

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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W000000	<p>This visit was for the investigation of complaint #IN00160614.</p> <p>Complaint #IN00160164: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 1/21/15, 1/22/15 and 1/23/15</p> <p>Facility Number: 000927 Provider Number: 15G413 AIMS Number: 10024440</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/30/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview, the facility failed to meet the Condition</p>	W000102	CORRECTION:	02/22/2015

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

TITLE

(X6) DATE

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

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	<p>of Participation: Governing Body for 1 of 4 sampled clients (B). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB (Self Injurious Behavior) and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to</p>		<p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>The Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager 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.</p> <p>The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on</p>	

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	<p>develop and implement effective corrective action to prevent client B's SIB or eating non-food items. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 4 sampled clients (B). The governing body failed to implement its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items. Please see W122.</p> <p>9-3-1(a)</p>		<p>how Client B should be supervised while using the bathroom.</p> <p>Through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary contributors to his self-injurious behavior and repeated incidences of swallowing non-food items. Therefore the Governing Body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive close staff supervision with reduced external stimuli and social stressors.</p> <p>PREVENTION:</p> <p>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. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the</p>	

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			<p>progress made on all investigations that are open for their homes. Residential Managers 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 Clinical Supervisor 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 Clinical Supervisors will provide weekly updates to the Program 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.</p> <p>The Residential Manager will develop and maintain a staffing</p>	

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			<p>matrix that assures adequate direct support staff who possess the training, skills and capabilities to provide appropriate active treatment and assure the health and safety of clients at all times. Members of the Operations Team and the QIDP will conduct active treatment observations and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice 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. Administrative support at the home will focus on mentorship and training of supervisory staff, monitoring and coaching of direct support staff, and evaluation of the effectiveness of current risk plans and safety protocols.</p> <p>The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans accordingly. The QIDP will be</p>	

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 1 of 4 sampled clients (B), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB (Self Injurious Behavior) and incidents of swallowing/ingesting non-food items, to</p>	W000104	<p>retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review IDT discussions and assess progress made on incorporating IDT decisions into support plans.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Operations Team</p> <p>CORRECTION: <i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following: The Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with</i></p>	02/22/2015

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	<p>investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items. Please see W149. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policies and procedures to investigate an injury of 		<p>gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager 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. The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on how Client B should be supervised while using the bathroom. Through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary contributors to his self-injurious behavior and repeated incidences of swallowing non-food items. Therefore the Governing Body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive close staff supervision with reduced external stimuli and social stressors. PREVENTION: A</p>				

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	<p>unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B. Please see W154.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policies and procedures to develop and implement effective corrective action to prevent client B's SIB or eating non-food items. Please see W157.</p> <p>9-3-1(a)</p>		<p>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. The Clinical Supervisor (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. Residential Managers 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 Clinical Supervisor 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 Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations</p>		

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			<p>within the allowable five business day timeframe will result in progressive corrective action to all applicable team members. The Residential Manager will develop and maintain a staffing matrix that assures adequate direct support staff who possess the training, skills and capabilities to provide appropriate active treatment and assure the health and safety of clients at all times. Members of the Operations Team and the QIDP will conduct active treatment observations and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice 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. Administrative support at the home will focus on mentorship and training of supervisory staff, monitoring and coaching of direct support staff, and evaluation of the effectiveness of current risk plans and safety protocols. The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans</p>	

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (B). The facility failed to implement its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB (Self Injurious Behavior) and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing</p>	W000122	<p>accordingly. The QIDP will be retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review IDT discussions and assess progress made on incorporating IDT decisions into support plans. RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>The Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional</p>	02/22/2015

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	<p>non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to implement its policies and procedures to prevent neglect of client B regarding ongoing instances of SIB and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items. Please see W149. 2. The facility failed to implement its policies and procedures to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B. Please see W154. 3. The facility failed to implement its policies and procedures to develop and implement effective corrective action to 		<p>training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager 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.</p> <p>The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on how Client B should be supervised while using the bathroom.</p> <p>Through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary contributors to his self-injurious</p>	

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	<p>prevent client B's SIB or eating non-food items. Please see W157.</p> <p>9-3-2(a)</p>		<p>behavior and repeated incidences of swallowing non-food items. Therefore the Governing Body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive close staff supervision with reduced external stimuli and social stressors.</p> <p>PREVENTION:</p> <p>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. The Clinical Supervisor (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. Residential Managers 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 Clinical Supervisor will review each</p>	

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			<p>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 Clinical Supervisors will provide weekly updates to the Program 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.</p> <p>The Residential Manager will develop and maintain a staffing matrix that assures adequate direct support staff who possess the training, skills and capabilities to provide appropriate active treatment and assure the health and safety of clients at all times. Members of the Operations Team and the QIDP will conduct active treatment observations and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice</p>	

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			<p>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. Administrative support at the home will focus on mentorship and training of supervisory staff, monitoring and coaching of direct support staff, and evaluation of the effectiveness of current risk plans and safety protocols.</p> <p>The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans accordingly. The QIDP will be retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review IDT</p>	

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to implement its policy and procedures to prevent neglect of client B regarding ongoing instances of SIB (Self Injurious Behavior) and incidents of swallowing/ingesting non-food items, to investigate an injury of unknown origin regarding client B, to complete a thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB for client B and to develop and implement effective corrective action to prevent client B's SIB or eating non-food items.</p> <p>Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed</p>	W000149	<p>discussions and assess progress made on incorporating IDT decisions into support plans.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>CORRECTION: <i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>The Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential</p>	02/22/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2015	
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	<p>on 1/21/15 at 12:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/10/14 indicated, "On 10/9/14 [client B] was transported to [hospital] ER (Emergency Room) after falling (sic) hitting his head inside of his bedroom. Staff noticed (sic) quarter size not (sic) on the right side of his four (sic) head. [Client B] was seen by a physician and released after evaluation was completed."</p> <p>The 10/10/14 BDDS report indicated, "Plan to resolve. Staff will continue to monitor [client B]. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]. [Client B] will also learn to be safe while living among peers and staff."</p> <p>The review did not indicate documentation of an investigation regarding client B's 10/10/14 alleged SIB to determine if staff had implemented client B's one to one supervision or 15 minute checks as described in his 7/7/14 BSP (Behavior Support Plan).</p> <p>-BDDS report dated 10/24/14 indicated, "[Client B] went into the medication administration room and told staff that he fell in the bathroom and hit his head on</p>		<p>Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager 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.</p> <p>The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on how Client B should be supervised while using the bathroom.</p> <p>Through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary</p>				

