurious behaviors, physical aggression and crying. Client 2's 4/7/16 physician's orders indicated client #2 was to receive Zoloft 25 mg (milligrams) a day and Risperdal 1 mg twice a day for behavior modification. Client #2's 1/9/15 Informed Consent Assessment (ICA) indicated client #2 would not always act responsibly in regard to making medical decisions in regard to routine medical care, dental care, the need for surgery and/or the use of behavior controlling medications. The		to give informed consent and will arrange to obtain a legal guardian for Client #2. A review of assessment data indicated this deficient practice did not affect any additional clients. **PREVENTION:** Professional staff will be retrained regarding the need to assure that all individuals have appropriate assistance making major life decision, based on their assessed ability to give informed consent. The interdisciplinary team with assistance from the Operations team is reviewing informed consent assessments for all clients and will obtain appropriate legal representation for clients as needed. **RESPONSIBLE PARTIES:** QIDP, Operations Team	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	ICA indicated client #2 was in need of a health care representative or a legal representative to assist client #2 in making medical and psychological decisions. Client #2's 3/22/15 Individualized Support Plan (ISP) indicated the name and phone number of an individual that served as client #2's health care representative. Client #2's record indicated no documentation of participation from a health care representative and/or a legal guardian. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated client #2 had transferred from another ResCare facility in August 2015. __Indicated several telephone calls had been made to the healthcare representative listed on client #2's ISP and verbal messages were left but no one ever returned the phone calls. __Indicated client #2 could not make medical decisions independently or responsibly and was in need of a legal representative. __Indicated the Interdisciplinary Team had discussed the need for obtaining a			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	legal representative for client #2 but could not provide any documentation of the IDT meeting. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 4 of 10 allegations of abuse/neglect and injuries of unknown origin reviewed, the facility failed to ensure investigations were conducted for all allegations of abuse/neglect and all injuries of unknown origin for clients #3, #4, #5, #6 and #7. Findings include: The facility's reportable and investigative records were reviewed on 4/15/16 at 11 AM. The 2/13/16 Bureau of Developmental Disabilities Services (BDDS) report indicated on 2/12/16 a staff was passing medications and had called for client #5 to come to the medication room. Client #6 had thought the staff had called his name and client #6 ran into the	W 0154	**CORRECTION:** *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically: the Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager has received training toward organizing completed investigation records in a manner that can be reproduced promptly when needed. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	medication room and took client #5's Diazepam (used to treat anxiety disorders) 5 mg (milligrams) before the staff could stop him. The nurse was notified and the staff were instructed to take client #6 to the local ER (Emergency Room) for an evaluation. The facility records indicated no investigation was conducted. The 1/21/16 BDDS report indicated on 1/20/16 client #7 and another peer were arguing while at the workshop. The report indicated client #7 struck the peer and in retaliation the other peer hit client #7 in the chest. The facility records indicated no investigation was conducted in regard to the client to client abuse. The 12/22/15 BDDS report indicated on 12/21/15 the staff discovered a two inch light purple bruise on client #3's right thigh and a 1/2 inch light purple bruise near client #3's right buttock. The report indicated "Staff asked others what had happened but no one knew how it got there.... [Client #3] has a history of self injurious behaviors which is addressed in her BSP (Behavior Support Plan)." The facility records indicated no investigation was conducted in regard client #3's injuries of unknown origin. The 11/29/15 BDDS report indicated on		QIDP and Quality Assurance Team (QA Manager, QA Coordinator and Training Coordinator) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Program Manager will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days. **PREVENTION:** The Quality Assurance Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator. The	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	11/28/15 the staff discovered a 2 by 2 1/2 inch purple bruise on client #4's right hip. The report indicated an investigation would be conducted. The facility records indicated no investigation was conducted in regard client #4's injury of unknown origin. During interview with the Residential Manager (RM) on 4/14/16 at 2 PM, the RM indicated all allegations of client to client abuse and all injuries of unknown origin were to be investigated. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated all allegations of abuse/neglect and all injuries of unknown origin were to be investigated. __Stated at present much of the facility's paperwork was in the upstairs office and was "unorganized and hasn't been filed." __Indicated he could find no further investigations and all had been provided for review. 9-3-2(a)		Program Manger (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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			RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0159 Bldg. 00	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' active treatment programs. The QIDP failed: __To ensure sufficient direct care staff to supervise and care for clients #1, #2, #3, #4, #5, #6 and #7 throughout the day to meet the clients' needs. __To provide evidence of participation from the client, a representative and/or a family member in the Interdisciplinary Team process in regard to the development of a program plan for client #1. __To ensure client #2 was assessed and/or re-assessed in regard to her dining equipment and to ensure client #4 was	W 0159	**CORRECTION:** *Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.* Specifically the governing body will assure that: Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager has received training toward organizing completed investigation records in a manner that can be reproduced promptly when needed. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	assessed for excessive food spillage in regard to the use of a clothing protector while consuming food. __To ensure clients #2 and #4 were assessed/re-assessed in regard to their communication skills and needs. __To ensure client #2's vocational assessment included the client's individual work history, work skills, goals and/or present and future employment options outside of the group home. __To ensure client #1's program plans included how the staff were to monitor and to document client #1 in regard to his use of Melatonin for insomnia and how the staff were to assist client #4 while sitting and/or dining in regard to client #4's extreme forward flexed posture. __To ensure client #2's and #4's Individualized Support Plans (ISPs) addressed the clients' identified training needs in regard to dental hygiene for client #2 and communication for clients #2 and #4. __To ensure the staff implemented the clients' ISPs and provided the clients with training objectives and/or choices of activities when formal and informal training opportunities existed for clients #1, #2, #3, #4, #5, #6 and #7. __To ensure an Active Treatment Schedule was developed and implemented for client #1.		interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The QIDP and Quality Assurance Team (QA Manager, QA Coordinator and Training Coordinator) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Program Manager will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days. The Governing Body has directed the QIDP to guide the facility in modifying the staffing matrix to assure that there are no less than two staff on duty during the overnight shift and three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast. Through the day,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
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	__To ensure the staff documented client #2's program data. __To ensure the IDT (Interdisciplinary Team) reviewed and/or updated client #2's Comprehensive Functional Assessment (CFA) annually. __To ensure client #2's ISP was reviewed/revised and updated annually. __To ensure written informed consent was obtained from client #2 and/or a legal representative for the restrictive Behavior Support Plan (BSP) and the use of Zoloft for behavior modification. __To ensure client #2's use of Zoloft was included in the client's Behavior Support Plan (BSP) with a specific plan of reduction. __To ensure client #2's hearing was evaluated annually. __To ensure the day service program was provided with client #2's flow restriction cup for fluids. __To ensure the staff used universal precautions while providing the clients their medications and to ensure the clients washed their hands prior to meal preparation and consuming meals for clients #1, #2, #3, #4, #5, #6 and #7. __To ensure the staff provided the clients with training in meal preparation when formal and informal training opportunities existed for clients #1, #2, #4, #5, #6 and #7. __To ensure the clients attending outside services (clients #2, #5, #6 and #7) were provided a lunch box to place their lunch in. __To ensure client #1 had his spending money available to him in the cash on hand account in the home. Findings include: 1. The QIDP failed to ensure sufficient direct care staff to supervise and care for clients #1, #2, #3,		no less than two staff will be on duty to provide a full range of skills training activities to individuals not currently enrolled in outside day service or vocational programming. No less than three staff will be on duty during evening hours, with additional staffing resources to be made available, based on acute need. Day, evening and night timeframes are defined below. For Client #1, the QIDP and will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect any additional clients. For Client #2, the facility will obtain a current occupational therapy assessment to determine current adaptive dining equipment needs. The facility will also reassess whether Client #4 currently requires protective clothing at meal time and will revise her supports accordingly. A review of Physician's Orders and support documents and	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	#4, #5, #6 and #7 throughout the day to meet the clients' needs. Please see W186. 2. The QIDP failed to provide evidence of participation from the client, a representative and/or a family member in the Interdisciplinary Team process in regard to the development of a program plan for client #1. Please see W209. 3. The QIDP failed to ensure client #2 was assessed and/or re-assessed in regard to her dining equipment and to ensure client #4 was assessed for excessive food spillage in regard to the use of a clothing protector while consuming food. Please see W210. 4. The QIDP failed to ensure clients #2 and #4 were assessed in regard to their communication skills and needs. Please see W220. 5. The QIDP failed to ensure client #2's vocational assessment included the client's individual work history, work skills, goals and/or present and future employment options outside of the group home. Please see W225. 6. The QIDP failed to ensure client #1's program plans included how the staff were to monitor and to document client #1 in regard to his use of Melatonin for insomnia and how the staff were to assist client #4 while sitting and/or dining in regard to client #4's posture. Please see W240. 7. The QIDP failed to address client #2's identified training need in regard to dental hygiene and to address client #2's and client #4's identified training needs in regard to communication. Please see W242. 8. The QIDP failed to ensure the staff implemented the clients' ISPs and provided the		observation of active treatment indicated that this deficient practice did not affect any additional clients. The facility will obtain current speech assessments for Clients #2 and #4 and develop enhanced supports based on recommendations. Through review and observation, the governing body determined that this deficient practice did not affect additional clients. The QIDP will develop protocols to monitor and document Client #4's use of Melatonin and train staff toward proper implementation. Additionally the QIDP will incorporate guidance for staff to assist Client #4 with maintaining appropriate posture at mealtimes and will train staff toward proper implementation. A review of facility support documents and observation of active treatment indicated that this deficient practice did not affect any additional clients. For Client #2, the team will develop a revised training program to aggressively address	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	clients with training objectives and/or choices of activities when formal and informal training opportunities existed for clients #1, #2, #3, #4, #5, #6 and #7. Please see W249. 9. The QIDP failed to develop and implement an Active Treatment Schedule which included what training/activities were to occur throughout the day for client #1. Please see W250. 10. The QIDP failed to ensure the staff documented client #2's program data as indicated in client #2's ISP. Please see W252. 11. The QIDP failed to ensure the IDT (Interdisciplinary Team) reviewed and/or updated client #2's CFA annually. Please see W259. 12. The QIDP failed to ensure client #2's ISP was current. Please see W260. 13. The QIDP failed to obtain written informed consent from client #2 and/or a legal representative for the restrictive BSP and for the use of Zoloft. Please see W263. 14. The QIDP failed to ensure client #2's use of Zoloft (a medication used for behavior modification) was included in client #2's BSP with a specific plan of reduction to reduce and eventually eliminate the behaviors for which the Zoloft was to target. Please see W312. 14. The QIDP failed to ensure client #2's hearing was evaluated annually. Please see W323. 15. The QIDP failed to ensure the day service program was provided with client #2's flow restriction cup for fluids while at the day services.		oral hygiene deficits. Direct support staff will receive training toward proper implementation of the revised training program. Additionally, the QIDP will develop communication supports for Clients #2 and #4 based on recommendations from a speech therapist and will train staff accordingly. A review of facility support documents indicated this deficient practice did not affect other clients. The QIDP will assure that direct support staff are retrained and will receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. The QIDP will develop Active Treatment Schedules for Client #1 that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	Please see W436. 16. The QIDP failed to ensure the staff used universal precautions while providing the clients their medications and to ensure the clients washed their hands prior to meal preparation and consuming meals for clients #1, #2, #3, #4, #5, #6 and #7. Please see W455. 17. The QIDP failed to ensure the staff provided the clients with training in meal preparation when formal and informal training opportunities existed for clients #1, #2, #4, #5, #6 and #7. Please see W488. 18. Observations were conducted at the day program on 4/15/16 between 1 PM and 2 PM. Client #2 did not have a lunch box. At 1:45 PM day program staff #1 stated client #2 "always" brought her lunch in a plastic disposable department store bag. Day program staff #1 stated she was told because the facility "at one time or another" had bedbugs and client #2 did not have a lunch box. During interview with the RM (Residential Manager) on 4/15/16 at 3 PM, the RM: __Indicated all clients going to the day program or the workshop (clients #2, #5 and #6) used plastic disposable department store bags to carry their lunch in every day. __Indicated the bags were thrown away at the end of the day. __Indicated the facility had discovered a bedbug in one of the client's bedrooms but could not remember a date and/or provide documentation. __Indicated the exterminator told them to use the plastic bags for the clients' lunches instead of lunch boxes. 19. Review of client #1's financial records for		additional clients. QIDP will be retrained to assure current data collection sheets are in place for all clients at all times, to give direct support staff the opportunity to collect data on prioritized learning objectives and behavior training programs as required.. A review of documentation indicated this deficient practice did not affect any clients in addition to Client #2. The QIDP will develop an individual support plan for Client #2 based on current assessments and will train staff toward proper implementation of the plan. A review of facility support documents indicated that this deficient practice did not affect any additional clients. Written informed consent from Client #2 for Client #2's Behavior Support Plan that includes the use of Risperdal and Zoloft. A review of facility documentation indicated this deficient practice did not affect additional consumers.	

