STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G658	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	3335 SANIBEL DR FORT WAYNE, IN 46815

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W000000		W000000		
	This visit was for the investigation of complaint #IN00145521. Complaint #IN00145521: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W104, W136, W148, W149, W153, W154, W157, and W220. Unrelated deficiencies cited. Dates of Survey: March 13, 14, 17, 20 and 21, 2014. Facility number: 001195 Provider number: 15G658 AIM number: 100474580 Surveyor: Susan Reichert, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed April 4, 2014 by Dotty Walton, QIDP.			
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W000104	The governing body will exercise general policy, budget, and operating direction over the facility to ensure procedures maintain an accounting of personal property. The Residential Manager will be retrained on personal inventory protocol. All	04/20/2014
	Based upon observation, interview and record review, the governing body failed to exercise operating direction over the facility to ensure facility procedures maintained an accounting of personal property (clothing) for			

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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	1 of 4 sampled clients (client B). Findings include: During observation at the group home on 3/17/14 from 11:50 AM until 12:55 PM, client B's mother folded his clothing stored in his dresser. As she folded his clothing, client B's mother indicated client B was missing 5 pairs of pajamas. There were 2 pairs of pajamas among his folded clothing. Client B's mother was interviewed on 3/17/14 at 12:00 PM and indicated facility staff were only able to locate 2 of the 7 pairs of pajamas that had been purchased for client B. She indicated client B used footed pajamas as he gets cold at night and will put his foot outside of his bed covers. She indicated she purchased the pajamas at Christmas time as that was the only time of year they were available. Staff #10 was interviewed on 12:15 PM and indicated he and other staff washed client B's laundry as client B was unable to participate in completing laundry. He was uncertain of the whereabouts of client B's pajamas. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/17/14 at 12:35 PM. She indicated the facility had a system in place to inventory client clothing including a form to list inventory items and the staff failed to implement the system by updating client B's inventory of clothing. She was uncertain as to the whereabouts of client B's pajamas. Client B's Personal Effects Inventory dated 1/31/14 was reviewed on 3/20/14 at 4:40 PM and indicated client B had 5 pairs of pajamas.		personal inventories have been completed as of 3/25/14 and will be reviewed and updated in July and every six months from there on. The guardian will be reimbursed for the five pairs of pajamas. The QIDP, Quality, and Program Manager will review personal inventories during quarterly audits of the home.	

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	There was no evidence provided of an updated inventory of client B's clothing since 1/31/14. The facility's Personal Inventory Protocol Supported Group Living dated 8/2011 was reviewed on 3/20/14 at 4:30 PM and indicated, "In order to account for every consumer's personal belongings, ResCare has a Personal Inventory Form. The consumer's personal inventory form will be completed upon admission and updated 2 times a year....." This federal tag relates to complaint #IN00145521.			
W000136	9-3-1(a) 483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based upon observation, record review and interview, the facility failed for 2 of 4 sampled clients (clients A and B) to ensure opportunities for therapeutic community activities were provided on a regular basis. Findings included: During observations on 3/13/14 from 5:40 PM until 7:50 PM, on 3/14/14 from 10:30 AM until 11:45 AM and on 3/17/14 from 11:50 until 12:55 PM clients A and B were in the group home. Client A's records were reviewed at the group	W000136	The facility will ensure the rights of all clients. Therefore, the facility will ensure that clients have the opportunity to participate in social, religious, and community group activities. All clients, to include client #A and client #B, that are home during the day, will be offered opportunity for therapeutic activities at least two times a week during the day. All other clients will be offered the opportunity to participate in social, religious, and community activities on a weekly basis. The Residential Manager and QIDP	04/20/2014

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	home on 3/13/14 at 6:05 PM. Client A's March, 2014 activity calendar was blank. Client B's records were reviewed at the group home on 3/13/14 at 6:00 PM and indicated he had gone to a pizza restaurant on March 10, 2014. There was no other indication in client B's record of activities in the community. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/13/14 at 7:30 PM. She indicated staff were to record community outings in the clients' monthly calendar and may record significant incidents as needed in client progress notes, though no formal documentation of the clients' response to the community activities was completed routinely by staff. She indicated the clients were supposed to go on community outings as part of their home based day program 3 times weekly. Activity logs from October, 2013 to February, 2014 for client A were reviewed on 3/20/14 at 4:31 PM. The October, 2013 calendar indicated he went out 5 times that month; to a gas station on 10/10/13, to walk at the mall on 10/17/13, to a pizza restaurant on 10/14/13, "movie night" on 10/22/13, and shopping on 10/30/13. In November, 2013 he went out 4 times; to a pizza restaurant on 11/11/13, the movies on 11/8/13, "out for pop" on 11/23/13, and to a gas station on 11/28/13. The December, 2013 calendar indicated client A went out 3 times; on 12/8/13 for a walk, on 12/11/13 to view Christmas lights, and on 12/17/13 to a store.		will review weekly the activity calendar and progress notes to ensure these meaningful activities are being completed and documented.	