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	<p>the floor. [Client B] had a red mark with a very small amount of blood. [Client B] was taken to the [hospital], (sic) [Client B] was diagnosed with a head injury and released home."</p> <p>-Investigation Final Report (IFR) dated 10/24/14 regarding client B's 10/24/14 head injury indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. Staff currently are doing 15 minute checks and line of sight for [client B] 24 hours according to new plan."</p> <p>The 10/24/14 IFR did not indicate documentation of a finding of determination if facility staff had implemented client B's 7/7/14 BSP which indicated one on one supervision and 15 minute checks. The 10/24/14 IFR did not indicate documentation of additional corrective actions to prevent reoccurrence of client B's SIB.</p> <p>The 10/24/14 BDDS report indicated, "Plan to resolve. [RM (Resident Manager) #1] and staff will monitor [client B] and continue to give him emotional support. [Client B] has not complained about any pain and there was (sic) no adverse affects from injury."</p> <p>-BDDS report dated 10/28/14 indicated,</p>		<p>contributors to his self-injurious behavior and repeated incidences of swallowing non-food items. Therefore the Governing Body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive close staff supervision with reduced external stimuli and social stressors.</p> <p>PREVENTION:</p> <p>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. The Clinical Supervisor (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. Residential Managers 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 Clinical</p>	

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	<p>"[Client B] had a procedure performed for swallowing metal objects (screws and batteries). [MC (Medication Coach) #1] took [client B] to the hospital for outpatient surgery."</p> <p>The 10/28/14 BDDS report indicated, "Doctors performed a diagnostic procedure and there was a recommendation for a procedure to remove the foreign objects. The procedure remove (sic) the foreign items were (sic) completed today and there was one remaining battery that doctors recommended (sic) will pass through (his) bowels. Staff will continue to monitor [client B] and remind him why he should not swallow foreign objects and he can cause to his body (sic). [RM #1] will give emotional support to [client B] and all other consumers. There was (sic) no adverse affects from the incident and no further complaints of pain. [Client B]'s BSP is current and eating non-edible foreign objects is addressed in his plan. Team (sic) currently looking into more restrictive placement for [client B]."</p> <p>-IFR dated 10/27/14 regarding client B's 10/27/14 ingestion of non-food items indicated client B did swallow foreign objects. The 10/27/14 IFR indicated, "Plan of resolution/prevention implemented per attached ResCare</p>		<p>Supervisor 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 Clinical Supervisors will provide weekly updates to the Program 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.</p> <p>The Residential Manager will develop and maintain a staffing matrix that assures adequate direct support staff who possess the training, skills and capabilities to provide appropriate active treatment and assure the health and safety of clients at all times. Members of the Operations Team and the QIDP will conduct active treatment observations and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14</p>				

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	<p>incident report. (Response blank.)." The 10/27/14 IFR did not indicate documentation of recommendations for corrective actions to prevent client B from ingesting non-food items. The 10/27/14 IFR did not indicate documentation of a finding of determination if staff had implemented client B's 7/7/14 BSP which indicated client B should be on one to one supervision and 15 minute checks at night.</p> <p>-BDDS report dated 11/5/14 indicated, "[Client B] was taking (a) shower when staff entered (the) bathroom they found [client B] on the floor (sic) no injury was noted at the time. Around 8:00 PM, [client B] started to complain of a headache (sic) staff examined his head and noticed a small knot. Staff immediately called on call nurse and was instructed to take [client B] to the ER. Staff transported [client B] to the [hospital] were (sic) he was treated and diagnosed with a scalp contusion and a foreign body in the colon."</p> <p>The 11/5/14 BDDS report indicated, "Plan to resolve. Nursing will follow up with [doctor] to determine if this is the same object from previous incident or if this is a new object in his colon. Staff will monitor [client B] and report any</p>		<p>Days, and no less than twice 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. Administrative support at the home will focus on mentorship and training of supervisory staff, monitoring and coaching of direct support staff, and evaluation of the effectiveness of current risk plans and safety protocols.</p> <p>The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans accordingly. The QIDP will be retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management</p>	

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	<p>changes in health status to (the) facility nurse. Staff and [RM #1] will continue to give emotional support."</p> <p>The review did not indicate documentation of an investigation regarding the circumstances of client B's 11/5/14 alleged incident of SIB and/or if staff had implemented client B's one to one supervision or 15 minute checks as described in client B's 7/7/14 BSP revised 10/30/14.</p> <p>-Follow up BDDS report dated 11/11/14 indicated, "What protective measures are in place to prevent this from happening again? Staff will monitor [client B] 24 hours a day and document 15 minute checks."</p> <p>-BDDS report dated 11/16/14 indicated, "[Client B] showed staff a pattern of 1/2 to 3/4 inch bruises on his right hand, wrist and shoulder. Staff did not observe [client B] sustain the injuries and a precaution transported him to [hospital] for evaluation. X-rays and other test produced negative results and clinic personnel released [client B] to ResCare staff with a recommendation to apply ice if needed and no new medications."</p> <p>The 11/16/14 BDDS report indicated, "The team has initiated an investigation</p>		<p>teams weekly to review IDT discussions and assess progress made on incorporating IDT decisions into support plans.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>into the origin of the bruises and will monitor [client B] closely, reporting any changes in his condition to the nurse and other medical professionals as appropriate."</p> <p>The review did not indicate documentation of an investigation regarding client B's 11/16/14 injury of unknown origin.</p> <p>-BDDS report dated 12/8/14 indicated, "On 12/7/14, [client B] reported he swallowed 3 batteries and a cigarette after having thoughts about his father. The on call nurse was contacted and he was transported to [hospital]. He was seen by a physician and released after evaluation. Doctors ordered [client B] to return on 12/10/14 for follow up on his health."</p> <p>The 12/8/14 BDDS report indicated, "Plan to resolve. Staff will continue to monitor [client B] and keep him safe. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]."</p> <p>-Follow up BDDS report dated 12/15/14 indicated, "What plans are in place to aid in preventing the individual from swallowing other objects? Staff will continue to monitor [client B] and</p>			

