

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/20/2012
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 3814 WALDEN RUN FORT WAYNE, IN 46815		
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W0000	<p>This visit was for a post certification revisit (PCR) to the investigation of complaint #IN00104050 completed on February 29, 2012.</p> <p>This visit was completed in conjunction with a fundamental recertification and state licensure survey.</p> <p>Complaint #IN00104050: Not Corrected.</p> <p>Dates of survey: July 17, 18, 19 and 20, 2012.</p> <p>Facility number: 000854 Provider number: 15G336 AIM number: 100243900</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/25/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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

TITLE

(X6) DATE

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

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W0149	<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.</p> <p>Based on record review and interview, the facility neglected to implement its "Reporting and Investigating Abuse/Neglect/Exploitation/Mistreatment Policy" by neglecting to protect 1 of 8 clients living in the home (client A) from her elopement behaviors.</p> <p>Findings include:</p> <p>Facility records were reviewed on 7/17/12 at 12:52 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 2/29/12 and 7/17/12. The reports indicated the following:</p> <p>A BDDS report dated 7/11/12 for an incident on 7/10/12 at 5:30 P.M. indicated "On 7/10/12 [client A] was taken to the emergency room (ER) for possible admission to their behavioral unit but was later released. It is believed that [client A] was upset over her ex-boyfriend because earlier in the day she had been talking about him with her Program Coordinator (PC). At 5:30 P.M., [client A] was in the kitchen. Sometime between 5:30 and 5:40 P.M., direct care staff (DCS) #1 left with four other consumers to go to [name of</p>	W0149	<p>The facility will ensure that written policies and procedures prohibit abuse/neglect, exploitation/mistreatment of the clients. The facility will ensure that it's reporting and investigating of abuse/neglect, exploitation/mistreatment policy is followed in order to protect all clients. An increase in staff was implemented on 7/23/12. A third staff was added on Mon-Fri 6:00am to 9:00am &amp; Sat-Sun 8:00am to 12:00pm, whenever Client A is in the home. Five minute security checks for Client A were started on 7/20/12. Alarms were installed on Client A's bedroom windows on 7/20/12. Client A will be kept in line of sight when not in the bathroom or bedroom. On 7/20/12, a motion sensor was placed on Client A's bedroom door. Client A's BSP has been revised (7/23/12) to include seeking "un needed attention." House Manager and QMRP will monitor weekly to ensure that security checks are being completed and that the motion sensor and alarms are in working order. The QMRP will monitor behavior episodes weekly to ensure behavior plan remains appropriate. House Manger and QMRP will monitor to ensure that Client A is being kept within line</p>	08/01/2012			

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	store]. At 5:40 P.M. it was discovered that [client A] was not in the home. Staff (at group home) called (DCS #1) to confirm she (client A) had not gone with him and the others to [name of store]. At that time 911 was called. [Client A's] PC and house manager were also notified and they went to the home immediately to assist. It is believed that when the others went out the front door, [client A] quickly snuck out the back door to avoid staff noticing the door alarm. Once the police arrived, they assisted staff in looking for [client A]. At 6:07 P.M., staff received a call from [client A] stating that she was in [name of another store] using a phone in Customer Service. The house manager and police arrived at [second store] and she (client A) was returned home. Once the police left, she (client A) attempted to leave the home again. Staff was able to keep her from exiting the home. She became verbally and physically aggressive toward staff. She was making threats to hurt herself. At one point she hit staff in the mouth. An approved YSIS (Your Safe I'm Safe) one person technique was implemented to assist her to her bedroom. She laid on her bed for a short time and appeared calm. At approximately 9:00 P.M., she (client A) attempted to leave the home again. She was taken to the ER for assessment and possible admission. Once at the ER, she was assessed by the [name		of sight when not in her bedroom or bathroom.				