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	The January, 2014 calendar indicated 6 outings; on 1/13/14 to a pizza restaurant, on 1/14/14 to the mall, on 1/17/14 to a dinner party, on 1/22/14 to get a hair cut, on 1/23/14 to a pet store, and on 1/29/14 to a gas station. The February, 2014 calendar indicated 7 outings; on 2/8/14 to a store, on 2/10/14 to a pizza restaurant, on 2/12/14 to walk at the mall, on 2/20/14 to a Valentine's Day dance, on 2/21/14 and 2/25/14 to a fast food restaurant, on 2/26/14 to the pet store and sandwich shop, and on 2/27/14 to walk in the mall. Activity logs from October, 2013 to February, 2014 for client B were reviewed on 3/20/14 at 4:31 PM. The October, 2013 calendar indicated client B went on community activities 4 times; on 10/8/13 to a fast food restaurant, on 10/12/13 to a bowling alley, on 10/14/13 to a pizza restaurant, and on 10/17/13 to walk in the mall. The November, 2013 calendar indicated client B went out one time to a pizza restaurant on 11/11/13. The December, 2013 calendar indicated 4 outings; on 12/8/13 to walk in the mall, on 12/11/13 to view Christmas lights, on 12/17/13 to a discount store, and on 12/26/13 to a pet store. The January, 2014 calendar indicated 4 activities; on 1/13/14 to a pizza restaurant, on 1/14/14 to walk in the mall, on 1/17/14, a dinner party, and on 1/23/14 a visit to a pet store. The February, 2014 calendar indicated 5 outings; on 2/8/14 "walk around [dollar store]," on 2/10/14 pizza restaurant, on			

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	2/12/14 to walk in the mall, on 2/20/14 to a Valentine's Day dance, and on 2/26/14 a visit to a pet store. Confidential Interview #1 indicated clients A and B did not go out into the community often and spent most of their home based day program time in the group home. Confidential Interview #2 indicated clients A and B often went to the gas station to get pop during their home based day program in the group home and stated, "What kind of an outing is that?" The Program Manager for Supported Group Living was interviewed on 3/21/14 at 12:20 PM and did not provide additional evidence of therapeutic community activities for clients A and B. This federal tag relates to complaint #IN00145521.			
W000148	9-3-2(a) 483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients C and D), to ensure family members/guardians were notified of significant events (client to client physical aggression resulting in injuries).	W000148	The facility will notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. We did not have evidence that any other clients	04/20/2014

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	Findings include: The client list provided at the entrance of the survey by the Supported Group Living Manager on 3/13/14 at 3:15 PM indicated clients C and D both had guardians. The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 3/13/14 at 3:31 PM and included the following: 1. A report to BDDS dated 3/5/14 indicated client A had hit client C. The report indicated client C's guardian had been notified of the incident. Client C's guardian was interviewed on 3/13/14 at 3:31 PM and indicated he had not been notified of the incident of physical aggression, but indicated his phone had been malfunctioning for a period of time. 2. A report to BDDS dated 2/2/14 indicated while client D was "sitting quietly in his wheelchair at his work station" an unidentified workshop client had put his arm around client D's neck in "what looked to be a choke hold." Staff intervened and client D sustained a red mark behind each of his ears "which diminished after a couple of hours," and client D complained of a headache. The report was marked NA (not applicable) in the section indicating the guardian was notified of the incident. Client D's guardian was interviewed on 3/13/14 at 3:15 PM and indicated she was unaware of the incident involving client D at the workshop.		were affected by this deficient practice. The QIDP will be retrained on notifying parents or guardian of any significant incidents occurring, to include incidents occurring at the workshop. The QIDP will complete the BDDS notification form noting date and time of family and/or guardian notification.	

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	The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/17/14 at 12:45 PM and indicated she had thought client C's guardian had been notified of the incident of being pushed by client A. She indicated she had not notified client D's guardian of the incident of being placed in a choke hold as the workshop staff had reported the incident to BDDS and she thought they had also notified the guardian. She indicated it was the QIDP's responsibility to ensure communication to guardians. This federal tag relates to complaint #IN00145521.			
W000149	9-3-2(a) 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon record review and interview for 3 of 4 sampled clients (clients A, B, and D) the facility neglected to implement policy and procedures to protect clients B and D from physical aggression by client A and neglected to protect client A from his self injurious behavior. The facility failed for 1 of 4 sampled clients (client B), to implement policy and procedures to timely report to the administrator and to the Bureau of Developmental Disabilities (BDDS) in accordance with state law for 1 of 1 allegation of abuse, and failed to document a complete investigation into the allegation. The facility failed to ensure their policy and procedures included the requirement to develop and implement effective corrective action to address physically aggressive and	W000149	The facility will ensure that written policies and procedures are implemented that prohibit mistreatment, neglect or abuse of the client. The QIDP will be retrained on reviewing the incident with the interdisciplinary team and completing the interdisciplinary team incident form after behavioral incidents. Quality and Program Manager will review all incident reports to assure that incidents requiring an IDT meeting have occurred including recommendations and follow up on those recommendations. The QIDP met with the Behavioral Consultant. The Behavioral Consultant attended two Psychiatrist	04/20/2014