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	<p>explain the dangers of swallowing foreign objects."</p> <p>-IFR dated 12/7/14 regarding client B's 12/6/14 ingestion of non-food items indicated client B had swallowed foreign objects. The 12/7/14 IFR indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. (Response blank)." The 12/7/14 IFR did not indicate documentation of corrective measures to prevent client B from swallowing additional or future non-food items. The 12/7/14 IFR did not indicate documentation of findings of determination regarding if staff had implemented client B's 7/7/14 or revised 10/30/14 BSP which indicated one to one supervision with 15 minute checks.</p> <p>-BDDS report dated 1/4/15 indicated, "During a 15 minute check observation, staff discovered [client B] laying (sic) on the bedroom floor. Staff asked [client B] what happened and was he alright and [client B] stated that he wasn't sure what happened. [Client B] informed staff that his head was hurting. Facility nurse was notified and sent [client B] to the ER for observation."</p> <p>The 1/4/15 BDDS report indicated, "Plan to resolve. [Client B] was seen in the ER and diagnosed with a head contusion and</p>			

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	<p>was directed to give ice and Tylenol as needed. Staff will continue to follow all ResCare policies and procedures as directed and also will continue to follow BSP as addressed. This issue is addressed in [client B's] current BSP. [RM #1] and [TL (Team Leader) #1] will continue to show [client B] positive reactions to negative behaviors."</p> <p>The review did not indicate documentation of an investigation regarding the circumstances of client B's 1/4/15 alleged incident of SIB and/or if staff had implemented client B's one to one supervision or 15 minutes checks as described in client B's 10/30/14 BSP.</p> <p>Client B's record was reviewed on 1/22/15 at 9:17 AM. Client B's IDT (Interdisciplinary Team) meeting form dated 7/8/14 indicated the following:</p> <p>- "Subject: [Client B] swallowing non-food items."</p> <p>- "While [client B] is on line of sight he will also be placed on 15 minute checks and that will be when he is asleep."</p> <p>Client B's IDT meeting form dated 11/3/14 indicated the following:</p> <p>- "Team has met to discuss the concerns</p>			

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	<p>we all have with [client B] swallowing harmful non-edible objects."</p> <p>-"[Client B] has a favorite staff, [staff #1], who only works on certain days, he has given [client B] his number to contact him when [client B] is feeling down. As of right now [client B] is on one on one precaution with 15 minute checks."</p> <p>The review did not indicate documentation of IDT review of or recommendations to address client B's 10/10/14 or 10/24/14 incidents of attempts to harm himself while in his bedroom or bathroom. The 11/3/14 IDT did not indicate documentation of new or additional supports or supervision to address client B's 10/28/14 incident of ingesting non-food items. The 11/3/14 IDT recommendations indicated the recommendation to continue client B's 7/7/14 one to one supervision with 15 minute checks. The IDT did not address how staff were to monitor client B during the overnight hours, during shower and toileting times.</p> <p>Client B's IDT note dated 12/30/14 indicated the following:</p> <p>-"Staff assigned to [client B] will accompany [client B] to the bathroom to ensure he's safe and does not ingest any</p>			

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	<p>items. The is (sic) when [client B] is showering and using the toilet. When [client B] is to go anywhere in the house his one on one will be within arms length reach of him."</p> <p>Client B's BSP dated 7/7/14 did not indicate documentation of SIB as a targeted/identified behavior. Client B's BSP dated 7/7/14 indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets. Explain that the enhanced supervision is for his safety. Educate [client B] about the dangers of eating non-food items. Eating Non-food items- Reactive: If [client B] reports that he has eaten a non-food item, staff will transport him to the ER for evaluation. If [client B] reports eating a poisonous substance or staff on duty suspects he had swallowed something poisonous, call [poison control] for guidance and then 911."</p> <p>Client B's revised BSP dated 10/30/14 did not indicate documentation of SIB as a targeted/identified behavior. Client B's revised 10/30/14 BSP indicated, "Eating</p>			

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	<p>Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets. Explain that the enhanced supervision is for his safety. Educate [client B] about the dangers of eating non-food items. Eating Non-food items- Reactive: If [client B] reports that he has eaten a non-food item, staff will transport him to the ER for evaluation. If [client B] reports eating a poisonous substance or staff on duty suspects he had swallowed something poisonous, call [poison control] for guidance and then 911."</p> <p>The review of client B's 7/7/14 BSP and revised 10/30/14 BSP did not indicate documentation of revision regarding client B's 12/30/14 IDT recommendations regarding monitoring client B while in the shower and bathroom. The 7/7/14 and 10/30/14 BSPs did not indicate documentation regarding how staff should intervene beyond supervision to prevent client B from ingesting non-food items in the event that he is observed attempting to ingest a non-food item.</p> <p>QIDPD (Qualified Intellectual</p>			