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	March and April 2016 on 4/15/16 at 11 AM indicated client #1 had $721.65 in a RFMS (Resident Family Member Statement) account at ResCare. Client #1's cash on hand ledger for April indicated client #1 had no spending money available to him for the month of April 2016. During interview with client #1 on 4/14/16 at 5:10 PM, client #1 indicated he had no money in the home at the present time. When asked why client #1 stated, "I don't know." Interview with the RM on 4/15/16 at 11:15 AM indicated client #1 did not have money in the home because the RM had not had time to withdraw client #1's money and place it in the cash on hand account at the home. The RM indicated all clients should have spending money readily available to them in the cash on hand account in the home. 9-3-3(a)		QIDP will incorporate the use of Zoloft into Client #2's Behavior Support Plan, including a plan for the reduction and eventual elimination of the medication. A review of facility support documents indicated that this deficient practice did not affect any additional clients. The QIDP will assure that Client #2 receives a hearing evaluation. A review of medical records indicated this deficient practice did not affect additional clients. The QIDP arranged for the staff responsible for incorrectly administering Client #6's Zoloft on 7/12/15 to receive retraining per the agency's medication administration policy and this staff has not been responsible for any additional medication administration errors. The QIDP will assure that facility staff, including direct support staff #4, receive training toward proper implementation of the agency's medication administration procedures to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

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			assure that all medications are administered as prescribed, with emphasis on provision of topical treatments. The QIDP arranged for the facility to furnish the outside day service provider with a controlled flow drinking cup for client #2. A review of facility adaptive equipment needs indicated this deficient practice did not affect additional clients. The QIDP will facilitate retraining of all staff regarding the need to assure that staff and clients wash their hands prior to prior to meal preparation, dining, medication administration and at other appropriate intervals. The QIDP will develop and implement an active treatment schedule for Client #1. The QIDP has assured that the Residential Manager provided lunch boxes for Clients #2 and #5 - #7.	

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			The QIDP will assure that the Residential Manager assists Client #1 to withdraw spending money to have spending money available in the cash on hand account in the facility home. A review of client financial records indicated this deficient practice did not affect any additional clients. **PREVENTION:** The Quality Assurance Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator. The Program Manger (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as	

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			well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members. The Residential Manager will submit schedule revisions to the QIDP and Program Manager for approval prior to implementation. The Quality Assurance Manager and Program Manager will perform periodic spot checks of attendance records to assure ongoing compliance. Prior to each schedule period, the Operations	

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			Team will follow-up verbally and via email to assure that appropriate coverage has been arranged. The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (defined below) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. The QIDP will be retrained regarding the need to assure that all individual support plans are updated as needed but no less than annually. The QIDP will be retrained regarding the need to assure written informed consent is	

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			obtained prior to the implementation of restrictive programs including but not limited to when new Clients are admitted to the facility. The QIDP will work with the facility nurse will coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and evaluations occur as required. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of	

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			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 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	

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			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 staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring adequate direct support staff are on duty to meet the needs of all clients. · Assuring all relevant assessments are current and that support documents correspond to needs identified through ongoing assessment.	

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			· Direct face to face assessment of clients to compare observed behaviors and needs with current support documents and making recommendations for revisions as appropriate. · Assuring that training in personal skills essential for privacy and independence occurs and is incorporated into clients' support plans. · Data Collection materials for prioritized learning objectives are present for all consumers. · Assuring all support plans are updated no less than annually. · Assuring prior written informed consent has been obtained for all restrictive programs. · Reviewing facility Behavior Support Plans no less than monthly and to assure the plans include active treatment programs designed to reduce and eventually eliminate the use of behavior controlling medications. · Assuring all clients have appropriate diet orders signed by their primary care physician. · Assuring medications are	

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			administered without error. · Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining. · Assuring prescribed adaptive equipment is available for all clients across environments. · Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing. · Assuring that the QIDP develops Active Treatment Schedules that mee the current needs of al clients. · Assuring that all clients who attend outside services and vocational activities have lunch boxes. · Assuring cash on hand is available for clients in the home	

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			as indicated in their Individual Financial Assessments. The Residential Manager will be expected to participate in no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to · Assuring staff implement learning objectives and provide oral hygiene training. · Assisting with and monitoring skills training including but not limited to meal preparation and other domestic activities assuring that staff provide continuous active treatment during formal and informal opportunities. · Assuring medications are administered without error. · Assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assessing direct support staff interaction with	

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			clients and to provide hands on coaching and training including but not limited to assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to provide sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs. Findings include: Observations were conducted at the group home on 4/14/16 between 4 PM	W 0186	**CORRECTION:** *The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.* Specifically, the Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than two staff on duty during the overnight shift and three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning	05/29/2016

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	and 7:30 PM During this observation period there were two staff and seven clients. Client #1 was a young male who stayed mostly to himself in his bedroom and came out of his room for meals and to take his medications. Client #2 was an older woman who ambulated independently, was difficult to understand and did not self motivate or independently participate in activities. Client #3 was a non-verbal young woman who was quick and unpredictable with her actions and required constant 1:1 (one staff to one client) staff supervision. Client #3 required staff assistance to meet all of her adult daily needs. Client #3 sat for short periods at the dining room table or in the living room in a recliner but was up walking from room to room (living room/dining room and kitchen) most of the time. While in and around the kitchen the staff used their bodies to block client #3 from getting to the food on the counters or on the stove and from getting into the refrigerator. While the evening meal was being prepared, client #3 tried to force her way into the kitchen several times. Client #3 was fast and difficult to block and often managed to make her way into the kitchen. Client #3 was		medication administration, morning hygiene and breakfast. Through the day, no less than two staff will be on duty to provide a full range of skills training activities to individuals not currently enrolled in outside day service or vocational programming. No less than three staff will be on duty during evening hours, with additional staffing resources to be made available, based on acute need. Day, evening and night timeframes are defined below **PREVENTION:** The Residential Manager will submit schedule revisions to the QIDP and Program Manager for approval prior to implementation. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days.	