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	self injurious behavior by client A. Findings include: 1. The facility's reports to the BDDS were reviewed on 3/13/14 at 3:31 PM and included the following: A report dated 3/5/14 at 4:00 PM indicated client A hit client C on the left side of his face "while obsessing about home with his mother." The incident caused a 1 inch by 1 inch reddened area to client C's right cheekbone. During the incident, client A bit his left arm breaking the skin and requiring first aid. Corrective action included notifying the nurse and the completing of "neuros" (neurological assessment) by the facility staff for client C and indicated client A had a plan to address "obsessing" and physical aggression. There was no evidence of an interdisciplinary team meeting to discuss the incident or corrective action/steps for staff to take to protect clients C and A from future harm resulting from physically aggressive and self injurious behavior by client A. A report dated 1/22/14 at 2:30 PM indicated a physical restraint had been used on client A to "calm" him down after client A "began obsessing about going home to stay with his mother. When staff attempted to redirect him, he began scratching his face. Per plan, his hand mitts were put on to keep him from hurting himself. He continued to kick, swing and bite at staff. He was escorted (two person escort) to a chair. Staff remained on each side of him, holding his hands down to his side." There was no evidence of an interdisciplinary team meeting to discuss the incident or corrective action/steps for staff to take to protect client A from future harm		appointments with Client #A and QIDP. Client #A's BSP has been revised to include recommendations from the Behavioral Consultant to include a one person standing restraint. The QIDP has been retrained on policies for reporting and investigating.	

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	resulting from his physically aggressive and self injurious behavior. A report dated 11/22/13 at 1:00 PM indicated client A was physically restrained (two person standing hold) in an effort to stop him from engaging in self injurious behavior (not specified) after client A "became increasingly agitated because he was not scheduled to go home until next weekend" and another client in the home left on a home visit. Client A sustained scratches to both cheeks requiring first aid. There was no evidence of an interdisciplinary team meeting to discuss the incident or corrective action/steps for staff to take to protect client A from future harm resulting from his self injurious behavior. A report dated 12/10/13 indicated at 7:00 PM, a physical hold was implemented with client A "to keep him from harming himself and others. Throughout the evening, [client A] was obsessing about his upcoming visit home with his mother and began scratching at staff and biting his arm. After several attempts to keep him from biting his arms, the two person, holding his arms down to his sides technique was implemented." Corrective action indicated the hold was applied for 15 minutes before client A calmed down. Client A sustained a 1 inch by 1 inch abrasion on his right inner bicep from biting himself requiring first aid. There was no evidence of an interdisciplinary team meeting to discuss the incident or corrective action/steps for staff to take to protect client A and his housemates from future harm resulting from his physically aggressive and self injurious behavior. A report dated 10/3/13 at 6:30 PM indicated a two person physical hold was used in an			

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	effort to calm client A after he "became upset because he wanted to go to his mother's home. He began scratching at his face and kicking at staff. Staff implemented the two person hold for approximately 30 minutes before [client A] was able to calm. The technique used was a standing to seated technique. The aggression continued and the technique was moved from a seated to supine position." There was no evidence of an interdisciplinary team meeting to discuss the incident or corrective action/steps for staff to take to protect client A and his peers from future harm resulting from his physically aggressive and self injurious behavior. Client A's records at the group home were reviewed on 3/13/14 at 6:05 PM. Behavioral Interventions revised 8/27/13 and updated 1/10/14 indicated targeted behaviors of physical aggression, property destruction, self injury and obsessing. The targeted behaviors were undefined. Interventions indicated client A did not function well in a noisy environment, redirecting when he "obsesses" over a topic, maintaining routine, and identification of cues that client A "may be about to exhibit more intensive negative behaviors. When you begin to see these things-evaluate whether changing the environment may be helpful. Secondly, begin to communicate more openly with other shift staff as a preventative measure in case you may need assistance in dealing with his escalation...Also, as a historical note, if you are unable to get [client A] to calm down, he will destroy property or hurt someone. It is a historical fact with [client A] that he will get upset by exploding for no apparent reason." There were no instructions for staff as to the type of supervision client A required to protect him or others from injury resulting			