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	<p>Disabilities Professional Designee) #1 was interviewed on 1/22/15 at 9:40 AM. QIDPD #1 indicated he was responsible to update client B's BSP. When asked if/how client B's 10/30/14 BSP had been revised from the 7/7/14 BSP, QIDPD #1 stated, "I did add the signature line for the guardian approval for the 10/30/14 plan." QIDPD #1 indicated client B had been on one to one supervision with 15 minute checks since 7/7/14. QIDPD #1 stated, "I don't remember when [client B] started the one to one supervision. It was last summer after the incident at [workshop] when he tried to eat the contents of one of those freezer ice packs." When asked if one to one supervision with 15 minute checks had prevented client B from ingesting additional non-food items on 10/28/14 or 12/7/14, QIDPD #1 stated, "No." QIDPD #1 stated, "We have had some IDT's to discuss him eating non-food items. We talked about him being monitored at night and when he's in the shower." QIDPD #1 stated, "We talked about his trying to hurt himself while he is in the shower or just trying to bump his head so that he can go to the hospital." When asked if client B's BSP had been revised to track/monitor or prevent client B from SIB while in his bedroom or shower, QIDPD #1 stated, "It was discussed in the 12/30/14 IDT. The changes should have</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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(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
	<p>been updated in his plan."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/22/15 at 9:30 AM. CS #1 indicated client B had incidents of swallowing non-food items on 10/28/14 and 12/7/14. CS #1 indicated client B had incidents of going to the ER for head injuries on 10/9/14, 10/24/14, 11/5/14 and 1/4/15. CS #1 stated, "He's been lying on the floor and then telling staff that he's fallen and hurt himself. He's done it in the shower too. Staff have walked in and seen him hitting his head on the wall enough to make it bleed. He opened up an old wound on his forehead. He's been doing this about every week." CS #1 indicated client B's BSP should be reviewed and updated to include IDT recommendations to prevent client B from SIB (hitting his head) and eating non-food items.</p> <p>CS #1 indicated the facility's abuse and neglect policy should be implemented. CS #1 indicated all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be thoroughly investigated. CS #1 indicated corrective actions to prevent reoccurrence of client B's SIB and ingesting non-food items should be developed and implemented.</p> <p>The facility's policy and procedures were</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>reviewed on 1/22/15 at 6:42 PM. The facility's policy entitled, "Abuse, Neglect, Exploitation and Mistreatment" dated 2/26/11 indicated the following:</p> <p>- "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will thoroughly investigated under the policies of Adept, ResCare and local state and federal guidelines."</p> <p>- "Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>The facility's policy entitled, "Investigations" indicated the following:</p> <p>- "In order to ensure the health, safety and welfare of the people we support, events or collections of circumstances that are outside of what is normally expected, cannot by (sic) explained and understood by the existence of the event and result in or have the potential (sic) to result in</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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W000154	<p>injury or abuse, neglect or exploitation to the consumer must be investigated. Investigations will be conducted per the protocols listed in the incident management best practices manual."</p> <p>-"The primary purpose of an investigation is to describe and explain factors contributing to an incident and to prevent recurrence."</p> <p>-"A thorough investigation final report will be written at the completion of the investigation. The report shall include but is not limited to the following: ... finding of fact and determination as to whether or not the allegations are substantiated, unsubstantiated or inconclusive; concerns and recommendations...; methods to prevent future incidents."</p> <p>9-3-2(a)</p> <p>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 7 of 17 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to investigate an injury of unknown origin regarding client B and to complete a</p>	W000154	<p>CORRECTION:</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically: The Operations Team, including the Program</p>	02/22/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>thorough investigation regarding two separate incidents of client B swallowing non-food items and 4 incidents of SIB (Self Injurious Behavior) for client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/21/15 at 12:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/10/14 indicated, "On 10/9/14 [client B] was transported to [hospital] ER (Emergency Room) after falling (sic) hitting his head inside of his bedroom. Staff noticed (sic) quarter size not (sic) on the right side of his four (sic) head. [Client B] was seen by a physician and released after evaluation was completed."</p> <p>The review did not indicate documentation of an investigation regarding client B's 10/10/14 alleged SIB to determine if staff had implemented client B's one to one supervision or 15 minute checks as described in his 7/7/14 BSP (Behavior Support Plan).</p> <p>-BDDS report dated 10/24/14 indicated, "[Client B] went into the medication administration room and told staff that he</p>		<p>Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager 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.</p> <p>PREVENTION:</p> <p>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. The Clinical Supervisor (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. Residential Managers will be required to</p>	

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>fell in the bathroom and hit his head on the floor. [Client B] had a red mark with a very small amount of blood. [Client B] was taken to the [hospital], (sic) [Client B] was diagnosed with a head injury and released home."</p> <p>-Investigation Final Report (IFR) dated 10/24/14 regarding indicated the facility had investigated client B's 10/24/14 head injury.</p> <p>The 10/24/14 IFR did not indicate documentation of a finding of determination if facility staff had implemented client B's 7/7/14 BSP which indicated one on one supervision and 15 minute checks. The 10/24/14 IFR did not indicate documentation of additional corrective actions to prevent reoccurrence of client B's SIB.</p> <p>-BDDS report dated 10/28/14 indicated, "[Client B] had a procedure performed for swallowing metal objects (screws and batteries). [MC (Medication Coach) #1] took [client B] to the hospital for out patient surgery."</p> <p>-IFR dated 10/27/14 regarding client B's 10/27/14 did not indicate documentation of a finding of determination if staff had implemented client B's 7/7/14 BSP which indicated client B should be on one to</p>		<p>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 Clinical Supervisor 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 Clinical Supervisors will provide weekly updates to the Program 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.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
---	--

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	<p>one supervision and 15 minute checks at night.</p> <p>-BDDS report dated 11/5/14 indicated, "[Client B] was taking (a) shower when staff entered (the) bathroom they found [client B] on the floor (sic) no injury was noted at the time. Around 8:00 PM, [client B] started to complain of a headache (sic) staff examined his head and noticed a small knot. Staff immediately called on call nurse and was instructed to take [client B] to the ER. Staff transported [client B] to the [hospital] were (sic) he was treated and diagnosed with a scalp contusion and a foreign body in the colon."</p> <p>The review did not indicate documentation of an investigation regarding the circumstances of client B's 11/5/14 alleged incident of SIB and/or if staff had implemented client B's one to one supervision or 15 minute checks as described in client B's 10/30/14 BSP.</p> <p>-BDDS report dated 11/16/14 indicated, "[Client B] showed staff a pattern of 1/2 to 3/4 inch bruises on his right hand, wrist and shoulder. Staff did not observe [client B] sustain the injuries and a precaution transported him to [hospital] for evaluation. X-rays and other test produced negative results and clinic</p>			

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	<p>personnel released [client B] to ResCare staff with a recommendation to apply ice if needed and no new medications."</p> <p>The 11/16/14 BDDS report indicated, "The team has initiated an investigation into the origin of the bruises and will monitor [client B] closely, reporting any changes in his condition to the nurse and other medical professionals as appropriate."</p> <p>The review did not indicate documentation of an investigation regarding client B's 11/16/14 injury of unknown origin.</p> <p>-BDDS report dated 12/8/14 indicated, "On 12/7/14, [client B] reported he swallowed 3 batteries and a cigarette after having thoughts about his father. The on call nurse was contacted and he was transported to [hospital]. He was seen by a physician and released after evaluation. Doctors ordered [client B] to return on 12/10/14 for follow up on his health."</p> <p>The 12/8/14 BDDS report indicated, "Plan to resolve. Staff will continue to monitor [client B] and keep him safe. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]."</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>-IFR dated 12/7/14 regarding client B's 12/6/14 ingestion of non-food items did not indicate documentation of findings of determination regarding if staff had implemented client B's 7/7/14 or revised 10/30/14 BSP which indicated one to one supervision with 15 minute checks.</p> <p>-BDDS report dated 1/4/15 indicated, "During a 15 minute check observation, staff discovered [client B] laying (sic) on the bedroom floor. Staff asked [client B] what happened and was he alright and [client B] stated that he wasn't sure what happened. [Client B] informed staff that his head was hurting. Facility nurse was notified and sent [client B] to the ER for observation."</p> <p>The review did not indicate documentation of an investigation regarding the circumstances of client B's 1/4/15 alleged incident of SIB and/or if staff had implemented client B's one to one supervision or 15 minute checks as described in client B's revised 10/30/14 BSP.</p> <p>Client B's record was reviewed on 1/22/15 at 9:17 AM. Client B's BSP dated 7/7/14 indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all</p>			