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	<p>of hospital] staff and released. Hospital staff stated they would not admit her because 'it is a game she plays for attention.' She (client A) was given a shot of Zyprexa (anti-psychotic) and released. Once home she was calm, had something to eat and went to bed. YSIS is included in her plan and has been approved by the Human Rights Committee. [Client A's] Psychiatrist was notified and ordered Zyprexa 10 mg (milligrams) daily. Guardian was notified."</p> <p>Client A's record was reviewed on 7/18/12 at 11:43 A.M.. Client A's record indicated she had a BSP dated 6/22/12. Client A's BSP indicated the staff were to do checks on client A every 5 (five) minutes.</p> <p>The facility policy for Reporting and Investigating Abuse/Neglect/Exploitation and Mistreatment, dated 6/2011 was reviewed on 7/17/12 at 2:19 P.M.. The policy indicated the following: "ResCare Northern Region Indiana staff actively advocate for the rights and safety of all individuals...If you witness an incident of alleged abuse, neglect or exploitation of a consumer, it is your responsibility to intervene on behalf of the individual."</p> <p>The Director of Supported Group Living (DSGP) was interviewed on 7/19/12 at</p>						

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	<p>2:23 P.M.. When asked if the facility policy had been followed, the DSGP indicated the policy had not been followed. Client A had left the property and staff had not been with her.</p> <p>This deficiency was cited on 2/29/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to implement appropriate corrective actions to prevent 1 of 8 clients who lived in the home (client A) from her elopement behavior.</p> <p>Findings include:</p> <p>Facility records were reviewed on 7/17/12 at 12:52 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 2/29/12 and 7/17/12. The reports indicated the following:</p> <p>A BDDS report dated 7/11/12 for an incident on 7/10/12 at 5:30 P.M. indicated "On 7/10/12 [client A] was taken to the emergency room (ER) for possible admission to their behavioral unit but was later released. It is believed that [client A] was upset over her ex-boyfriend because earlier in the day she had been talking about him with her Program Coordinator (PC). At 5:30 P.M., [client A] was in the kitchen. Sometime between 5:30 and 5:40 P.M., direct care staff (DCS) #1 left with four other consumers to go to [name of store]. At 5:40 P.M. it was discovered that [client A] was not in the home. Staff (at group home) called (DCS #1) to confirm</p>	W0157	<p>The facility will ensure that written policies and procedures prohibit abuse/neglect, exploitation/mistreatment of the clients. The facility will ensure that it's reporting and investigating of abuse/neglect, exploitation/mistreatment policy is followed in order to protect all clients. An increase in staff was implemented on 7/23/12. A third staff was added on Mon-Fri 6:00am to 9:00am &amp; Sat-Sun 8:00am to 12:00pm, whenever Client A is in the home. Five minute security checks for Client A were started on 7/20/12. Alarms were installed on Client A's bedroom windows on 7/20/12. Client A will be kept in line of sight when not in the bathroom or bedroom. On 7/20/12, a motion sensor was placed on Client A's bedroom door. Client A's BSP has been revised (7/23/12) to include seeking "un needed attention." House Manager and QMRP will monitor weekly to ensure that security checks are being completed and that the motion sensor and alarms are in working order. The QMRP will monitor behavior episodes weekly to ensure behavior plan remains appropriate. House Manger and QMRP will monitor to ensure that Client A is being kept within line of sight when not in her bedroom</p>	08/01/2012

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	she (client A) had not gone with him and the others to [name of store]. At that time 911 was called. [Client A's] PC and house manager were also notified and they went to the home immediately to assist. It is believed that when the others went out the front door, [client A] quickly snuck out the back door to avoid staff noticing the door alarm. Once the police arrived, they assisted staff in looking for [client A]. At 6:07 P.M., staff received a call from [client A] stating that she was in [name of another store] using a phone in Customer Service. The house manager and police arrived at [second store] and she (client A) was returned home. Once the police left, she (client A) attempted to leave the home again. Staff was able to keep her from exiting the home. She became verbally and physically aggressive toward staff. She was making threats to hurt herself. At one point she hit staff in the mouth. An approved YSIS (Your Safe I'm Safe) one person technique was implemented to assist her to her bedroom. She laid on her bed for a short time and appeared calm. At approximately 9:00 P.M., she (client A) attempted to leave the home again. She was taken to the ER for assessment and possible admission. Once at the ER, she was assessed by the [name of hospital] staff and released. Hospital staff stated they would not admit her because 'it is a game she plays for		or bathroom.				