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	from client A's behaviors or evidence of revision to client A's plan since 1/14/14. Behavior data collected for the month of March, 2014 indicated as of March 12, client had 4 incidents of self injurious behavior and 4 incidents of physically aggressive behavior. During observation at the group home on 3/13/14 from 5:40 PM until 8:10 PM, client A had a gauze pad taped over his left forearm measuring 3 inches by 3 inches, and 5 scratches to his left jaw line one inch in length. Staff #10 was interviewed on 3/14/14 at 6:10 PM and indicated client A's injuries were caused by self injurious behavior by client A earlier that day. Confidential interview #4 indicated client A was not usually physically aggressive on the day shift, and stated client A "obsessed" about going home with his mother every other week and stated "redirection works most of the time." Confidential interview #5 stated client A "will hurt other clients. He targets people who won't fight back," and client A had pushed client B "about 2 weeks ago." An incident report dated 3/13/14 at 4:3 (sic) PM indicated client A was "obsessing about going home, and pack a bag (sic)," and "pinched the sides of his face and bite (sic) his left fore arm." An incident report dated 3/3/14 was reviewed on 3/17/14 at 12:20 PM and indicated client A "ran toward [client B] and pushed [client B] down." The report indicated actions taken included "block, redirect, [client B] assessed,			

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	no injuries." The report indicated the QIDP (Qualified Intellectual Disabilities Professional) was contacted and instructions included "keep [clients B and A] separated when possible...told staff to monitor [client A] closely and stay in between [clients A and B] to prevent further aggression." Client A's behavior rates since 3/13/13 were reviewed on 3/20/14 at 4:50 PM and indicated client A's rates for physical aggression in 3/13 were 14, ranged from 0-1 for the months of April, May, and June 2013, 1 in August, 2013, 5 in September, 2013, 2 in October, 2013, 7 in November, 2013, 11 in December, 2013, and 5 in January, 2014. Self injurious behavior rates indicated 0-4 for the months of March, April, May, and June, 11 in July, 2013, 14 in August, 2013, 0 in September, 2013, 8 in November, 2013, 10 in December, 2013, and 9 in January, 2014. The QIDP was interviewed on 3/14/14 at 12:25 PM. When asked what revisions to client A's plan to address his physically aggressive and self injurious behavior had occurred, she indicated client A's behavior support plan was revised on 8/27/13 when the use of mitts to prevent scratching was added, and on 10/1/14 when a seated restraint technique was added. She indicated client A's plan was reviewed without revision on 1/10/14. The QIDP did not provide additional evidence of corrective action provided to protect other clients and client A from his physically aggressive and self injurious behavior. The Manager of Supported Group Living was interviewed on 3/13/14 at 3:50 PM and indicated client A's behavior rates of physical aggression and self injurious behavior had			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G658	A. BUILDING 00 B. WING	03/21/2014

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	increased and client A's mother had taken him to the psychiatrist to address his behaviors. She indicated client A "obsessed" over visits with his mother and his behaviors would increase at that time. 2. Confidential interview #4 indicated client B's mother had reported client B had been placed in the medication room by staff when he began "screaming." Confidential interview #4 indicated the incident had been reported to the QIDP. Client B's records were reviewed on 3/13/14 at 6:00 PM. A Behavior Intervention plan dated 6/4/13 indicated targeted behaviors of crying, scratching self, and agitation. The plan indicated "accompany out of the current area so as not to upset others, usually in his bedroom" for agitation (including screaming). The QIDP and the facility Quality Assurance staff were interviewed on 3/14/14 at 12:25 PM. The QIDP indicated she had been made aware of the incident involving the allegation client B had been placed in the medication room by staff when he screamed in the past. She was uncertain of the date, but indicated she had not reported it, but had completed an investigation into the incident. The Quality Assurance staff indicated she and the Director of the Supported Group Living were unaware of the allegation. When asked if the alleged incident was a potential allegation of abuse, the QIDP indicated it was an allegation and should have been reported to administrative staff. The Quality Assurance staff indicated the failure to report and investigate the incident was in violation of the facility's policy and procedures. An investigation dated 12/20/13 was			

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	reviewed on 3/14/14 at 12:30 PM and indicated: "On 12/20/13 at 5:30 PM, [client B's guardian] reported to [QIDP] and [House Manager] that [client B] was put in the med (medication) room at night when he was screaming. The investigation indicated the QIDP had called staff #1 who denied placing client A in the medication room and staff #5 who also denied placing client B in the medication room. Both staff #1 and #5 denied knowledge of any other staff placing client B in the medication room. Client F was interviewed as his room was next to the medication room, and denied knowledge of staff placing client B in the medication room. There was no evidence of other staff working in the home being interviewed or of other clients living in the home being interviewed regarding the allegation. The investigation indicated staff were retrained (date and type of training not indicated) regarding client B's plan . There was no dated summary or conclusion to the investigation. The QIDP was interviewed on 3/14/14 at 12:40 PM and indicated there were other clients who could have been interviewed regarding the 12/20/13 allegation, but were not. No other staff had been interviewed regarding the incident. She indicated the results of the investigation indicated the incident was unsubstantiated though the investigation did not include a dated conclusion/summary of these results. She indicated client B's plan included the use of escorting him to his bedroom when he screamed, but did not include being placed in the medication room. She indicated staff had been trained on client B's behavior plan. She indicated placement in the medication room			