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	<p>times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets."</p> <p>Client B's revised BSP dated 10/30/14 indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets."</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/22/15 at 9:40 AM. QIDPD #1 indicated client B had been on one to one supervision with 15 minute checks since 7/7/14. QIDPD #1 stated, "I don't remember when [client B] started the one to one supervision. It was last summer after the incident at [workshop] when he tried to eat the contents of one of those freezer ice packs."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/22/15 at 9:30 AM. CS #1 indicated client B had incidents of swallowing non-food items on 10/28/14 and 12/7/14. CS #1 indicated client B had incidents of going to the ER for head injuries on 10/9/14, 10/24/14, 11/5/14</p>			

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W000157	<p>and 1/4/15. CS #1 stated, "He's been lying on the floor and then telling staff that he's fallen and hurt himself. He's done it in the shower too. Staff have walked in and seen him hitting his head on the wall enough to make it bleed. He opened up an old wound on his forehead. He's been doing this about every week." CS #1 indicated all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 6 of 17 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to develop and implement effective corrective action to prevent client B's SIB (Self Injurious Behavior) or eating non-food items.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed</p>	W000157	<p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on how Client B should be supervised while using the bathroom.</i></p>	02/22/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>on 1/21/15 at 12:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/10/14 indicated, "On 10/9/14 [client B] was transported to [hospital] ER (Emergency Room) after falling (sic) hitting his head inside of his bedroom. Staff noticed (sic) quarter size not (sic) on the right side of his four (sic) head. [Client B] was seen by a physician and released after evaluation was completed."</p> <p>The 10/10/14 BDDS report indicated, "Plan to resolve. Staff will continue to monitor [client B]. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]. [Client B] will also learn to be safe while living among peers and staff."</p> <p>-BDDS report dated 10/24/14 indicated, "[Client B] went into the medication administration room and told staff that he fell in the bathroom and hit his head on the floor. [Client B] had a red mark with a very small amount of blood. [Client B] was taken to the [hospital], (sic) [Client B] was diagnosed with a head injury and released home."</p> <p>-Investigation Final Report (IFR) dated 10/24/14 regarding client B's 10/24/14</p>		<p>Additionally, through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary contributors to his self-injurious behavior and repeated incidences of swallowing non-food items. Therefore the Governing body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive close staff supervision with reduced external stimuli and social stressors.</p> <p>PREVENTION:</p> <p>The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans accordingly. The QIDP will be retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting</p>	

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	<p>head injury indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. Staff currently are doing 15 minute checks and line of sight for [client B] 24 hours according to new plan."</p> <p>The 10/24/14 IFR did not indicate documentation of additional corrective actions to prevent reoccurrence of client B's SIB.</p> <p>The 10/24/14 BDDS report indicated, "Plan to resolve. [RM (Resident Manager) #1] and staff will monitor [client B] and continue to give him emotional support. [Client B] has not complained about any pain and there was (sic) no adverse affects from injury."</p> <p>-BDDS report dated 10/28/14 indicated, "[Client B] had a procedure performed for swallowing metal objects (screws and batteries). [MC (Medication Coach) #1] took [client B] to the hospital for out patient surgery."</p> <p>The 10/28/14 BDDS report indicated, "Doctors performed a diagnostic procedure and there was a recommendation for a procedure to remove the foreign objects. The procedure remove the foreign items were completed today and there was one</p>		<p>notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review IDT discussions and assess progress made on incorporating IDT decisions into support plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>remaining battery that doctors recommended (sic) will pass through bowels. Staff will continue to monitor [client B] and remind him why he should not swallow foreign objects and the team he can cause to his body. [RM #1] will give emotional support to [client B] and all other consumers. There was (sic) no adverse affects from the incident and no further complaints of pain. [Client B]'s BSP (Behavior Support Plan) is current and eating non-edible foreign objects is addressed in his plan. Team (sic) currently looking into more restrictive placement for [client B]."</p> <p>-IFR dated 10/27/14 regarding client B's 10/27/14 ingestion of non-food items indicated client B did swallow foreign objects. The 10/27/14 IFR indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. (Response blank.)." The 10/27/14 IFR did not indicate documentation of recommendations for corrective actions to prevent client B from ingesting non-food items.</p> <p>-BDDS report dated 11/5/14 indicated, "[Client B] was taking (a) shower when staff entered (the) bathroom they found [client B] on the floor (sic) no injury was noted at the time. Around 8:00 PM, [client B] started to complain of a</p>			

