STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G326		01/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	9 SUMMIT DR AURORA, IN 47001

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W 0000 Bldg. 00	This visit was for a recertification and state licensure survey. Survey Dates: January 26, 27 and 28, 2016 Facility Number: 000844 Provider Number: 15G326 AIM Number: 100243650 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/3/16.	W 0000		
W 0120 Bldg. 00	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 1 of 4 clients in the sample (#3) and two additional clients (#2 and #8), the facility failed to ensure the outside services met the needs of the clients. Findings include:	W 0120	**W120 Services Provided with Outside Sources.: The facility must assure that outside services meet the needs of each client.** **Corrective action:**	02/27/2016

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

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

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	On 1/27/16 from 9:13 AM to 10:03 AM, an observation was conducted at the outside services workshop. During the observation, client #3 was not present. On 1/27/16 at 9:54 AM, the communication book between the group home and the outside services workshop was reviewed. There was no documentation indicating client #3 was not going to be at work. On 1/27/16 at 9:58 AM, the Group Home Manager (GHM) indicated client #3 went back to the group home due to forgetting to take his lunch with him to work. The GHM indicated when client #3 arrived to the workshop, client #3 did not have a lunch. The GHM indicated the staff took client #3 back to the group home due to not having a lunch. On 1/27/16 at 11:44 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should have given client #3 money to buy a lunch or gone back to the group home to get client #3's lunch. The QIDP indicated she was not part of the decision to take client #3 back to the group home. The QIDP indicated client #3 should have stayed at the workshop. The QIDP indicated the staff should have taken client #3's lunch to the workshop.		· The Clinical Supervisor will provide training to all staff to ensure Client #3 as well as Client #1, Client #2, Client #4, Client #5, Client #6 and Client #7 have their lunches for workshop each day. The Clinical Supervisor will provide training to ensure each individual lunch is counted and secured properly on the van before leaving for the workshop each morning. (Attachment A). · The Clinical Supervisor will provide training to all staff to ensure proper documentation is written in the communication book to the workshop each morning. The Clinical Supervisor will provide training to all staff to ensure documentation, written communication is provided for any variation of attendance including reason for variation. (Attachment A). · The Clinical Supervisor will provide training to all staff to ensure all clients are attending the workshop as scheduled. (Attachment A). · The Clinical Supervisor will conduct and complete all client to client investigations including providing necessary trainings needed as a result of investigation findings to ensure early interventions to avoid confrontations. (Attachment B).	

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	On 1/27/16 at 11:46 AM, the GHM indicated client #3 did not stay at the workshop due to forgetting to take his lunch. The GHM indicated the staff could not leave client #3 at the workshop without a lunch. The GHM indicated the staff was not supposed to give him money. The GHM indicated the staff could have traveled to the group home to get client #3's lunch and client #3 could have stayed and worked. The GHM indicated client #3 being absent from the workshop should have been documented and communicated in the communication book. On 1/26/16 at 12:01 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: 1) On 12/23/15 at 2:05 PM at the outside services workshop, client #2 was in the break room holding a can of ravioli. The 12/23/15 Bureau of Developmental Disabilities Services incident report indicated, in part, "He [client #2] attempted to 'sucker punch' consumer [peer's initials] in the genitals. [Client #2] then hit [peer] in the nose with the can of ravioli. [Peer] pushed the can away causing it to hit consumer [another peer] in the head." The 12/30/15 BDDS		· One monthly observation will be conducted at the workshop to ensure implementation of individual programming including implementation of each client's BSP to ensure early interventions to avoid client confrontations. (Attachment C). **How we will identify others:** · The Residential Manager will monitor workshop censes reports daily to ensure all clients are attending the workshop as scheduled. (Attachment D). · The Residential Manager will report any variation of workshop attendance. · The Clinical Supervisor, QIDP and Residential Manager will conduct one monthly observation at the workshop. (Attachment C). · The Clinical Supervisor will conduct and complete all client to client investigations. (Attachment B). **Measures to be put in place:** · The Residential Manager will monitor workshop censes reports daily to ensure all clients are attending the workshop as scheduled. (Attachment D). · The Residential Manager will	

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	Follow-Up Report indicated, in part, "[Peer who was hit in the head] was taken to the ER (emergency room) for evaluation... she was diagnosed with a contusion/concussion...." 2) On 9/30/15 at 2:00 PM at the outside services workshop, former client #8 was talking to the janitorial staff when a peer began telling client #8 to get back to work. Client #8 got upset and made comments to the peer. The peer cursed and client #8 hit the peer on the top of his head. The peer was not injured. On 1/27/16 at 12:39 PM, the Clinical Supervisor (CS) indicated client to client aggression was abuse and the facility should prevent abuse of the clients. 9-3-1(a)		report any variation of workshop attendance. · The Clinical Supervisor, QIDP and Residential Manager will conduct one monthly observation at the workshop. (Attachment C). · The Clinical Supervisor will conduct and complete all client to client investigations. (Attachment B). **Monitoring of Corrective Action:** **Monitoring of Corrective Action:** · The Residential Manager will monitor workshop censes reports daily to ensure all clients are attending the workshop as scheduled. (Attachment D). · The Residential Manager will report any variation of workshop attendance. · The Clinical Supervisor, QIDP and Residential Manager will conduct one monthly observation at the workshop. (Attachment C). · The Clinical Supervisor will conduct and complete all client to client investigations. (Attachment B). · Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct	