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	would be considered an inappropriate technique. She indicated she had not reported the allegation to BDDS or other facility administrative staff. The facility's Policy/Procedure for Reporting and Investigating Abuse/Neglect/Exploitation/Mistreatment of clients dated 6/2011 was reviewed on 3/17/14 at 1:45 PM and indicated "All allegations or occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare Northern Region Indiana, local, state and federal guidelines...Procedures: 1. Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should immediately notify the Director of Supported Group Living (group homes), then complete an Incident Report. The Director of Supported Group Living/Supported Living will then notify the Executive Director. This step should be done within 24 hours. The Director of the program (SGL or SL) or designee will report the suspected abuse, neglect or exploitation within 24 hours of the initial report to the appropriate contacts, which may include:...Bureau of Developmental Disabilities Service Coordinator...The Director of the Program (SGL or SL) will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures or investigations...One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected...An investigative peer review			

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	committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Director of Supported Living or SGL, and a Human Resources representative." The policy did not indicate the requirement to develop and implement corrective action to address abuse and neglect. This federal tag relates to complaint #IN00145521.			
W000153	9-3-2(a) 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based upon record review and interview for 1 of 4 sampled clients (client B), the facility failed to implement policy and procedures for 1 incident of staff to client abuse/neglect to timely report to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. Findings include: Confidential interview #4 indicated client B's mother had reported client B had been placed in the medication room by staff when he began "screaming." Confidential interview	W000153	The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. The QIDP has been retrained on the policy and procedure for reporting and investigating. All incident reports will be reviewed by Quality and Program Manager to ensure that all incidents of a reportable nature have been reported and investigated as needed per company policy.	04/20/2014

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VOCA CORPORATION OF INDIANA	3335 SANIBEL DR FORT WAYNE, IN 46815

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	#4 indicated the incident had been reported to the QIDP (Qualified Intellectual Disabilities Professional). Client B's records were reviewed on 3/13/14 at 6:00 PM. A Behavior Intervention plan dated 6/4/13 indicated target behaviors of crying, scratching self, and agitation. The plan indicated "accompany out of the current area so as not wherein to upset others, usually in his bedroom" for agitation (including screaming). The QIDP and the facility Quality Assurance staff were interviewed on 3/14/14 at 12:25 PM. The QIDP indicated she had been made aware of the incident/allegation client B had been placed in the medication room by staff when he screamed in the past. She was uncertain of the date, but indicated she had not reported it. The Quality Assurance staff indicated she and the Director of the Supported Group Living were unaware of the incident. When asked if the incident was a potential allegation of abuse, the QIDP indicated it was an allegation and should have been reported to administrative staff. The Quality Assurance staff indicated the failure to report the incident was in violation of the facility's policy and procedures regarding prevention of abuse and neglect. The QIDP was interviewed on 3/14/14 at 12:40 PM and indicated she had not reported the allegation to BDDS or other facility administrative staff. This federal tag relates to complaint #IN00145521. 9-3-1(b)(5) 9-3-2(a)			

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W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based upon record review and interview for 1 of 4 sampled clients (client B) the facility failed to complete a thorough investigation into an allegation of alleged staff to client abuse/neglect. Findings include: Confidential interview #4 indicated client B's mother had reported client B had been placed in the medication room by staff when he began "screaming." Confidential interview #4 indicated the incident had been reported to the QIDP (Qualified Intellectual Disabilities Professional). Client B's records were reviewed on 3/13/14 at 6:00 PM. A Behavior Intervention plan dated 6/4/13 indicated target behaviors of crying, scratching self, and agitation. The plan indicated "accompany out of the current area so as not to upset others, usually in his bedroom" for agitation (including screaming). The QIDP and the facility Quality Assurance staff were interviewed on 3/14/14 at 12:25 PM. The QIDP indicated she had been made aware of the incident involving the allegation client B had been placed in the medication room by staff when he screamed in the past. She was uncertain of the date, but had completed an investigation into the incident. The Quality Assurance staff indicated the failure to thoroughly investigate the incident was in violation of the facility's policy and	W000154	The facility will have evidence that all alleged violations are thoroughly investigated. The QIDP did not submit the investigation for review. All future investigations will be monitored and reviewed by the facility's peer review committee for thoroughness. The QIDP has been retrained on the policy and procedure for reporting and investigating. The Program Manager and Quality will also review all investigations for thoroughness which include conclusions and recommendations.	04/20/2014