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	focused on whatever food was on the counter or stove and the staff would block her with their bodies by getting between the client and whatever item she was focused on. Client #3 required frequent verbal and physical redirection. Client #3 was non-verbal, made loud noises and did not self motivate or independently participate in activities. Client #4 was an older woman who wore a gait belt and used a walker while ambulating. Client #4 ambulated with an unsteady gait and a pronounced forward flexed posture while leaning to the right. Client #4 required staff assistance for all ambulation, all transfers and for all ADLs (Adult Daily Living Skills). Client #4 did not self motivate or independently participate in activities. During both observation periods client #4 sat in a large overstuffed chair in the living room and got up with staff assistance for meals, medications, toileting and bathing. Client #5 was a middle aged woman who required staff prompting and supervision to complete her ADLs and to participate in activities. Client #6 was a middle aged to older male who ambulated at a rapid pace and pushed aside whoever or whatever was near him to get to where he was going		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 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	

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	while yelling, "Get out of my way." During this observation period, client #6 was observed kicking the walls, throwing objects and slamming the doors. Client #7 was an older male who ambulated independently but did not self motivate or independently participate in activities. Client #7 spent the majority of his time outside on the deck while smoking cigarettes. __From 4 PM until 4:25 PM staff #1 was sitting at the dining room table with client #3 and staff #2 was in the bathroom with client #4. Clients #2, #5 and #7 were in and out of the kitchen and dining room and not involved in an activity. __At 4:27 PM staff #2 took over supervising client #3 so staff #1 could prepare the PM medications. The medication room was adjacent to the kitchen and while passing medications, the medication room door was closed. __At 4:33 PM staff #1 stuck her head out of the medication room and loudly called for client #6 to come to the medication room for his medications. __At 4:36 PM client #3 made her way into the kitchen with staff #2 close behind her. There was a skillet of hamburger simmering on the stove and food sitting out on the counter. Staff #2		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 staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring adequate direct support staff are on duty to meet the needs of all clients. The Quality Assurance Manager and Program Manager will perform periodic spot checks of	

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	took client #3 by the hand to guide her out of the kitchen. Client #3 resisted staff's prompts. Staff #1 opened the medication room door and saw client #3 in the kitchen and joined staff #2 to assist in guiding client #3 out of the kitchen. After multiple attempts client #3 returned to the dining room table and sat down. Staff #1 returned to the medication room. __At 4:39 PM staff #1 stuck her head out of the medication room door and called for client #1. Client #1 was upstairs in his bedroom. Staff #2 got up from the dining room table, took client #3 by hand and stated, "Come on [name of client #3]. Let's go get [client #1]." Staff #2 guided client #3 by the hand to the stairwell, placed a gait belt on client #3 and then prompted her to go up the stairs. Staff #2 was asked why client #3 had to go up the steps and staff #2 stated, "Because I have to call [client #1] for his meds and I can't leave [client #3] downstairs unsupervised so she has to come with me." __At 4:45 PM the Qualified Intellectual Disabilities Professional (QIDP) arrived at the group home. __At 4:54 PM staff #1 continued to pass the PM medications and was in the medication room. Staff #2 asked the QIDP, "Can you watch [client #3] for me so I can take [client #4] to get her medications?" Staff #2 walked client #4 to the medication room.		attendance records to assure ongoing compliance. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	Observations were conducted at the group home on 4/18/16 between 6 AM and 8:30 AM. During this observation period there were two staff and seven clients. __At 6 AM clients #1, #2, #5 and #6 were up and dressed. Clients #3, #4 and #7 were still in bed and client #6 was in the kitchen. Client #6 was yelling and indicated he was upset because he had missed three track meetings. Staff #4 stated, "He's mad because he didn't get to go to track yesterday." When asked why client #6 didn't go to track, staff #3 stated, "We didn't have the staff to take him." __At 6:07 AM staff #4 stated, "We wait to get [clients #3 and #4] up last because they are usually wet and they have to have a shower. We usually have another staff that comes in around 8 or 9 (AM) that can help us. Someone has to be with [client #3] at all times after she gets up and with just the two of us here that's kind of hard to do." Client #3's record was reviewed on 4/18/16 at 3 PM. Client #3's record indicated client #3 was at risk of choking. Client #3's BSP (Behavior Support Plan) of 6/26/15 indicated client #3 had targeted behaviors of self injurious behaviors, physical aggression, grabbing			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	food/drinks from others, invading others' personal space, running through the house, spinning/twirling while standing, squealing and screaming, flopping in her chair, taking her helmet off. The BSP indicated client #3 "will try and take food from a hot stove or oven. She will also attempt to secure food from the refrigerator or cabinets or from other people's plates and even hands. [Client #3] has one-on-one staffing during waking hours.... When she is in the dining room and kitchen she (client #3) is within arm's length distance from staff. When she is in the fireplace living room, she can be within eyesight of staff. While in bed at night, she has a 'Personal Safety Monitor' on her so that staff can know if she is in her bed." Client #3's 6/26/15 Individualized Support Plan (ISP) indicated client #3 required assistance from staff in all areas of ADLs and leisure time activities. Client #4's record was reviewed on 4/18/16 at 1 PM. Client #4's 3/23/16 Individualized Support Plan (ISP) indicated client #4 had a history of falls with fractures, used a rolling walker and required contact guard assistance from staff while ambulating. The client's record indicated client #4 required assistance from staff in all areas of ADLs and leisure time activities.			

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	During interview with the Residential Manager (RM) on 4/14/16 at 4:30 PM, the RM: __Indicated she had only been in the RM position for one week. __Indicated the facility had lost three staff in the past three weeks. __Indicated besides herself there were four staff to work the home and two of the four staff worked the overnight shift. __Indicated she and staff #2 were working 12 and 13 hour shifts seven days a week because there was no one else to work in the home. __Indicated client #3 required 1:1 staff supervision at all times due to a history of food seeking and choking on food items and stated, "She's really quick and the staff have to be aware of her every move." __Indicated client #4 required a staff to be with her at all times while ambulating, toileting, showering and completing all ADLs. __Stated, "We are supposed to have at least three staff if not four when they (clients #1, #2, #3, #4, #5,#6, and #7) are awake and up." __Indicated after a previous client was discharged from the home the facility had lowered their staffing numbers. __Indicated there was no staff to supervise and assist clients #1, #2, #5, #6			

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	and #7 when one staff was assisting client #4 and one staff was 1:1 supervising client #3. __Indicated with only two staff in the home the clients did not receive the care and supervision they should be getting. __Indicated the facility was admitting another client on 4/18/16, a young female. __Stated, "We need 4 staff here in the evening when all of the clients are home." During interview with staff #2 on 4/14/16 at 4:45 PM, staff #2: __Indicated she had been working 13 hour shifts seven days a week for the past few weeks. __Indicated she felt she had to work the hours because there was no one else that wanted to work in the home. __Indicated client #6 had missed some of his track meetings because there was no one to take him. __Indicated there was not enough staff in the home to provide constant supervision and care. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/14/16 at 5 PM, the QIDP: __Indicated the facility was short staffed at present and was trying to hire without much success.			

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	__Indicated there should be three or four staff in the group home when the clients were home and awake. 9-3-3(a)			
W 0209 Bldg. 00	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to provide evidence of client #1's participation in the development of his Individualized Support Plan (ISP). Findings include: Client #1's record was reviewed on 4/18/16 at 12 PM. Client #1's record indicated client #1 was an emancipated young male who transferred to the facility from another ResCare facility on 3/11/16. Client #1's record indicated an ISP dated 8/24/15. Client #1's record indicated no documentation of client #1's participation in the development of an ISP. During interview with client #1 on	W 0209	**CORRECTION:** *Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.* Specifically for Client #1, the QIDP and will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect any additional clients. **PERVENTION:**	05/29/2016

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	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	4/14/16 at 5:10 PM, client #1 indicated he had not attended any ISP meetings and had no knowledge of signing and/or of giving written informed consent for an ISP. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated he could not provide documentation of client #1's participation of his ISP. 9-3-4(a)		The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	
W 0210 Bldg. 00	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview and record review for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure: __Client #2 was assessed and/or re-assessed in regard to her specific dining equipment she was to use. __Client #4 was assessed for excessive food spillage that required the use of a clothing protector while consuming food. Findings include:	W 0210	**CORRECTION:** *Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.* Specifically, for Client #2, the facility will obtain a current occupational therapy assessment to determine current adaptive dining equipment needs. The facility will also reassess whether Client #4 currently	05/29/2016

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	1. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. During the evening observation period client #2 was provided a high sided divided plate, a long handled plastic small spoon and a flow restriction/sipper cup. During the morning observation period client #2 was provided a regular cereal bowl, a regular spoon and a flow restriction/sipper cup. Observations were conducted at the Day Program (DP) on 4/15/16 between 1 PM and 2 PM. At 1:45 PM DP staff #1 opened client #2's plastic lunch bag to reveal the contents of the bag. Inside were a small plastic water bottle with a pull top lid, several small plastic food containers and no eating utensils. DP staff #1 indicated client #2 was provided the water bottle and the plastic food containers from the group home. DP staff #1 indicated client #2 did not utilize a sippy cup, a divided dish and/or an adaptive spoon while at the DP. DP staff #1 stated, "Sometimes we give her a baby spoon because she has a tendency to eat too fast." DP staff #2 showed this surveyor a rubber coated small spoon and stated, "This is what I use for her when I'm with her."		requires protective clothing at meal time and will revise her supports accordingly. A review of Physician's Orders and support documents and observation of active treatment indicated that this deficient practice did not affect any additional clients. **PERVENTION:** The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all relevant	