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	<p>headache (sic) staff examined his head and noticed a small knot. Staff immediately called on call nurse and was instructed to take [client B] to the ER. Staff transported [client B] to the [hospital] were (sic) he was treated and diagnosed with a scalp contusion and a foreign body in the colon."</p> <p>The 11/5/14 BDDS report indicated, "Plan to resolve. Nursing will follow up with [doctor] to determine if this is the same object from previous incident or if this is a new object in his colon. Staff will monitor [client B] and report any changes in health status to (the) facility nurse. Staff and [RM #1] will continue to give emotional support."</p> <p>-Follow up BDDS report dated 11/11/14 indicated, "What protective measures are in place to prevent this from happening again? Staff will monitor [client B] 24 hours a day and document 15 minute checks."</p> <p>-BDDS report dated 12/8/14 indicated, "On 12/7/14, [client B] reported he swallowed 3 batteries and a cigarette after having thoughts about his father. The on call nurse was contacted and he was transported to [hospital]. He was seen by a physician and released after evaluation. Doctors ordered [client B] to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>return on 12/10/14 for follow up on his health."</p> <p>The 12/8/14 BDDS report indicated, "Plan to resolve. Staff will continue to monitor [client B] and keep him safe. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]."</p> <p>-Follow up BDDS report dated 12/15/14 indicated, "What plans are in place to aid in preventing the individual from swallowing other objects? Staff will continue to monitor [client B] and explain the dangers of swallowing foreign objects."</p> <p>-IFR dated 12/7/14 regarding client B's 12/6/14 ingestion of non-food items indicated client B had swallowed foreign objects. The 12/7/14 IFR indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. (Response blank)." The 12/7/14 IFR did not indicate documentation of corrective measures to prevent client B from swallowing additional or future non-food items.</p> <p>-BDDS report dated 1/4/15 indicated, "During a 15 minute check observation, staff discovered [client B] laying (sic) on the bedroom floor. Staff asked [client B] what happened and was he alright and</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>[client B] stated that he wasn't sure what happened. [Client B] informed staff that his head was hurting. Facility nurse was notified and sent [client B] to the ER for observation."</p> <p>The 1/4/15 BDDS report indicated, "Plan to resolve. [Client B] was seen in the ER and diagnosed with a head contusion and was directed to give ice and Tylenol as needed. Staff will continue to follow all ResCare policies and procedures as directed and also will continue to follow BSP as addressed. This issue is addressed in [client B's] current BSP. [RM #1] and [TL (Team Leader) #1] will continue to show [client B] positive reactions to negative behaviors."</p> <p>Client B's record was reviewed on 1/22/15 at 9:17 AM. Client B's IDT (Interdisciplinary Team) meeting form dated 7/8/14 indicated the following:</p> <p>- "Subject: [Client B] swallowing non-food items."</p> <p>- "While [client B] is on line of sight he will also be placed on 15 minute checks and that will be when he is asleep."</p> <p>Client B's IDT meeting form dated 11/3/14 indicated the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2015
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227		
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	<p>- "Team has met to discuss the concerns we all have with [client B] swallowing harmful non-edible objects."</p> <p>- "[Client B] has a favorite staff, [staff #1], who only works on certain days, he has given [client B] his number to contact him when [client B] is feeling down. As of right now [client B] is on one on one precaution with 15 minute checks."</p> <p>The review did not indicate documentation of IDT review of or recommendations to address client B's 10/10/14 or 10/24/14 incidents of attempts to harm himself while in his bedroom or bathroom. The 11/3/14 IDT did not indicate documentation of new or additional supports or supervision to address client B's 10/28/14 incident of ingesting non-food items. The 11/3/14 IDT recommendations indicated the recommendation to continue client B's 7/7/14 one to one supervision with 15 minute checks. The IDT did not address how staff were to monitor client B during the overnight hours, during shower and toileting times.</p> <p>Client B's IDT note dated 12/30/14 indicated the following:</p> <p>- "Staff assigned to [client B] will accompany [client B] to the bathroom to</p>				

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>ensure he's safe and does not ingest any items. The is (sic) when [client B] is showering and using the toilet. When [client B] is to go anywhere in the house his one on one will be within arms length reach of him."</p> <p>Client B's BSP dated 7/7/14 did not indicate documentation of SIB as a targeted/identified behavior. Client B's BSP dated 7/7/14 indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets. Explain that the enhanced supervision is for his safety. Educate [client B] about the dangers of eating non-food items. Eating Non-food items- Reactive: If [client B] reports that he has eaten a non-food item, staff will transport him to the ER for evaluation. If [client B] reports eating a poisonous substance or staff on duty suspects he had swallowed something poisonous, call [poison control] for guidance and then 911."</p> <p>Client B's revised BSP dated 10/30/14 did not indicate documentation of SIB as a targeted/identified behavior. Client B's</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>revised 10/30/14 BSP indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets. Explain that the enhanced supervision is for his safety. Educate [client B] about the dangers of eating non-food items. Eating Non-food items- Reactive: If [client B] reports that he has eaten a non-food item, staff will transport him to the ER for evaluation. If [client B] reports eating a poisonous substance or staff on duty suspects he had swallowed something poisonous, call [poison control] for guidance and then 911."</p> <p>The review of client B's 7/7/14 BSP and revised 10/30/14 BSP did not indicate documentation of revision regarding client B's 12/30/14 IDT recommendations regarding monitoring client B while in the shower and bathroom. The 7/7/14 and 10/30/14 BSPs did not indicate documentation regarding how staff should intervene beyond supervision to prevent client B from ingesting non-food items in the event that he is observed attempting to ingest a non-food item.</p>			

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--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/22/15 at 9:40 AM. QIDPD #1 indicated he was responsible to update client B's BSP. When asked if/how client B's 10/30/14 BSP had been revised from the 7/7/14 BSP, QIDPD #1 stated, "I did add the signature line for the guardian approval for the 10/30/14 plan." QIDPD #1 indicated client B had been on one to one supervision with 15 minute checks since 7/7/14. QIDPD #1 stated, "I don't remember when [client B] started the one to one supervision. It was last summer after the incident at [workshop] when he tried to eat the contents of one of those freezer ice packs." When asked if one to one supervision with 15 minute checks had prevented client B from ingesting additional non-food items on 10/28/14 or 12/7/14, QIDPD #1 stated, "No." QIDPD #1 stated, "We have had some IDT's to discuss him eating non-food items. We talked about him being monitored at night and when he's in the shower." QIDPD #1 stated, "We talked about his trying to hurt himself while he is in the shower or just trying to bump his head so that he can go to the hospital." When asked if client B's BSP had been revised to track/monitor or prevent client B from SIB while in his bedroom or shower, QIDPD #1 stated, "It was discussed in the</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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W000159	<p>12/30/14 IDT. The changes should have been updated in his plan."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/22/15 at 9:30 AM. CS #1 indicated client B had incidents of swallowing non-food items on 10/28/14 and 12/7/14. CS #1 indicated client B had incidents of going to the ER for head injuries on 10/9/14, 10/24/14, 11/5/14 and 1/4/15. CS #1 stated, "He's been lying on the floor and then telling staff that he's fallen and hurt himself. He's done it in the shower too. Staff have walked in and seen him hitting his head on the wall enough to make it bleed. He opened up an old wound on his forehead. He's been doing this about every week." CS #1 indicated client B's BSP should be reviewed and updated to include IDT recommendations to prevent client B from SIB or eating non-food items. CS #1 indicated corrective actions to prevent reoccurrence of client B's SIB and ingesting non-food items should be developed and implemented.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>a qualified mental retardation professional. Based on record review and interview for 1 of 3 sampled clients (B), the QIDP (Qualified Intellectual Disability Professional) failed to integrate, coordinate and monitor client B's active treatment program by failing to ensure client B's ISP (Individual Support Plan)/BSP (Behavior Support Plan) included specific objectives to address client B's SIB (Self Injurious Behavior) or address client B's eating non-food items behavior.</p> <p>Findings include:</p> <p>The QIDP failed to integrate, coordinate and monitor client B's active treatment program by failing to ensure client B's ISP/BSP included specific objectives to address client B's SIB or address client B's eating non-food items behavior. Please see W227.</p> <p>9-3-3(a)</p>	W000159	<p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on how Client B should be supervised while using the bathroom.</i></p> <p>Additionally, through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary contributors to his self-injurious behavior and repeated incidences of swallowing non-food items. Therefore the Governing body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive close staff supervision with reduced external stimuli and social stressors.</p>	02/22/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2015
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227		
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W000227	483.440(c)(4)		<p>PREVENTION:</p> <p>The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans accordingly. The QIDP will be retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review IDT discussions and assess progress made on incorporating IDT decisions into support plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's ISP (Individual Support Plan)/BSP (Behavior Support Plan) included specific objectives to address client B's SIB (Self Injurious Behavior) or address client B's eating non-food items behavior.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/21/15 at 12:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/10/14 indicated, "On 10/9/14 [client B] was transported to [hospital] ER (Emergency Room) after falling (sic) hitting his head inside of his bedroom. Staff noticed (sic) quarter size not (sic) on the right side of his four (sic) head. [Client B] was seen by a physician and released after evaluation was completed."</p> <p>The 10/10/14 BDDS report indicated, "Plan to resolve. Staff will continue to</p>	W000227	<p>CORRECTION:</p> <p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, The QIDP developed and implemented modifications to Client B's Behavior Support Plan that increased the level of enhanced supervision and included specific instructions on how Client B should be supervised while using the bathroom.</i></p> <p>Additionally, through ongoing assessment, the interdisciplinary team consensually agreed that depression and anxiety resulting from the stressors of living in an 8-bed supervised group living setting represented the primary contributors to his self-injurious behavior and repeated incidences of swallowing non-food items. Therefore the Governing body has assisted the facility with transitioning Client B into a Medicaid Waiver residential setting where he will receive</p>	02/22/2015