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	procedures to prevent abuse and neglect. An investigation dated 12/20/13 was reviewed on 3/14/14 at 12:30 PM and indicated "on 12/20/13 at 5:30 PM, [client B's guardian] reported to [QIDP] and [House Manager] that [client B] was put in the med (medication) room at night when he was screaming." The investigation indicated the QIDP had called staff #1 who denied placing client A in the medication room and staff #5 who also denied placing client B in the medication room. Both staff #1 and #5 denied knowledge of any other staff placing client B in the medication room. Client F was interviewed as his room was next to the medication room, and denied knowledge of staff placing client B in the medication room. There was no evidence of other staff working in the home being interviewed or of other clients living in the home being interviewed regarding the allegation. The QIDP was interviewed on 3/14/14 at 12:40 PM and indicated there were other clients who could have been interviewed in the home and no staff besides staff #1 and #5 had been interviewed regarding the incident. She indicated the results of the investigation indicated the incident was unsubstantiated though the investigation did not include a dated conclusion/summary of the evidence to indicate the allegation was unsubstantiated. This federal tag relates to complaint #IN00145521.			
W000157	9-3-2(a) 483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate			

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	corrective action must be taken. Based upon record review and interview for 3 of 4 sampled clients (clients A, B, and D) the facility failed to develop and implement effective corrective action to address client A's physical aggression towards his peers and client A's self injurious behavior. Findings include: The facility's reports to the BDDS were reviewed on 3/13/14 at 3:31 PM and included the following: A report dated 3/5/14 at 4:00 PM indicated client A hit client C on the left side of his face" while obsessing about home home with his mother." The incident caused a 1 inch by 1 inch reddened area to client C's right cheekbone. During the incident, client A bit his left arm breaking the skin and requiring first aid. The report indicated the nurse was notified and ordered the completing of "neuros" (neurological assessment) by the facility staff for client C. Client A had a plan to address "obsessing" and physical aggression. The report indicated an appointment was made with client A's psychiatrist. There was no evidence of an interdisciplinary team meeting to discuss the incident or determine the effectiveness of the program, or staff competency in implementing interventions to protect clients C and A from future harm resulting from physically aggressive and self injurious behavior by client A. A report dated 1/22/14 at 2:30 PM indicated a physical restraint had been used on client A "in an attempt to calm him" after client A	W000157	The facility will ensure that if an alleged violation is verified, appropriate corrective action will be taken. The facility will ensure that written policies and procedures are implemented that prohibit mistreatment, neglect or abuse of the client. The QIDP met with the Behavioral Consultant. The Behavioral Consultant attended two Psychiatrist appointments with Client #A and QIDP. Client #A's BSP has been revised to include recommendations from the Behavioral Consultant to include a one person standing restraint. Per survey citation W157, the surveyor indicated that there was no evidence of an IDT meeting to discuss the incident or any recommendations. Since the survey, the QIDP has been trained on reviewing the incident with the IDT and complete the IDT incident form after behavioral incidents. Quality and Program Manager will review all incident reports to assure that incidents requiring an IDT meeting have occurred including recommendations and follow up on those recommendations.	04/20/2014

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	"began obsessing about going home to stay with his mother. When staff attempted to redirect him, he began scratching his face. Per plan, his hand mitts were put on to keep him from hurting himself. He continued to kick, swing and bite at staff. He was escorted (two person escort) to a chair. Staff remained on each side of him, holding his hands down to his side." The report indicated the physical restraint technique lasted a total of 15 minutes, and client A "was then able to calm and resume normal activity." First aid was applied to address client A's scratches. The report indicated client A's plan addresses the behavior displayed and the physical techniques used had been approved by the facility's human rights committee (HRC). There was no evidence of an interdisciplinary team meeting to discuss the incident or recommendation of action/steps for staff to take to protect client A from future harm resulting from his physically aggressive and self injurious behavior. There was no evidence of program revisions to client A's plan. A report dated 11/22/13 at 1:00 PM indicated client A was physically restrained (two person standing hold) in an effort to stop him from engaging in self injurious behavior (not specified) after client A "became increasingly agitated because he was not scheduled to go home until next weekend" and another client in the home left on a home visit. Client A sustained scratches to both cheeks requiring first aid. There was no evidence of an interdisciplinary team meeting to discuss the incident or recommendation of action/steps for staff to take to protect client A from future harm resulting from his physically aggressive and self injurious behavior. There was no evidence of program revisions to client A's			

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VOCA CORPORATION OF INDIANA	3335 SANIBEL DR FORT WAYNE, IN 46815

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	plan. A report dated 12/10/13 indicated at 7:00 PM, a physical hold was implemented with client A "to keep him from harming himself and others. Throughout the evening, [client A] was obsessing about his upcoming visit home with his mother and began scratching at staff and biting his arm. After several attempts to keep him from biting his arms, the two person, holding his arms down to his sides technique was implemented." Corrective action indicated the hold was applied for 15 minutes before client A calmed down. Client A sustained a 1 inch by 1 inch abrasion on his right inner bicep from biting himself requiring first aid. "It should be noted that [client A] is due for his monthly Haldol (anti-psychotic) injection and often get (sic) more anxious and harder to redirect at that time." There was no evidence of an interdisciplinary team meeting to discuss the incident or recommendations for steps for staff to take to protect client A from future harm resulting from his self injurious behavior. A report dated 10/3/13 at 6:30 PM indicated a two person physical hold was used in an effort to calm client A after he "became upset because he wanted to go to his mother's home. He began scratching at his face and kicking at staff. Staff implemented the two person hold for approximately 30 minutes before [client A] was able to calm. The technique used was a standing to seated technique. The aggression continued and the technique was moved from a seated to supine position." There was no evidence of an interdisciplinary team meeting to discuss the incident or recommendations of steps for staff to take to protect client A from future			