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	Client #2's record was reviewed on 4/18/16 at 11 AM. __Client #2's 6/11/13 swallow evaluation indicated client #2 needed maximum supervision while eating to ensure the client took sips of liquids, took small bites of food, ate at a slow pace and took drinks in between bites. The evaluation indicated client #2 was to have no straws and was to use a sippy cup for liquids. __Client #2's 10/6/15 dining plan indicated the use of a sippy cup for fluids. __Client #2's 3/9/16 Comprehensive High Risk Plan for choking indicated client #2 was to have a sippy cup or flow restriction cup during meal times. __Client #2's 4/7/16 physician's orders indicated "Liquids must be by sippy cup only.... Limit drinks to single sips of liquid." Client #2's record indicated no assessment for the use of a divided plate, a plastic water bottle with a pull top lid and/or the use of an adaptive spoon. During interview with the Residential Manager (RM) on 4/18/16 at 4 PM, the RM indicated: __When client #2 was admitted to the facility in 8/2015 client #2 brought with her two specially designed flow restriction cups. __Indicated the staff at the group home		assessments are current and that support documents correspond to needs identified through ongoing assessment. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	

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	provided client #2 with the flow restriction cups for all fluids and a divided high sided plate and a long handled small spoon for meals. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated client #2's most current assessment of dining needs was the assessment of 2013. __Indicated he could not find and/or provide a more current assessment of client #2's dining needs. __Indicated the facility would need to have client #2 re-assessed in regard to her dining equipment. 2. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. During the evening observation period the staff placed a clothing protector on client #4. Client #4 was not given a choice of wearing the protector and after eating her meal, the staff wiped client #4's face with the cloth clothing protector. Client #4 did not have a lot of food spillage during her meal. During the morning meal observation period staff #3 placed a clothing protector			

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VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	on client #4. Client #4 was not given a choice of wearing the clothing protector. Staff #3 pulled the clothing protector up onto the table and placed client #4's dinnerware and dining utensils on top of the clothing protector. After client #4 had finished her meal staff #3 removed the clothing protector and wiped client #4's mouth/face with it. Client #4 did not have a lot of food spillage during her meal. Client #4's record was reviewed on 4/18/16 at 1 PM. Client #4's record indicated no assessment of excessive food spillage while dining that required the use of a clothing protector while eating. During interview with staff #3 on 4/18/16 at 7:05 AM, staff #3 stated, "I always put one (a clothing protector) on her (client #4) in case she spills something and that way she won't mess up her clothes." Staff #3 indicated client #4's dinnerware was placed on top of the clothing protector to ensure the food did not spill onto client #4's clothing. During interview with the QIDP on 4/19/16 at 1 PM, the QIDP: __Indicated client #4 did not have an assessment of excessive food spillage to require the use of a clothing protector while eating.			

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	15G323		04/29/2016

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VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	__Indicated the staff should not be using the clothing protector as a placemat and/or a napkin. __Indicated client #4 would need an assessment for the need to use a clothing protector. 9-3-4(a)			
W 0220 Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development. Based on observation, interview and record review for 2 of 4 sample clients (#2 and #4), the facility failed to ensure an assessment of the clients' communication skills and needs. Findings include: Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. During both observation periods: __Client #2 communicated with a few words that were difficult to understand and/or discern. Client #2 repeated herself numerous times with this surveyor and the staff while trying to make her needs	W 0220	**CORRECTION:** *The comprehensive functional assessment must include speech and language development.*Specifically, the facility will obtain current speech assessments for Clients #2 and #4 and develop enhanced supports based on recommendations. Through review and observation, the governing body determined that this deficient practice did not affect additional clients. **PREVENTION:** The QIDP has been retrained	05/29/2016

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	known and/or trying to communicate. Client #2 did not use a communication book and/or any assistive devices to communicate. __Client #4 communicated with some words but was difficult to understand and was asked repeatedly by this surveyor and the staff in the home to repeat what she was trying to say. Client #2's record was reviewed on 4/18/16 at 11 AM. __Client #2's record indicated client #2 was transferred to the facility on 8/25/15 from another ResCare/Voca facility. __Client #2's 3/22/15 Individualized Support Plan indicated client #2 used a communication picture book. __Client #2's record indicated no assessment of client #2's communication needs. Client #4's record was reviewed on 4/18/16 at 1 PM. __Client #4's 8/8/13 speech evaluation by a SLP (Speech and Language Professional) indicated client #4 was recommended for 10 sessions of speech therapy. __Client #4's record indicated no further assessments of client #4's communication needs since the assessment of 8/8/13. __Client #4's record indicated no documentation of current speech therapy		regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all relevant assessments are current and that support documents correspond to needs identified through ongoing assessment. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	being provided to the client. During interview with the Residential Manager (RM) on 4/18/16 at 4 PM, the RM: __Indicated she was not aware of client #2 using a communication book. __Indicated clients #2 and #4 were often difficult to understand. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated he was not aware of a communication book for client #2. __Indicated no assessment of client #2's communication needs since client #2's admission to the facility. __Indicated client #4's current speech/communication assessment to be the one of 2013. __Indicated client #2 and client #4 would be scheduled with a SLP (Speech and Language Professional) for a communication assessment. 9-3-4(a)		Team	
W 0225 Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills.			

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VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	Based on observation, record review and interview for 1 of 4 sample clients (#2), the facility failed to assess and/or to include in the assessment the client's vocational abilities related to the client's individual work history, work skills, vocational goals and/or present and future employment options outside of the group home. Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's Comprehensive Functional Assessment (CFA) dated 1/9/15 indicated a vocational assessment. Client #2's vocational assessment did not include client #2's work interests, vocational goals and/or present and future employment options. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated: __Client #2 attended a Day Program daily that provided paid work. __Client #2's most current vocational assessment was conducted on 1/9/15. __Client #2's CFA did not include an assessment of client #2's vocational goals, dreams, work interests and/or present and future employment options.	W 0225	**CORRECTION:** *The comprehensive functional assessment must include, as applicable, vocational skills.*Specifically, the QIDP will oversee completion of a vocational assessment for Client #2. A review of facility assessment documentation indicated that this deficient practice did not affect any additional clients. **PERVENTION:** The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine	05/29/2016