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			periodic reviews to ensure polices are followed.. · Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. **Completion Date: 2/27/2016**	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to conduct quarterly evacuation drills for each shift of personnel. Findings include: On 1/26/16 at 3:40 PM, a review of the facility's evacuation drills was conducted. During the night shift (12:00 AM to 7:00	W 0440	**W440: Evacuation Drills: The facility must hold evacuation drills at least quarterly for each shift of personnel.** **Corrective Action:** · The Clinical Supervisor will provide training to all staff including the Residential Manager to ensure evacuation drills are conducted as scheduled, training to include evacuation drills per quarter for	02/27/2016

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	AM), the facility failed to conduct an evacuation drill from 5/5/15 to 9/1/15. This affected clients #1, #2, #3, #4, #5, #6 and #7. On 1/27/16 at 12:38 PM, the Clinical Supervisor indicated the facility should conduct one evacuation drill per shift per quarter. On 1/27/16 at 12:39 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility should conduct one evacuation drill per shift per quarter of personnel. 9-3-7(a)		each shift of personnel. (Attachment A). · The Residential Manager will complete the Residential Manager weekly checklist to ensure evacuation drills are completed as scheduled. (Attachment E). · The Residential Manager will monitor evacuation drills monthly to ensure monthly drill is completed for each shift of personnel. **How we will identify others:** · Residential Manager will complete the Residential Manager weekly check list ensuring evacuation drills are completed as scheduled.. (Attachment E). · .Residential Manager will monitor evacuation drills monthly to ensure monthly drill is completed for each shift of personnel. **Measures to be put in place:** · Residential Manager will complete the Residential Manager weekly check list ensuring evacuation drills are completed as scheduled. (Attachment E).	

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			· Residential Manager will monitor evacuation drills monthly to ensure monthly drill is completed for each shift of personnel. · The Clinical Supervisor/QIDP will monitor evacuation drills monthly to ensure monthly drill is completed for each shift of personnel. **Monitoring of Corrective Action:** · Residential Manager will monitor evacuation drills monthly to ensure monthly drill is completed for each shift of personnel. (Attachment E). · Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. **Completion Date: 2/27/2016**	
W 0488	483.480(d)(4) DINING AREAS AND SERVICE			

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Bldg. 00	The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients were involved with serving themselves and client #6 assisted with cutting up his food. Findings include: On 1/26/16 from 3:12 PM to 5:27 PM, an observation was conducted at the group home. At 4:28 PM, client #6 called out to his peers it was time for dinner. When clients #1, #2, #3, #4, #5, #6 and #7 arrived to the table, the pizza and hot pockets were on their plates. The pizza and hot pockets were not served family style affecting clients #1, #2, #3, #4, #5, #6 and #7. Client #6's pizza, hot pocket and salad were cut up into bite size portions. Client #6 was not involved with cutting up his own food. At 4:39 PM, client #6 asked to have the same food (pizza and hot pocket) as his peers were having during dinner. Staff #8 told client #6 he had the same food as everyone else except his was cut up. At 4:59 PM, client #6 asked to have the same food as his peers. Client #6 indicated he did not get the same meal as his peers. Staff #8 told client #6 he had	W 0488	**W488: Dining Areas and Service: The facility must assure that each client eats in a manner consistent with his or her developmental level.** **Corrective action:** · The Clinical Supervisor/QIDP will re-train direct care staff of Client #6's mealtime needs as it relates to his dining plan and he is prompted to cut his food and provided assistance per his individual programming needs.. (Attachment A) · The Clinical Supervisor/QIDP will re-train direct care staff of family style dining/meals. Training to include ensuring all clients (Client #1, Client #2, Client #3, Client #4, Client #5, Client #6, Client #7) are involved with serving themselves per each developmental level. (Attachment A).) **How we will identify others:** · Daily Supper mealtime observations will be performed in home for two weeks to ensure that Client 1, Client, 2, Client 3, Client 4, Client 5, Client 6, and Client 7 are	02/27/2016

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	the same food as his peers but his was cut up. At 5:11 PM, client #6 indicated his salad did not have a hard boiled egg like his peers. Staff #8 indicated his had a boiled egg however it was cut up in his salad. On 1/27/16 at 11:57 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client #6 should be involved with cutting up and preparing his food during dinner. The QIDP indicated client #6 had a plastic rocker knife he should have used to cut up his own food. On 1/28/16 at 11:33 AM, the QIDP indicated the clients should serve themselves family style during meals. 9-3-8(a)		involved with serving themselves and Client 6 is prompted to cut his food. Observations will be completed by the Residential Manager, QIDP and Clinical Supervisor for two weeks at which time observations will be reviewed for staff competence and need to continue. (Attachment F) · Residential Manager, QIDP and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations. **Measures to be put in place:** · Daily Supper mealtime observations will be performed in home for two weeks to ensure that Client 1, Client, 2, Client 3, Client 4, Client 5, Client 6, and Client 7 are involved with serving themselves and Client 6 is prompted to cut his food. Observations will be completed by the Residential Manager, QIDP and Clinical Supervisor for two weeks at which time observations will be reviewed for staff competence and need to continue. (Attachment F) · Residential Manager, QIDP and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations.	

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			Monitoring of Corrective Action: · Daily Supper mealtime observations will be performed in home for two weeks to ensure that Client 1, Client, 2, Client 3, Client 4, Client 5, Client 6, and Client 7 are involved with serving themselves and Client 6 is prompted to cut his food. Observations will be completed by the Residential Manager, QIDP and Clinical Supervisor for two weeks at which time observations will be reviewed for staff competence and need to continue. (Attachment F) · Residential Manager, QIDP and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations. · Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct periodic reviews to ensure all polices are followed. · Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will	

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			perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. **Completion Date: 2-27-2016**	