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	harm resulting from his physically aggressive and self injurious behavior. There was no evidence of program revisions to client A's plan. Client A's records at the group home were reviewed on 3/13/14 at 6:05 PM. Behavioral Interventions revised 8/27/13 and updated 1/10/14 indicated target behaviors of physical aggression, property destruction, self injury and obsessing. There were no instructions for staff as to the type of supervision client A required to protect him or others from injury resulting from client A's behaviors or evidence of revision to client A's plan since 1/14/14. Behavior data collected for the month of March, 2014 indicated as of March 12, 2014 client A had 4 incidents of self injurious behavior and 4 incidents of physically aggressive behavior. There was no evidence of proactive behavioral supports when the date of home visits approached. Confidential interview #4 indicated client A was not usually physically aggressive on the day shift, but would become physically aggressive on the evening shift. Confidential interview #4 stated client A "obsessed" about going home with his mother every other week and stated "redirection works most of the time." Confidential interview #5 stated client A "will hurt other clients. He targets people who won't fight back," and client A had pushed client B "about 2 weeks ago." An incident report dated 3/3/14 was reviewed on 3/17/14 at 12:20 PM and indicated client A "ran toward [client B] and pushed [client B] down." The report indicated actions taken included "block, redirect, [client B] assessed,			

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	no injuries." The report indicated the QIDP (Qualified Intellectual Disabilities Professional) was contacted and instructions included "keep [client B and A] separated when possible." The report indicated there were no injuries and instructions to staff: "told staff to monitor [client A] closely and stay in between [clients A and B] to prevent further aggression." The QIDP was interviewed on 3/14/14 at 12:25 PM. When asked what revisions to client A's plan to address his ongoing physically aggressive and self injurious behavior had occurred, she indicated client A's behavior support plan was revised on 8/27/13 when the use of mitts to prevent scratching was added, and was revised on 10/1/14 when a seated restraint technique was added. She indicated client A's plan was reviewed without revision on 1/10/14. There were no other measures in place to protect other clients and client A from his physically aggressive and self injurious behaviors. The Manager of Supported Group Living was interviewed on 3/13/14 at 3:50 PM and indicated client A's behavior rates of physical aggression and self injurious behavior had increased and client A's mother had taken him to the psychiatrist to address his behaviors. She indicated client A "obsessed" over visits with his mother and his behaviors would increase at that time. This federal tag relates to complaint #IN00145521.			
W000220	9-3-2(a) 483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment			

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	must include speech and language development. Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients A and B) to ensure their comprehensive functional assessments included speech and language assessment of communication skills. Findings include: Client A's records at the group home were reviewed on 3/13/14 at 6:05 PM. A Behavioral Interventions plan dated 6/4/13 indicated client B "does not verbalize what he wants and if you do not proactively monitor his needs he begins to scream." There was no evidence in the record of a speech and language assessment of client A's ability to communicate his needs. Client B's records were reviewed on 3/13/14 at 6:00 PM. A Behavioral Interventions dated 1/0/14 indicated if client B "obsesses over a topic it is best to redirect him by reassuring him when he will get the item he is asking for...then redirect to something else...otherwise he will continue to obsess...You should ask [client B] what is wrong and when he seems mad, to find his concern...If you do not understand him, ask him to show you. He usually repeats the following phrases; Get to go home, pack a bag, Mt (mountain) Dew, Kentucky fried chicken, van ride, eat lunch." There was no evidence in the record of a speech and language assessment of client A's ability to communicate his needs. The Manager of Supported Group Living was	W000220	The comprehensive functional assessment will include speech and language development to ensure communication skills are being addressed. Client #A and Client #B have been evaluated by a speech pathologist. The speech pathologist recommended to continue with Client #A's current communication objective. Client #B's communication goal has been revised to include recommendations from the speech pathologist. All staff have been trained on the new goal. The other client affected by this deficient practice has been evaluated by a speech pathologist. No other clients were affected by this deficient practice. The QIDP will review communication goals/objectives on a monthly basis.	04/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G658	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	3335 SANIBEL DR FORT WAYNE, IN 46815