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	9-3-4(a)		the level of ongoing support needed at the facility, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all relevant assessments are current and that support documents correspond to needs identified through ongoing assessment. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4), the clients' program plans failed to include: __What the staff were to monitor and document in regard to client #1's use of Melatonin for insomnia. __How the staff were to assist client #4 while sitting and/or dining in regard to client #4's posture. Findings include:	W 0240	**CORRECTION:** *The individual program plan must describe relevant interventions to support the individual toward independence.*Specifically, the QIDP will develop protocols to monitor and document Client #4's use of Melatonin and train staff toward proper implementation. Additionally the QIDP will incorporate guidance for staff to assist Client #4 with maintaining appropriate posture at mealtimes and will train staff	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	1. Client #1's record was reviewed on 4/18/16 at 12 PM. Client #1's 4/7/16 physician's orders indicated client #1 was to receive Melatonin 5 milligrams at bedtime for "poor sleep." Client #1's 8/24/15 ISP and 8/24/15 BSP did not include how the staff were to monitor and document client #1's sleep patterns in regard to the use of Melatonin. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated client #1's ISP and BSP did not address and/or include client #1's use of Melatonin or how the staff were to monitor and document client #1's sleep patterns. 2. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. Client #4 was an older woman who wore a gait belt and used a walker while ambulating. Client #4 ambulated with an unsteady gait and a pronounced forward flexed posture while leaning to the right. Client #4 required staff assistance for all ambulation, all transfers and for all ADLs (Adult Daily Living Skills). __During both observation periods client #4 sat in a cushioned chair in the living		toward proper implementation. A review of facility support documents and observation of active treatment indicated that this deficient practice did not affect any additional clients. **PREVENTION:** The QIDP has been retrained regarding the need to incorporate all relevant interventions into support plans based on ongoing assessment and interdisciplinary input. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly 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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	room. Client #4 sat leaning forward with her head down and her face inches away from her legs. __During both observation periods client #4 ate her meals sitting in a wooden straight chair at the dining room table. Client #4 sat leaning forward with her head down and her face inches away from her plate. __During both observations the staff did not prompt or assist client #4 with her posture while sitting in the living room and/or while dining. Client #4's record was reviewed on 4/18/16 at 1 PM. __Client #4's 12/30/15 Comprehensive High Risk Plan indicated client #4 was at risk for choking, had to have supervision during all intake and was to remain upright for 30 minutes after consuming meals. __Client #4's 4/10/15 physical therapy assessment indicated "Cues from staff to patient to stay upright and in rolling walker. Cues to slow her down with transition (training to sit safely in chairs). Staff should allow her time to stand up and only help as needed." __Client #4's 3/23/16 ISP did not indicate how the staff were to assist client #4 with her posture while sitting and/or dining. During interview with the QIDP on		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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	4/19/16 at 1 PM, the QIDP: __Indicated no assistive devices and/or adaptive equipment for client #4 in regard to client #4's posture while sitting and/or dining. __Indicated the staff should prompt client #4 to sit up straight. __Indicated client #4's ISP did not address how the staff were to assist client #4 while sitting and/or dining in regard to client #4's posture. 9-3-4(a)		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 direct face to face assessment of clients to compare observed behaviors and needs with current support documents and making recommendations for revisions as appropriate. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team	
W 0242 Bldg. 00	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Based on observation, record review and	W 0242		05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	interview for 2 of 4 sampled clients (#2 and #4), the clients' Individualized Support Plans (ISPs) failed to address the clients' identified training needs in regard to dental hygiene for client #2 and communication for clients #2 and #4. Findings include: Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. __During both observation periods client #2 communicated with a few words that were difficult to understand and/or discern. Client #2 repeated herself numerous times with this surveyor and the staff while trying to make her needs known and/or trying to communicate. Client #2 did not use a communication book and/or any assistive devices to communicate. __Client #4 communicated with some words but was difficult to understand and was asked repeatedly by this surveyor and the staff in the home to repeat what she was trying to say. 1. Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's 1/9/15 Comprehensive Functional Assessment (CFA) indicated		*The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.* Specifically for Client #2, the team will develop a revised training program to aggressively address oral hygiene deficits. Direct support staff will receive training toward proper implementation of the revised training program. Additionally, the QIDP will develop communication supports for Clients #2 and #4 based on recommendations from a speech therapist and will train staff accordingly. A review of facility support documents indicated this deficient practice did not affect other clients. **PREVENTION:** The Residential Manager will be expected to participate in no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training. During Active	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	client #2 "brushes teeth with supervision," communicated with gestures or a few words and was difficult to understand when talking. Client #2's 11/10/15 dental evaluation indicated client #2 had "Severe chronic gingivitis from poor plaque control" and recommendations for "better brushing two times a day." Client #2's 3/22/15 ISP indicated: __Client #2 used a communication picture book to communicate. __No objectives to assist client #2 with her dental hygiene/care. __No objectives to assist client #2 with her communication needs. During interview with the Residential Manager (RM) on 4/18/16 at 4 PM, the RM: __Indicated she was not aware of client #2 using a communication book. __Indicated client #2 was often difficult to understand. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated he was not aware of client #2 having and/or using a communication book. __Indicated client #2's ISP did not		Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement learning objectives and provide oral hygiene training. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly 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 and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	include any training objectives to assist client #2 with her dental hygiene or communication needs. 2. Client #4's record was reviewed on 4/18/16 at 1 PM. Client #4's 8/8/13 speech evaluation by a SLP (Speech and Language Professional) indicated client #4 was recommended for 10 sessions of speech therapy. Client #4's 3/24/16 CFA indicated client #4 "speaks in primitive phrases," was able to answer simple sentences and was difficult to understand. Client #4's 3/23/16 ISP indicated no training objectives to assist client #4 with her communication needs. During interview with the RM on 4/18/16 at 4 PM, the RM indicated client #4 was difficult to understand at times and had difficulty making her needs known. During interview with the QIDP on 4/19/16 at 1 PM, the QIDP indicated client #4's ISP did not include any training objectives to assist client #4 with her communication needs. 9-3-4(a)		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	

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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			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 that training in personal skills essential for privacy and independence occurs and is incorporated into clients' support plans. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 4 of 4 sample clients (#1, #2, #3 and #4) and 2 additional clients (#5 and #6), the facility failed to ensure the staff implemented the clients' Individualized Support Plans (ISPs) and provided the clients with training objectives and/or a choice of activities when formal and informal training	W 0249	**CORRECTION:** *As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency*	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	opportunities existed. Findings include: 1. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM Client #1 was a young ambulatory verbal male who remained in his bedroom throughout both observation periods except to take his medications and to consume meals. __During interview with client #1 at 5:10 PM, client #1 indicated he was new to the facility and mostly just stayed in his room and played video games or watched movies. Client #1 indicated he did not go to a workshop and/or day program, wanted to work and would enjoy a job working with animals. Client #1 stated, "My room's a little messy and I guess I need to clean it up." When client #1 was asked what he did all day, client #1 stated, "I just play video games." __During both observation periods the staff did not prompt client #1 to come out of his room, provide client #1 with training and/or offer client #1 other activities other than the client's television and gaming system in his bedroom. Client #2 was an older woman who ambulated independently. Client #2 was difficult to understand and did not self motivate or independently participate in activities. __From 4 PM until 5:20 PM client #2 walked from one room to another, not involved in any activity. __At 5:20 PM the staff provided client #2 with a board puzzle. Client #2 sat down at the dining room table and worked on the puzzle for a few minutes and then got up and left the dining		*to support the achievement of the objectives identified in the individual program plan.*Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. Additionally, the Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than three staff on duty between during morning and evening active treatment sessions. **PREVENTION:** The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	room. __At 5:58 PM client #2 stood in the kitchen watching staff #2 as she was placing food items onto client #2's plate. Staff #2 was asked if client #2 could assist with preparing her own plate. Staff #2 stated, "You want her to make her plate?" Staff #2 then prompted client #2 to assist in filling her own dinner plate and provided client #2 with hand over hand assistance. __At 6:20 PM client #2 was served a ground hamburger mixture, a biscuit, cooked carrots and crushed pineapple for her evening meal. Client #2 was independent in feeding herself with a small spoon. Client #2 ate at a fast pace and did not put her eating utensil down between bites and/or take a sip of fluids between bites. __During the PM observation period the staff did not prompt client #2 to put her spoon down between bites and/or to take a sip of fluid between bites. __During the PM observation period the staff did not provide client #2 with training and/or choices of leisure activities at every available opportunity. Client #3 was a young woman who was quick and unpredictable with her actions and required constant 1:1 (one staff to one client) staff supervision. Client #3 sat for short periods at the dining room table or in the living room. Client #3 was in and out of the living room/dining room and kitchen most of this observation period. Client #3 carried a coloring book with her while ambulating. Client #3 was non-verbal, made loud noises and did not self motivate or independently participate in activities. __During the PM observation period the staff did not provide client #3 with training and/or choices of leisure activities at every available opportunity. __During the PM observation period the staff did not provide or prompt client #3 with a choice of leisure activities, training objectives and/or a		Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly 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 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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	choice of sensory stimulating objects at every available opportunity. Client #4 was an older woman who wore a gait belt and used a walker and staff assistance while ambulating. __From 4:15 PM until 6:10 PM client #4 was in the living room in a cushioned lounge chair. Client #4 sat leaning forward and did not watch the television. __During the PM observation period the staff did not provide or prompt client #4 with a choice of leisure activities, training objectives and/or provide client #4 with a choice of sensory stimulating objects at every available opportunity. Client #1's record was reviewed on 4/18/16 at 12 PM. __Client #1's record indicated client #1 was a healthy ambulatory young male who was transferred to his current home from another ResCare facility on 3/11/16. __Client #1's 8/24/15 ISP indicated training objectives to clean his room, to independently prepare a meal and to spend his weekly money on a desired purchase. Client #2's record was reviewed on 4/18/16 at 11 AM. __Client #2's 9/24/15 Behavior Support Plan indicated client #2 communicated with gestures and saying basic words but was not completely understandable. "She normally has a blank look that is void of expression.... She has difficulties understanding most information that is given to her.... [Client #2] learns best in a one to one setting with limited outside stimuli.... If [client #2] has plenty of structured activities while she is awake, she will be less likely to begin self injurious behaviors." __Client #2's 3/22/15 ISP indicated training		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 staff provide continuous active treatment during formal and informal opportunities. **RESPONSIBLE PARTIES:** QIDP, Residential Manager,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	objectives for client #2 to point to a quarter, to help prepare a food item of her choice and to participate and learn a new activity. __Client #2's ISP indicated client #2 "will take large bites and will not properly cut her food, posing a choking risk." Client #2's ISP indicated a training objective for client #2 to lay her eating utensil down with each bite of food and to take a sip of fluid between bites. Client #2's Comprehensive High Risk Health Plan dated 3/9/16 indicated client #2 was at risk of choking and "must have supervision during all food/drink intake including snacks." The plan indicated the staff were to encourage client #2 to eat and drink slowly and were to check her mouth frequently for pocketing of food. Client #3's record was reviewed on 4/18/16 at 3 PM. Client #3's 6/26/15 ISP indicated training objectives for client #3 to brush her teeth with hand over hand assistance from staff, to wash her left arm, to point to her nose as to why she takes Singulair (for allergies), to eat at a slow pace and to take small bites while dining, to touch the correct coin when directed and to complete a household chore (vacuum the floor). Client #3's record did not indicate a list of activities and/or tactile objects the staff were to offer client #3 during leisure time. Client #4's record was reviewed on 4/18/16 at 1 PM. Client #4's 3/23/16 ISP indicated training objectives for client #4 to help prepare a dessert, to choose an activity of her choice and to identify coins. Client #4's record did not indicate a list of activities and/or tactile objects the staff were to offer client #4 during leisure time. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1		Direct Support Staff, Operations Team	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