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	<p>attention.' She (client A) was given a shot of Zyprexa (anti-psychotic) and released. Once home she was calm, had something to eat and went to bed. YSIS is included in her plan and has been approved by the Human Rights Committee. [Client A's] Psychiatrist was notified and ordered Zyprexa 10 mg (milligrams) daily. Guardian was notified."</p> <p>Client A's record was reviewed on 7/18/12 at 11:43 A.M.. Client A's record indicated she was admitted to the group home on 12/11/11. The facility reviewed and implemented the BSP from client A's prior placement. On 12/30/11 the BSP was revised to include "1. Staff should remain with [client A] if she leaves the home and accompany her until she returns home. 2. Police should be called as a last resort if she is outside (15 minutes at most), refusing staff intervention, endangering herself by walking on [name] of road." On 2/16/12 the BSP was revised to include "remove all sharps, hazards, also remove cords." On 2/18/12 the BSP was revised "to remove shoes or strings, pants strings, cell phone cords, game cords, TV cords" as part of the suicide precautions. The staff checks on client A were changed from every 10 (ten) minutes to every 5 (five) minutes.</p> <p>Client A's record review included a</p>			

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	"Medication/Intervention Review" which was an ongoing summary of behaviors and interventions maintained by client A's PC. The summary indicated the following on 2/29/12 client A had the medication Geodon (anti-psychotic) 60 mg at HS added and Neurontin (seizure) increased from 300mg BID (twice a day) to TID (three times a day). Client A was admitted to an inpatient unit from 3/21/12 until she was released on 3/27/12 with an increase in Geodon from 60mg HS to 120mg at HS. Client A's record indicated she had individual counseling twice a month. On 4/12/12 an IDT (interdisciplinary team) meeting was held with client A's BDDS coordinator in attendance. The IDT "explained to [client A] if her behaviors continued alternate placement would be pursued." 4/10/12 client A began to attend a support group with her PC weekly. On 6/12/12 during a counseling session "[Client A] expressed extremely distressed and anxious, complained that she does not want to live and (sic) group home anymore, wanted to hurt herself. Psychiatrist notified and ordered direct admit to inpatient unit." Client A was released from the inpatient unit on 6/20/12 with the following medication changes "...discontinued Geodon, started Fanapt 12 mg BID (anti-psychotic) and increase Klonopin (anxiety) from .25mg BID to .5mg TID. Suicide precautions						

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	<p>started..." 6/22/12 an IDT meeting was conducted including her BDDS coordinator and Behavior Consultant (BC). The BC revised client A's BSP added "block to elopement." On 6/29/12 client A was seen by a Psychiatrist at [Hospital #2] at the request of BDDS. The Psychiatrist "added a diagnosis of Borderline Personality Disorder, recommends more restrictive environment to prevent elopement, suggested injections for medication refusals and PRN (as needed) medications to prevent behaviors."</p> <p>The Director of Supported Group Living (DSGL) and the Program Coordinator (PC) were interviewed on 7/19/12 at 2:23 P.M.. The DSGL stated client A had continued to elope, but had "eloped only the one time without staff knowledge." The DSGL stated, "We added the third staff during the week, then on the weekends and mornings. She (client A) is very smart and figured out she could sneak out the back door when others were going out the front door." The DSGL indicated they were going to add an alarm to client A's bedroom window, and have staff keep client A in line of sight anytime she was not in her bedroom. The PC and DSGL stated client A had been taken to the ER on numerous occasions, but had not met the hospital's "criteria for</p>			

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	admission."  This deficiency was cited on 2/29/12. The facility failed to implement a systemic plan of correction to prevent recurrence.  9-3-2(a)			
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