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
---	--

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	<p>monitor [client B]. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]. [Client B] will also learn to be safe while living among peers and staff."</p> <p>-BDDS report dated 10/24/14 indicated, "[Client B] went into the medication administration room and told staff that he fell in the bathroom and hit his head on the floor. [Client B] had a red mark with a very small amount of blood. [Client B] was taken to the [hospital], (sic) [Client B] was diagnosed with a head injury and released home."</p> <p>-Investigation Final Report (IFR) dated 10/24/14 regarding client B's 10/24/14 head injury indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. Staff currently are doing 15 minute checks and line of sight for [client B] 24 hours according to new plan."</p> <p>The 10/24/14 IFR did not indicate documentation of additional corrective actions to prevent reoccurrence of client B's SIB.</p> <p>The 10/24/14 BDDS report indicated, "Plan to resolve. [RM (Resident Manager) #1] and staff will monitor</p>		<p>close staff supervision with reduced external stimuli and social stressors.</p> <p>PREVENTION:</p> <p>The QIDP will assure that all relevant interdisciplinary team members are included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Individual Support Plans and Behavior Support Plans accordingly. The QIDP will be retrained regarding the need to promptly incorporate IDT decisions into the appropriate support document. The QIDP will turn in copies of all IDT meeting notes to the Clinical Supervisor who will, in turn, review support documents to assure they correspond with IDT consensus. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review IDT discussions and assess progress made on incorporating IDT decisions into support plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>[client B] and continue to give him emotional support. [Client B] has not complained about any pain and there was (sic) no adverse affects from injury."</p> <p>-BDDS report dated 10/28/14 indicated, "[Client B] had a procedure performed for swallowing metal objects (screws and batteries). [MC (Medication Coach) #1] took [client B] to the hospital for out patient surgery."</p> <p>The 10/28/14 BDDS report indicated, "Doctors performed a diagnostic procedure and there was a recommendation for a procedure to remove the foreign objects. The procedure remove the foreign items were completed today and there was one remaining battery that doctors recommended (sic) will pass through bowels. Staff will continue to monitor [client B] and remind him why he should not swallow foreign objects and he can cause to his body (sic). [RM #1] will give emotional support to [client B] and all other consumers. There was (sic) no adverse affects from the incident and no further complaints of pain. [Client B]'s BSP (Behavior Support Plan) is current and eating non-edible foreign objects is addressed in his plan. Team (sic) currently looking into more restrictive placement for [client B]."</p>		<p>Leader, Health Services Team, Direct Support Staff, Operations Team</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>-IFR dated 10/27/14 regarding client B's 10/27/14 ingestion of non-food items indicated client B did swallow foreign objects. The 10/27/14 IFR indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. (Response blank.)." The 10/27/14 IFR did not indicate documentation of recommendations for corrective actions to prevent client B from ingesting non-food items.</p> <p>-BDDS report dated 11/5/14 indicated, "[Client B] was taking (a) shower when staff entered (the) bathroom they found [client B] on the floor (sic) no injury was noted at the time. Around 8:00 PM, [client B] started to complain of a headache (sic) staff examined his head and noticed a small knot. Staff immediately called on call nurse and was instructed to take [client B] to the ER. Staff transported [client B] to the [hospital] were (sic) he was treated and diagnosed with a scalp contusion and a foreign body in the colon."</p> <p>The 11/5/14 BDDS report indicated, "Plan to resolve. Nursing will follow up with [doctor] to determine if this is the same object from previous incident or if this is a new object in his colon. Staff will monitor [client B] and report any</p>			

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	<p>changes in health status to (the) facility nurse. Staff and [RM #1] will continue to give emotional support."</p> <p>-Follow up BDDS report dated 11/11/14 indicated, "What protective measures are in place to prevent this from happening again? Staff will monitor [client B] 24 hours a day and document 15 minute checks."</p> <p>-BDDS report dated 12/8/14 indicated, "On 12/7/14, [client B] reported he swallowed 3 batteries and a cigarette after having thoughts about his father. The on call nurse was contacted and he was transported to [hospital]. He was seen by a physician and released after evaluation. Doctors ordered [client B] to return on 12/10/14 for follow up on his health."</p> <p>The 12/8/14 BDDS report indicated, "Plan to resolve. Staff will continue to monitor [client B] and keep him safe. The administrative team and on call nurse will keep in touch with staff to ensure the health and safety of [client B]."</p> <p>-Follow up BDDS report dated 12/15/14 indicated, "What plans are in place to aid in preventing the individual from swallowing other objects? Staff will continue to monitor [client B] and</p>			