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VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	PM, the QIDP: __Indicated the staff were to follow the clients' program plans and were to provide the clients with training objectives and/or leisure activities whenever the clients were not actively involved in an activity. __Indicated if clients were sitting idle without activity, the staff were to offer training and/or choices of activity every 15 minutes __Indicated the staff should have prompted client #1 to come out of his room and assist with the meal preparation or prompted client #1 to clean his room. 2. Observations were conducted at the group home on 4/18/16 between 6 AM and 8:30 AM. During this time staff #4 provided clients #1, #2, #3, #5 and #6 with their AM medications. __At 7:20 AM staff #4 gave client #6 Fiber Therapy for constipation, Tylenol and Tramadol for pain and Zoloft for behavior management. __At 7:34 AM staff #4 gave client #2 Colace (a stool softener), Fludrocortisone (a steroid), Prilosec for acid indigestion and Risperdal and Zoloft for behavior management. __At 7:42 AM staff #4 gave client #2 Flomax for urinary problems, Topamax for seizure control, a vitamin supplement and Zoloft, Cogentin, Mellaril and Ativan for behavior management. __At 7:45 AM staff #4 gave client #1 Seroquel and Concerta for behavior management and Polyethylene glycol (a laxative). __At 8 AM staff #4 gave client #3 Benadryl, Claritin and Singulair for allergies, Necon (a female hormone), Maxzide (a diuretic), Calcium and Polyethylene glycol and Risperidone, Cogentin and Depakote for behavior management. Staff #4 did not provide clients #1, #2, #3, #5 and #6 any training in regard to any of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	medications they were given during the AM medication pass. Client #1's record was reviewed on 4/18/16 at 12 PM. Client #1's 8/24/15 ISP indicated client #1 was not independent in taking medications and had a training objective to state the side effects of his Seroquel. Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's 3/22/15 ISP indicated client #2 was not independent in taking medications and had a training objective to point to her Risperdal. Client #3's record was reviewed on 4/18/16 at 3 PM. Client #3's 6/26/15 ISP indicated client #3 was not independent in taking medications and had a training objective to point to her nose when she took her Singulair. Client #5's record was reviewed on 4/18/16 at 4 PM. Client #5's 11/25/15 ISP indicated client #5 was not independent in taking medications and had a training objective to state the side effects of her Mellaril. Client #6's record was reviewed on 4/18/16 at 4:15 PM. Client #6's 6/24/15 ISP indicated client #6 was not independent in taking medications and had a training objective to state the side effects of one of his medications. During interview with the Residential Manager (RM) on 4/18/16 at 3 PM, the RM indicated the staff were to provide the clients with training with every medication pass. 9-3-4(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 0250 Bldg. 00	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to develop and implement an Active Treatment Schedule (ATS) which included what training/activities were to occur throughout the day for client #1. Findings include: Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM and on 4/18/16 between 6 AM and 8:30 AM. Client #1 was a young ambulatory verbal male who remained in his bedroom throughout both observation periods except for short time periods to take his medications and/or to consume his meals. During interview with client #1 on 4/14/16 at 5:10 PM, client #1: __Indicated he was transferred to the facility from one of the company's other group homes on 3/11/16. __Indicated he was capable of working and wanted to work. __Indicated he would work at a sheltered workshop or in the community and	W 0250	**CORRECTION:** *The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.* Specifically, the interdisciplinary team will develop Active Treatment Schedules for Client #1 that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients. **PREVENTION:** Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming. Members of the Operations Team, comprised of	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

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	stated, "I would like to work with animals" __Indicated during the day he stayed at the group home and watched movies and played video games. Client #1's record was reviewed on 4/18/16 at 12 PM. Client #1's record indicated client #1 was transferred from another ResCare facility to the current facility on 3/11/16. Client #1's Comprehensive Functional Assessment and Vocational Skills assessments dated 3/2016 both indicated client #1 had the skills to attend a sheltered workshop and client #1 would like to work in the community with animals. Client #1's record indicated an Active Treatment Schedule dated 8/2015 signed by the QIDP of client #1's previous facility. The 8/2015 ATS indicated no activities from 8 AM through 3 PM on Monday through Friday. The ATS indicated "Ride home 3:00 pm Monday through Friday" During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated client #1 was capable of working and stated, "I just haven't had		Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will review support documents during routine visits to the facility which will occur no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days and no less than monthly thereafter, as part of the agency's formal internal audit process to assure active treatment schedules are in place and reflect the training and support needs of all clients. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	15G323		04/29/2016

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VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	time to get him signed up at the workshop." __Indicated he had not revised and/or updated client #1's ATS since the client's admission to the facility. 9-3-4(a)			
W 0252 Bldg. 00	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the staff documented the client's program data as indicated in the client's Individualized Support Program (ISP). Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's 3/22/15 ISP indicated client #2 had the following objectives: __To point to a quarter with staff prompting. __To point to her Risperdal (a behavior modification medication) with two verbal	W 0252	**CORRECTION:** *Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.* Specifically, the QIDP will be retrained to assure current data collection sheets are in place for all clients at all times, to give direct support staff the opportunity to collect data on prioritized learning objectives and behavior training programs as required.. A review of documentation indicated this deficient practice did not affect any clients in addition to Client #2.	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

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	prompts and hand over hand assistance from the staff. __To help prepare a food item of her choice. __To wash her upper body with staff assistance. __To independently lay down her dining utensil with each bite of food. __To participate and learn a new activity of her choice. Client #2's data collection sheets for March and April 2016 indicated no documentation of client #2's ISP training objectives. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated the staff were to offer program training as indicated in each client's ISP and document the results of the training objectives on each client's data collection sheet. __Indicated the staff failed to document client #2's training objectives for the months of March and April 2016. 9-3-4(a)		**PREVENTION:** Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include assuring data collection grids are in place for all clients and that staff collect data per implementation schedules. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	
W 0259	483.440(f)(2) PROGRAM MONITORING & CHANGE			

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	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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Bldg. 00	At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the IDT (Interdisciplinary Team) reviewed and/or updated the client's Comprehensive Functional Assessment (CFA) annually. Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's record indicated a CFA dated 1/9/15. The record indicated the IDT had not reviewed client #2's CFA within the past 365 days. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated client #2's CFA had not been updated within the past 365 days. 9-3-4(a)	W 0259	**CORRECTION:** *At least annually, the individual program plan must be revised, as appropriate.* Specifically, the QIDP will develop an individual support plan for Client #2 based on current assessments and will train staff toward proper implementation of the plan. A review of facility support documents indicated that this deficient practice did not affect any additional clients. **PREVENTION:** The QIDP will be retrained regarding the need to assure that all individual support plans are updated as needed but no less than annually. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly for an additional 60 Days. At the conclusion of this period of intensive administrative	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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			monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all support plans are updated no less than annually. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	
W 0260 Bldg. 00	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's Individualized Support Plan (ISP) was reviewed and revised/updated annually. Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's ISP was dated 3/22/15. Client #2's record did not indicate client #2's ISP was reviewed and revised/updated annually.	W 0260	**CORRECTION:** *At least annually, the individual program plan must be revised, as appropriate.* Specifically, the QIDP will develop an individual support plan for Client #2 based on current assessments and will train staff toward proper implementation of the plan. A review of facility support documents indicated that this deficient practice did not affect any additional clients. **PREVENTION:** The QIDP will be retrained regarding the need to assure that all individual support	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G323		04/29/2016

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VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated the ISP of 3/22/15 was client #2's most current ISP. __Indicated ISPs were to be reviewed and revised/updated annually. 9-3-4(a)		plans are updated as needed but no less than annually. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all support plans are updated no less than annually. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	
W 0263 Bldg. 00	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 4 sampled clients (#2), the facility's HRC (Human Rights Committee) failed to ensure the implementation of client #2's BSP (Behavior Support Plan) that included the use of Risperdal (a behavior	W 0263	**CORRECTION:** *The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if*	05/29/2016

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	modification medication) was conducted with the written informed consent of the client and/or the client's legal representative and to ensure written informed consent from the client and/or the client's legal representative prior to the client receiving Zoloft (for behavior modification). Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. __Client #2's 9/24/15 BSP indicated client #2 had targeted behaviors of self injury, physical aggression and crying. __Client 2's 4/7/16 physician's orders indicated client #2 was to receive Zoloft 25 mg (milligrams) once a day and Risperdal 1 mg twice a day for behavior modification. __Client #2's Medication Administration Records indicated client #2 began receiving Zoloft for behavior modification on 3/30/16. __Client #2's 3/22/15 Individualized Support Plan (ISP) indicated the name and the phone number of an individual that served as client #2's health care representative. __Client #2's record indicated no written informed consent from client #2 or a legal representative for the restrictive BSP that included the use of Risperdal.		*the client is a minor) or legal guardian.* Specifically, written informed consent from Client #2 for Client #2's Behavior Support Plan that includes the use of Risperdal and Zoloft. Additionally, the team will obtain a legal guardian for Client #2 (See W 125). A review of facility documentation indicated this deficient practice did not affect additional consumers. **PREVENTION:** The QIDP will be retrained regarding the need to assure written informed consent is obtained prior to the implementation of restrictive programs including but not limited to when new Clients are admitted to the facility. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will review restrictive programs on an ongoing basis to assure prior written informed consent has been obtained. Initially administrative monitoring	

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	15G323		04/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	842 NATIONAL RD RICHMOND, IN 47374

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	__Client #2's record indicated no written informed consent for the use of Zoloft from client #2 and/or a representative. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP: __Indicated client #2 could not give an informed consent and required assistance for all restrictive measures including medications. __Indicated several telephone calls had been made and verbal messages were left for the individual listed in client #2's record as client #2's healthcare representative and stated, "But she never called us back." __Indicated no written informed consent from client #2 and/or client #2's health care representative for the restrictive BSP that included the use of Risperdal or for the use of Zoloft. 9-3-4(a)		will occur with increased frequency as follows: Members of the Operations Team will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include assuring prior written informed consent has been obtained for all restrictive programs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0312 Bldg. 00	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374	

