

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Date of Survey: May 14, 15, 16, 17, 22, 2012</p> <p>Provider Number: 15G494 Aims Number: 100245080 Facility Number: 001008</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/26/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) living in the group home.</p> <p>Findings include:</p> <p>Observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 in the group home on 5/15/12 from 4:14p.m. to 6:47p.m. included the following environmental condition: the living room and hallway had worn, stained and ripped carpeting. There were strips of duct tape over areas of the torn carpet.</p> <p>Interview of staff #2 on 5/15/12 at 4:45p.m. indicated the living room and hallway carpet was torn and stained. Staff #2 indicated they were not aware of any work orders in place to acquire replacement carpet. 9-3-1(a)</p>	W0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility.</i> Specifically, the torn and worn out carpet will be replaced.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to follow-up with representatives of the agency's business department after submitting requests for repairs, maintenance and replacement of facility furnishings including but not limited to flooring and floor coverings. Members of the Quality Assurance and Operations Teams will periodically perform home environment audits and on ongoing basis to assure appropriate upkeep occurs at the facility and to assist with expediting purchases as appropriate. RESPONSIBLE PARTIES: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	06/21/2012			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#1, #3) to ensure the clients' leisure and social skills training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 5/15/12 from 4:14p.m. to 6:47p.m. Client #3 was on the couch with his eyes closed from 4:14p.m. to 5:36p.m. when he received his medication. Staff interacted with client #3 two times during this time period by asking him if he was alright. During this observation client #1 was in others personal space when talking to them Client #1 was not consistently prompted to give others personal space.</p> <p>The record of client #1 was reviewed on 5/16/12 at 12:48p.m. Client #1's 6/6/11 individual support plan (ISP) indicated client #1 had the following training program: communicate with others</p>	W0249	<p>CORRECTION: <i>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. Specifically, the for Client #1 and Client #3, direct support staff will be retrained regarding active treatment expectations. The training will include but not be limited to proper implementation of Client #1's personal space objective and the need to provide Client #3 with opportunities for socialization with emphasis on his current learning objectives. PREVENTION: Facility professional staff will be expected to observe no less than two morning and two evening active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training toward proper implementation of Individual</i></p>	06/21/2012			

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	<p>without touching and give individuals space when communicating.</p> <p>The record of client #3 was reviewed on 5/16/12 at 1:19p.m. Client #3's 1/13/12 ISP indicated client #3 had the following training programs: to speak in a conversational tone; identify coins; exercise; participate in a leisure activity ("implement this during any down time") and give options; assist meal preparation.</p> <p>Interview of professional staff #1 on 5/16/12 at 2:08p.m. indicated clients #1 and #3's identified training programs should have been implemented at all opportunities. 9-3-4(a)</p>		<p>Support Plans. Additionally, members of the Operations and Quality Assurance Teams will periodically monitor active treatment on an ongoing basis to assure quality service delivery.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team.</p>		

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) residing in the facility to ensure the clients received all the menued items at mealtime.</p> <p>Findings include:</p> <p>An observation was done at the group home on 5/15/12 from 4:14p.m. to 6:47p.m. Clients #1, #2, #3, #4, #5, #6, #7 and #8 ate supper at 6:28p.m. There was no pudding on the dining room table and clients were not offered pudding. The clients were not offered a substitute item for pudding. The facility menu, reviewed on 5/15/12 at 5:45p.m., indicated supper on 5/15/12 was to include pudding.</p> <p>Direct care staff #4 was interviewed on 5/15/12 at 6:37p.m. Staff #4 indicated pudding was on the menu and there was no pudding. Staff #4 indicated a substitution was not offered. Staff #1 was interviewed on 5/16/12 at 2:08p.m. Staff #1 indicated the clients should have been offered the menued items which included pudding. Staff #1 indicated if pudding was not available a substitute should have</p>	W0460	<p>CORRECTION: Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Specifically, Direct support staff will be re-trained regarding the need to provide menued food items at meals or to offer options for appropriate substitutions. Staff as, assigned, will check for the presence of menued food daily and communicate with supervisors to arrange for replacement of missing items as needed. PREVENTION: Facility professional staff will be expected to observe no less than two morning and two evening active treatment sessions per week to assure direct support staff follow menus as prescribed. Additionally, members of the Operations and Quality Assurance Teams will periodically conduct visual observations of the facility on an ongoing basis to assure menued food is present..</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>	06/21/2012	

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