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	interviewed on 3/21/14 at 12:45 PM and indicated there was no evaluation of client A and B's communication skills by a speech and language pathologist. This federal tag relates to complaint #IN00145521.			
W000227	9-3-4(a) 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. The facility failed for 2 of 4 sampled clients (clients A and B), to ensure identified vocational needs were addressed in their individual support plans. Findings include: Client A's records at the group home were reviewed on 3/13/14 at 6:05 PM. A vocational assessment dated 1/9/14 indicated he had deficits in the areas of in seat behavior, attention span, discrimination skills, eye hand coordination skills, following instructions, using pincher grasp, and matching colors. Client A's Individual Support Plan dated 1/10/14 included vocational objectives to address coping skills and communication skills by communicating wants/needs clearly, but did not address the deficits indicated in his vocational assessment. Client B's records were reviewed on 3/13/14 at 6:00 PM. A vocational assessment dated 6/2/13 indicated he had deficits in the areas	W000227	The facility will ensure that the individual program plan will include specific objectives necessary to meet the client's needs as identified by the comprehensive assessment. ISP's for Client #A and Client #B have been reviewed and revised to include specific goals to address vocational needs. No other clients were affected by the deficient practice. All other clients attend a day program which includes vocational skills. The QIDP will review goals on a monthly basis. The QIDP will complete weekly habilitation observations to ensure that the vocational goals are being completed by staff.	04/20/2014

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 3335 SANIBEL DR FORT WAYNE, IN 46815	

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	of in seat behavior, attention span, discrimination skills, eye hand coordination skills, following instructions, using pincher grasp, and matching colors. Client B's Individual Support Plan dated 6/4/13 included a vocational objective to address bathing, but did not address the deficits indicated in his vocational assessment. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/14/14 at 12:25 PM and indicated clients A and B's vocational goals were developed to address behaviors that would prevent them from work. The Manager of Supported Group Living was interviewed on 3/21/14 at 12:45 PM and indicated client B did not have vocational goals as his guardian did not want him to work on vocational goals.			
W000268	9-3-4(a) 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based upon observation and interview, the facility failed for 1 sampled client (client D) and for 1 additional client (client E) to ensure their personal hygiene promoted dignity. Findings include: During observations at the group home on 3/13/14 from 5:40 PM until 8:10 PM, client D was unshaven. Client D was interviewed on 3/13/14 at 7:50	W000268	The facility will continue to promote the growth, development and independence of all clients to ensure personal hygiene promotes dignity. Staff have been retrained on ensuring all clients personal hygiene is completed on a daily basis. All clients will receive hair cuts every four to six weeks or as needed or requested by the client. All clients will be shaved or assisted with shaving on a daily basis or as needed. The Residential Manager and	04/20/2014

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	PM. He indicated he was to shave every night. During observations on 3/17/14 from 11:50 AM until 12:30 PM, client E was unshaven, had hair growing out of both ears and his hair lay in curls down the back of his neck. Staff #9 was interviewed on 3/17/14 at 12:35 PM and indicated client E was to shave on 2nd shift. He indicated client E was in need of a haircut. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/217/14 at 12:35 PM and indicated clients were to have their hair cut monthly.		QIDP will complete weekly active habilitation observations that will include observing whether client's personal hygiene needs are met.	
W000436	9-3-5(a) 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 upon observation, interview and record review, the facility failed to ensure for 1 of 4 sampled clients (client C) to ensure his wheelchair was maintained in sanitary condition. Findings include: During observations on 3/13/14 from 5:40 PM until 7:50 PM, client C's wheelchair seat cushion had a dried brownish orange and tan substance with small particles on the left side	W000436	The facility will 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 clients. Staff will be retrained on ensuring that all adaptive equipment is cleaned on a daily basis to ensure sanitary conditions. Client #C's wheelchair has been cleaned. No other clients were affected by this deficient	04/20/2014

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	between the arm rest and the cushion. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/13/14 at 7:30 PM and indicated the dried substance on client C's wheelchair was food. She indicated staff on 3rd shift were to complete cleaning and maintenance of adaptive equipment including wheelchairs on a daily basis. The Adaptive Equipment Cleaning/Maintenance checklist for March, 2014 was reviewed on 3/17/14 at 12:40 PM and indicated staff had initialed March 1-16 for wheelchairs, "surfaces clean/no tears, wheels move freely, brakes work, no parts missing, chair works correctly." A guide to clean adaptive equipment was reviewed on 3/17/14 at 12:40 PM and indicated "Clean entire chair, walker, and hoyer (sic) using a spray disinfectant. Wipe off with warm wet cloth or allow to air dry. Removable parts should be removed; all crevices cleaned...Wheelchairs are to be wiped off after each meal." The QIDP was interviewed on 3/17/14 at 12:40 PM and when asked if staff had completed the maintenance and cleaning checks for client C's wheelchair stated, "Staff didn't follow up." 9-3-7(a)		practice. Initially the Residential Manger or designee will ensure that client #C's wheelchair is maintained in a sanitary condition. The Residential Manager will review the adaptive equipment checklist and inspect the wheelchair at least one time per week.	