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	Based on record review and interview for 1 of 4 sampled clients receiving medications to control behaviors (#2), the facility failed to ensure client #2's use of Zoloft (a medication used for behavior modification) was included in client #2's Behavior Support Plan (BSP) with a specific plan of reduction to reduce and eventually eliminate the behaviors for which the Zoloft was to target. Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. __Client 2's 4/7/16 physician's orders indicated client #2 was to receive Zoloft 25 milligrams every morning. __Client #2's March 2016 Medication Administration Record indicated client #2 began taking Zoloft on 3/30/16. __The use of Zoloft was not included in client #2's BSP dated 9/24/15. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated client #2's BSP did not include the use of Zoloft. 9-3-5(a)	W 0312	**CORRECTION:** *Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.* Specifically the QIDP will incorporate the use of Zoloft into Client #2's Behavior Support Plan, including a plan for the reduction and eventual elimination of the medication. A review of facility support documents indicated that this deficient practice did not affect any additional clients. **PERVENTION:** The QIDP has been retrained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans. Additionally, members of the	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016
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			Operations Team will conduct documentation reviews no less than twice weekly for the next 30 days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include a review of facility Behavior Support Plans no less than monthly and to assure the plans include active treatment programs designed to reduce and eventually eliminate the use of behavior controlling medications. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's hearing was evaluated annually.	W 0323	**CORRECTION:** *The facility must provide or obtain annual physical examinations of each client that*	05/29/2016

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	Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's record indicated a hearing evaluation dated 10/18/12. Client #2's record indicated diagnoses of, but not limited to, Sensorineural hearing loss and excessive cerumen (ear wax). Client #2's record indicated no further hearing evaluations since the evaluation of 2012. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated the evaluation of 2012 was client #2's most current hearing evaluation. 9-3-6(a)		*at a minimum includes an evaluation of vision and hearing.* Specifically, Client #2 will receive a hearing evaluation. A review of medical records indicated this deficient practice did not affect additional clients. **PREVENTION:** The QIDP will work with the facility nurse will coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and evaluations occur as required. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required. **RESPONSIBLE PARTIES:** QIDP, Health Services Team, Residential Manager, Direct Support Staff, Operations Team	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016

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	Based on record review and interview for 1 of 4 sample clients (#1), nursing services failed to ensure the recommendations made by the dietician were addressed with client #1's physician. Findings include: Client #1's record was reviewed on 4/18/16 at 12 PM. Client #1's record indicated on 3/11/16 client #1 was transferred to the current facility from another ResCare home. Client #1's 4/7/16 physician's orders did not include a diet order. Client #1's 11/18/15 dietary assessment indicated: __No physician's orders for the type of diet client #1 was to have. __Client #1 was overweight and in need weight loss. __Recommendations for a Living Lite diet with NEP (No Extra Portions) except non-starchy vegetables and to encourage physical activity to assist with weight loss. During interview with the facility's LPN on 4/18/16 at 1 PM, the LPN: __Indicated client #1 had not seen the dietician since his admission to the facility on 3/11/16.	W 0331	**CORRECTION:** *The facility must provide clients with nursing services in accordance with their needs.* Specifically: The facility nurse contact Client #1's primary care physician and assure that the dietician's recommendations are addressed with a formal diet order. A review of current diagnostic information and risk plans indicated this deficient practice did not affect additional clients. **PERVENTION:** The facility nurse will be retrained regarding the need to assure the assigned primary care physician provides all clients with a formal diet order based on the recommendations of a registered dietician. Members of the Operations Team (including Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator) will conduct documentation reviews no less than twice weekly for the next 30	05/29/2016

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	15G323		04/29/2016

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	__Indicated client #1's current physician's order did not include a diet order. __Indicated the dietary recommendations of 11/18/15 had not been addressed with client #1's current physician. 9-3-6(a)		days, weekly 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, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all clients have appropriate diet orders signed by their primary care physician. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team	
W 0336 Bldg. 00	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 1 of 4 sample clients (#2), the facility failed to provide evidence of quarterly nursing/health assessments. Findings include: Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's record	W 0336	**CORRECTION:** *Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.* Specifically, the facility nurse has been trained on	05/29/2016

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	indicated client #2 did not require a medical care plan. Client #2's record indicated diagnoses of, but not limited to, Obstructive sleep apnea (a sleep disorder), Dysphagia (difficulty swallowing), Gastritis (inflammation or erosion of the lining of the stomach), Esophagitis (inflammation of the esophagus), Hypotension (low blood pressure), Hypothyroidism (insufficient thyroid hormones), constipation, lower back pain, Excessive Cerumen (ear wax), Sensorineural hearing loss and vision problems. Client #2's record indicated no quarterly nursing assessment for the fourth quarter of 2015. During interview with the facility's LPN on 4/18/16 at 1 PM, the LPN: __Indicated all clients were to have quarterly nursing assessments. __Indicated she could not locate a nursing assessment for the last quarter in 2015 for client #2. 9-3-6(a)		expectations for quarterly nursing physicals and nursing physicals which have been completed for the current quarter for all clients including Client #2. A review of medical records indicated this deficient practice did not affect any additional clients. **PREVENTION:** Copies of quarterly nursing physical examinations will be placed in the each individual's medical chart upon completion. The Nurse Manager will maintain a tracking system to assure quarterly nursing physical examinations are completed as required. Specifically when physicals have not been completed by the beginning of the last month of each quarter the Nurse Manager will allot additional nursing resources to the facility to assist with timely completion of required assessments. Additionally, Operations Team members will review nursing documentation while conducting routine audits in the home, no less than monthly, to assure records of quarterly nursing evaluations are completed and filed appropriately. Copies of audits of medical charts will be provided to the facility nurse and nurse	

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			manager to facilitate appropriate follow-up. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team	
W 0368 Bldg. 00	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 4 sampled clients (#3 and #4) and 2 additional clients (#6, and #7), the facility failed to ensure all medications were administered in compliance with the clients' physician's orders. Findings include: The facility's reportable and investigative records were reviewed on 4/15/16 at 11 AM. The 2/13/16 Bureau of Developmental Disabilities Services (BDDS) report indicated on 2/12/16 a staff was passing medications and had called for client #5 to come to the medication room. Client #6 had thought the staff had called his name and client #6 ran into the	W 0368	**CORRECTION:** *The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.*Specifically, the staff responsible for incorrectly administering Client #6's Zoloft on 7/12/15 received retraining per the agency's medication administration policy and has not been responsible for any additional medication administration errors. **PREVENTION:** The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per	05/29/2016

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	medication room and took client #5's Diazepam (used to treat anxiety disorders) 5 mg (milligrams) before the staff could stop him. The nurse was notified and the staff were instructed to take client #6 to the local ER (Emergency Room) for an evaluation. The report indicated the staff responsible for the error would be retrained. The 10/20/15 BDDS report indicated client #6 was on 25 mg of Zoloft (an antidepressant). The 25 mg was discontinued and client #6's Zoloft was increased to 50 mg. On 10/19/15 the staff gave client #6 both the 25 mg and the 50 mg of Zoloft at the same time giving client #6 a total of 75 mg. Client #6 was taken to a nearby urgent care facility for an evaluation. The report indicated the staff would be retrained. The 7/14/15 BDDS report indicated on 7/12/15 client #7 did not receive his AM dose of Omeprazole (used to treat symptoms of gastroesophageal reflux disease) 20 mg. The report indicated the staff would be retrained. The 6/16/15 BDDS report indicated on 6/15/15 client #3 did not receive her bedtime dose of Miralax Powder 17 grams (for constipation).		week, on varied shifts to assist with and monitor skills training including but not limited to assuring medications are administered without error. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly 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 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.	

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	The 5/8/15 BDDS report indicated client #4 received Risperidone (an antipsychotic medication) 1 mg at bedtime. The report indicated on 5/6/15 client #4 was given 5 mg instead of the 1 mg the physician ordered. The report indicated the staff would be retrained. During interview with the facility's LPN on 4/18/16 at 1 PM, the LPN indicated all medications were to be given as ordered by the clients' physicians without error. 9-3-6(a)		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	

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			the home will include assuring staff administer medications without error. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team	
W 0369 Bldg. 00	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview for 1 of 33 medications observed being administered, the facility failed to ensure all medications were administered without error to client #6. Findings include: Observations were conducted at the group home on 4/18/16 between 6 AM and 8:30 AM. At 7:20 AM staff #4 gave client #6 his AM medications of Fiber Therapy (for constipation), Zoloft (for behavior modification) and Tylenol and Tramadol (for pain). Client #6 did not receive Drysol solution to his right foot during this observation period. Client #6's April 2016 Medication	W 0369	**CORRECTION:** *The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.* Specifically, facility staff, including direct support staff #4, will receive training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed, with emphasis on provision of topical treatments.. **PREVENTION:** The Residential Manager will be present, supervising active	05/29/2016

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	Administration Record (MAR) was reviewed on 4/18/16 at 2 PM. The MAR indicated client #6 was to receive Drysol solution to his right foot at 7 AM. The MAR indicated client #6 did not receive the Drysol solution to his right foot on 4/18/16 at 7 AM. During interview with the Residential Manager (RM) on 4/18/16 at 3 PM, the RM indicated all medications were to be given as ordered by the physician and as directed on each client's MAR. 9-3-6(a)		treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring medications are administered without error. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly 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 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	