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	<p>explain the dangers of swallowing foreign objects."</p> <p>-IFR dated 12/7/14 regarding client B's 12/6/14 ingestion of non-food items indicated client B had swallowed foreign objects. The 12/7/14 IFR indicated, "Plan of resolution/prevention implemented per attached ResCare incident report. (Response blank)." The 12/7/14 IFR did not indicate documentation of corrective measures to prevent client B from swallowing additional or future non-food items.</p> <p>-BDDS report dated 1/4/15 indicated, "During a 15 minute check observation, staff discovered [client B] laying (sic) on the bedroom floor. Staff asked [client B] what happened and was he alright and [client B] stated that he wasn't sure what happened. [Client B] informed staff that his head was hurting. Facility nurse was notified and sent [client B] to the ER for observation."</p> <p>The 1/4/15 BDDS report indicted, "Plan to resolve. [Client B] was seen in the ER and diagnosed with a head contusion and was directed to give ice and Tylenol as needed. Staff will continue to follow all ResCare policies and procedures as directed and also will continue to follow BSP as addressed. This issue is addressed</p>			

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	<p>in [client B's] current BSP. [RM #1] and [TL (Team Leader) #1] will continue to show [client B] positive reactions to negative behaviors."</p> <p>Client #B's record was reviewed on 1/22/15 at 9:17 AM. Client B's IDT (Interdisciplinary Team) meeting form dated 7/8/14 indicated the following:</p> <p>- "Subject: [Client B] swallowing non-food items."</p> <p>- "While [client B] is on line of sight he will also be placed on 15 minute checks and that will be when he is asleep."</p> <p>Client B's IDT meeting form dated 11/3/14 indicated the following:</p> <p>- "Team has met to discuss the concerns we all have with [client B] swallowing harmful non-edible objects."</p> <p>- "[Client B] has a favorite staff, [staff #1], who only works on certain days, he has given [client B] his number to contact him when [client B] is feeling down. As of right now [client B] is on one on one precaution with 15 minute checks."</p> <p>The review did not indicate documentation of IDT review of or recommendations to address client B's</p>			

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	<p>10/10/14 or 10/24/14 incidents of attempts to harm himself while in his bedroom or bathroom. The 11/3/14 IDT did not indicate documentation of new or additional supports or supervision to address client B's 10/28/14 incident of ingesting non-food items. The 11/3/14 IDT recommendations indicated the recommendation to continue client B's 7/7/14 one to one supervision with 15 minute checks. The IDT did not address how staff were to monitor client B during the overnight hours, during shower and toileting times.</p> <p>Client B's IDT note dated 12/30/14 indicated the following:</p> <p>- "Staff assigned to [client B] will accompany [client B] to the bathroom to ensure he's safe and does not ingest any items. The is (sic) when [client B] is showering and using the toilet. When [client B] is to go anywhere in the house his one on one will be within arms length reach of him."</p> <p>Client B's BSP dated 7/7/14 did not indicate documentation of SIB as a targeted/identified behavior. Client B's BSP dated 7/7/14 indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one</p>			

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	<p>observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets. Explain that the enhanced supervision is for his safety. Educate [client B] about the dangers of eating non-food items. Eating Non-food items- Reactive: If [client B] reports that he has eaten a non-food item, staff will transport him to the ER for evaluation. If [client B] reports eating a poisonous substance or staff on duty suspects he had swallowed something poisonous, call [poison control] for guidance and then 911."</p> <p>Client B's revised BSP dated 10/30/14 did not indicate documentation of SIB as a targeted/identified behavior. Client B's revised 10/30/14 BSP indicated, "Eating Non-food items- Preventative: As a safety precaution [client B] is to (sic) [client B] will have a one to one observation at all times. One to one observation within arms length at all times even during sleeping hours. Documentation will be done on 15 minute check sheets. Explain that the enhanced supervision is for his safety. Educate [client B] about the dangers of eating non-food items. Eating Non-food items- Reactive: If [client B] reports that he has eaten a non-food item, staff will</p>			

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	<p>transport him to the ER for evaluation. If [client B] reports eating a poisonous substance or staff on duty suspects he had swallowed something poisonous, call [poison control] for guidance and then 911."</p> <p>The review of client B's 7/7/14 BSP and revised 10/30/14 BSP did not indicate documentation of revision regarding client B's 12/30/14 IDT recommendations regarding monitoring client B while in the shower and bathroom. The 7/7/14 and 10/30/14 BSPs did not indicate documentation regarding how staff should intervene beyond supervision to prevent client B from ingesting non-food items in the event that he is observed attempting to ingest a non-food item.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/22/15 at 9:40 AM. QIDPD #1 indicated he was responsible to update client B's BSP. When asked if/how client B's 10/30/14 BSP had been revised from the 7/7/14 BSP, QIDPD #1 stated, "I did add the signature line for the guardian approval for the 10/30/14 plan." QIDPD #1 indicated client B had been on one to one supervision with 15 minute checks since 7/7/14. QIDPD #1 stated, "I don't remember when [client B] started the one to one supervision. It was</p>			

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	<p>last summer after the incident at [workshop] when he tried to eat the contents of one of those freezer ice packs." When asked if one to one supervision with 15 minute checks had prevented client B from ingesting additional non-food items on 10/28/14 or 12/7/14, QIDPD #1 stated, "No." QIDPD #1 stated, "We have had some IDT's to discuss him eating non-food items. We talked about him being monitored at night and when he's in the shower." QIDPD #1 stated, "We talked about his trying to hurt himself while he is in the shower or just trying to bump his head so that he can go to the hospital." When asked if client B's BSP had been revised to track/monitor or prevent client B from SIB while in his bedroom or shower, QIDPD #1 stated, "It was discussed in the 12/30/14 IDT. The changes should have been updated in his plan."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/22/15 at 9:30 AM. CS #1 indicated client B had incidents of swallowing non-food items on 10/28/14 and 12/7/14. CS #1 indicated client B had incidents of going to the ER for head injuries on 10/9/14, 10/24/14, 11/5/14 and 1/4/15. CS #1 stated, "He's been lying on the floor and then telling staff that he's fallen and hurt himself. He's done it in the shower too. Staff have</p>			

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	walked in and seen him hitting his head on the wall enough to make it bleed. He opened up an old wound on his forehead. He's been doing this about every week." CS #1 indicated client B's BSP should be reviewed and updated to include IDT recommendations to prevent client B from SIB or eating non-food items. 9-3-4(a)				