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			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	

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			administrative monitoring of the *facility.* Administrative support at the home will include assuring staff administer medications without error. **RESPONSIBLE PARTIES:** Health Services Team, Residential Manager, Direct Support Staff, QIDP, Operations Team	
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, interview and record review for 1 of 3 sampled clients (#2) with adaptive equipment, the facility failed to ensure the day service program was provided with client #2's flow restriction cup for fluids while at the Day Program (DP). Findings include: During observations at the group home on 4/14/16 between 4 PM and 7:30 PM client #2 was observed using a flow restriction cup while eating her evening meal.	W 0436	**CORRECTION:** *The facility must furnish, maintain in good repair, and teach clients to use and to make informed* *choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.* Specifically, the facility furnished the outside day service provider with a controlled flow drinking cup for client #2. A review of facility adaptive equipment needs indicated this deficient practice	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/29/2016
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	Observations were conducted at the day program on 4/15/16 between 1 PM and 2 PM. At 1:45 PM staff #1 opened client #2's plastic lunch bag to reveal the contents. Inside the bag was a small plastic water bottle with a pull top lid. During interview with DP staff #1 on 4/15/16 at 1:45 PM, DP staff #1: __Indicated the water bottle was provided by the facility for client #2 to drink from while at the DP. __Indicated the bottle was not a sippy cup. Client #2's record was reviewed on 4/18/16 at 11 AM. Client #2's 4/7/16 physician's orders indicated "Liquids must be by sippy cup only.... Limit drinks to single sips of liquid." Client #2's 3/9/16 Comprehensive High Risk Plan for choking indicated client #2 was to have a sippy cup or flow restriction cup during meal times. During interview with the Residential Manager (RM) on 4/18/16 at 4 PM, the RM: __Indicated client #2 used a flow restriction cup for all fluids. __Indicated the staff were to ensure client #2's flow restriction cup was provided to the DP and stated, "They (the staff)		did not affect additional clients. **PERVENTION:** Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients, across environments including outside services. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than quarterly. Additionally, the QIDP has revised each Client's adaptive equipment checklist to include more detail to assist with maintaining equipment in good repair. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	should make sure it is packed with her lunch." 9-3-7(a)			
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, for 4 of 4 sampled clients (#1, #2, #3, #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the staff used universal precautions while providing the clients their medications and to ensure the clients washed their hands prior to meal preparation and meals. Findings include: 1. Observations were conducted of the medication pass at the group home on 4/18/16 between 7:15 AM and 8 AM. During this observation period staff #4 provided clients #1, #2, #3, #5 and #6 their AM medications. __At 7:20 AM staff #4 gave client #6 Fiber Therapy for constipation, Tylenol and Tramadol for pain and Zoloft for behavior management. __At 7:34 AM staff #4 gave client #2 Colace (a stool softener), Fludrocortisone	W 0455	**CORRECTION:** *There must be an active program for the prevention, control, and investigation of infection and communicable diseases.* Specifically all facility staff staff will be retrained regarding the need to assure that staff and clients wash their hands prior to prior to meal preparation, dining, medication administration and at other appropriate intervals. **PREVENTION:** The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring universal precautions are used as appropriate and clients are trained toward practicing infection control facilitated by frequent hand washing. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager,	05/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2016
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	(a steroid), Prilosec for acid indigestion and Risperdal and Zoloft for behavior management. __At 7:42 AM staff #4 gave client #2 Flomax for urinary problems, Topamax for seizure control, a vitamin supplement and Zoloft, Cogentin, Mellaril and Ativan for behavior management. __At 7:45 AM staff #4 gave client #1 Seroquel and Concerta for behavior management and Polyethylene glycol (a laxative). __At 8 AM staff #4 gave client #3 Benadryl, Claritin and Singulair for allergies, Necon (a female hormone), Maxzide (a diuretic), Calcium and Polyethylene glycol and Risperidone, Cogentin and Depakote for behavior management. The facility pharmacy provided the clients capsules/medications on bubble/blister cards (medications in bubble cards that are marked for each day). Staff #4 popped each of the medications into her bare hand and then picked up the capsule and put it into a souffle cup for the clients to take. __Staff #4 did not wash or sanitize her hands prior to the medication pass and/or wear gloves during the medication pass. __Staff #4 did not sanitize or clean the counter top used to prepare each of the		Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly 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 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	

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	clients' medications prior to and/or during the medication pass. __Staff #4 did not wash or sanitize her hands between giving each client their medications. __Staff #4 did not prompt the clients to wash their hands prior to taking their medications. Several times during the medication pass staff #4 was observed to wipe her nose with her hand and to touch her face. At 7:34 AM staff #4 popped a Colace capsule into her hand and then dropped it on the counter. Staff #4 picked the capsule up with her bare hands and placed it into a souffle cup. Staff #4 then popped a Fludrocortisone tablet into her bare hand and then dropped it also on the counter. Staff #4 picked the pill up with her bare hands and placed it into the same souffle cup. Staff #4 proceeded to place the remainder of client #2's medications into the same souffle cup and then gave the medications to client #2. Review of the revised Living in the Community: Medication Administration Manual Copyright of 2004 on 4/18/16 at 7 AM indicated the staff were to wash their hands prior to giving medications and between caring for each client.		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 staff provide continuous active treatment during formal and informal opportunities, including but not limited to assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	During interview with the Residential Manager (RM) on 4/18/16 at 9 AM, the RM indicated: __The facility followed the Living in the Community: Medication Administration Manual (Core A/B Manual) for the administration of medications. __Indicated all staff giving medications were to pass the Core A/B test. __Indicated staff were to wash their hands prior to giving medications and between each client. __Indicated the staff should have washed her hands after wiping her nose and/or touching her face. __Indicated the staff were to prompt each client to wash their hands. __Indicated medications were not to be handled with the bare hands. __Indicated pills that are dropped on the counter or floor were not to be given to the client and stated, "She (staff #4) should have gotten a new pill." __Indicated staff #4 would need to be retrained on universal precautions and medication techniques. 2. Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM. From 4 PM until 5:50 PM client #6 had been in and out of the house and had taken trash outside. At 5:50 PM staff #1 prompted client #6 to clear and set the table for the evening meal. Client			

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	#6 cleared the table and proceeded to set the table with dinnerware and utensils. Client #6 did not wash his hands prior to setting the table. At 6:15 PM clients #1, #2, #3, #4, #5, #6 were seated at the dining room table for their evening meal. Client #7 came in from outside and sat down at the dining room table. The Qualified Intellectual Disabilities Professional (QIDP) prompted client #7 to go wash his hands. Client #7 "I already did." Client #7 had not washed his hands. Clients #1, #2, #3, #4, #5 and #6 were not prompted to wash their hands prior to sitting down to eat their evening meal. During interview with the RM on 4/18/16 at 4 PM, the RM indicated: __Clients #3 and #4 required assistance from the staff to wash their hands. __Clients #1, #2, #5, #6 and #7 could independently wash their hands but required reminders. During interview with the QIDP on 4/19/16 at 1 PM, the QIDP indicated the staff were to prompt and/or assist the clients to wash their hands prior to food preparation and meals. 9-3-7(a)			

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W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 3 of 4 sampled clients (#1, #2 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the staff provided the clients with training in meal preparation when formal and informal training opportunities existed. Findings include: Observations were conducted at the group home on 4/14/16 between 4 PM and 7:30 PM. __The clients arrived home at 4 PM from the day program. __At 4:30 PM staff #2 placed a skillet with browned hamburger on the stove. Staff #2 indicated she had browned the hamburger prior to picking the clients up from the day program. Staff #2 continued to prepare the evening meal with minimal assistance from client #7. __Clients #2, #3, #5, #6 and #7 were in and out of the kitchen/dining room area, client #1 was in his bedroom and client #4 was sitting in the living room while the meal was being prepared.	W 0488	**CORRECTION:** *The facility must assure that each client eats in a manner consistent with his or her developmental level.* Specifically, staff will be retrained regarding the need to assure all clients participate in all aspects of meal preparation to the extent of their capabilities. Additionally, the facility will modify the staffing matrix to assure that there are no less than three staff on duty at meal times. **PREVENTION:** The Residential Manager will be expected to participate in no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation and other domestic activities. Members of the Operations	05/29/2016

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	__Staff #2 indicated she had pureed client #4's food for client #4. __Clients #1, #2, #3, #4, #5, #6 and #7 were served a ground hamburger meat mixture, cooked carrots, biscuits, sliced peaches and crushed pineapple for their evening meal. __Clients #1, #2, #4, #5, #6 and #7 were not provided training with meal preparation when formal and informal training opportunities existed. During interview with staff #2 on 4/14/16 at 5:25 PM, staff #2: __Indicated she had asked client #7 to help but he chose not to stay in the kitchen. __Indicated due to behaviors of food seeking, client #3 required one staff to be with her at all times to prevent client #3 from grabbing food and choking. __Indicated there were only two staff in the home which made it difficult while preparing the evening meal. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/19/16 at 1 PM, the QIDP indicated the staff were to provide the clients with training in meal preparation at every available opportunity. 9-3-8(a)		Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly 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 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	

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			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 staff provide continuous active	

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			treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	