

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 4, 5, 6, 11 and 13, 2012</p> <p>Facility Number: 001021 Provider Number: 15G507 AIM Number: 100245130</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 1/30/12 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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the Governing Body failed to exercise general operating direction over the facility by failing to include/implement policies and procedures which included/addressed the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>According to review of the agency's Operational Policy and Procedure Manual revision date of 10/25/10 on January 5, 2012 at 2:00 PM and on January 6, 2012 at 1:30 PM, the Governing Body failed to exercise general policy and operating direction over the facility in that the governing body failed to include the Elder Justice Act (as defined above) in their agency's written policies and procedures.</p>	W0104	<p>Corrective Action: (Specific) The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures. All staff will be trained on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>How others will be identified: (Systemic) The Abuse, Neglect Policy and Procedure and the Elder Justice Act will be trained during orientation training for newly hired staff. The yearly training for all staff will include the Abuse, Neglect Policy Procedure and the Elder Justice Act.</p> <p>Measures to be put in place The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures. All staff will be trained on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>Monitoring of Corrective Action: Periodic visits by the Operations Manager for SGL will be conducted to ensure documentation on the Elder Justice Act is always posted in the home. Annual training will include Abuse, Neglect Policy Procedure and the Elder Justice</p>	02/12/2012			

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	<p>During observations at the facility on 1/04/2012 from 2:15 PM until 6:30 PM and on 1/05/2012 from 6:30 AM until 9:00 AM clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility. Environmental tours of the facility during the observation times failed to indicate posted documentation regarding the Elder Justice Act and the rights/responsibilities thereof.</p> <p>The Executive Director, the Residential Director/Qualified Intellectual Disabilities Professional, Program Coordinator/House Manager and the LPN were interviewed on 1/05/2012 at 4:15 PM regarding the required implementation of the Elder Justice Act.</p> <p>The interview indicated the agency was aware of the Elder Justice Act, had commenced procedural changes for training and policy changes; but had not yet implemented such training or amended their policies and procedures at the time of survey.</p> <p>9-3-1(a)</p>		Act		

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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the agency failed to include, fully develop and implement written policies and procedures which addressed the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility;(pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>During observations at the facility on 1/04/2012 from 2:15 PM until 6:30 PM and on 1/05/2012 from 6:30 AM until 9:00 AM clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility. Environmental tours of the facility during the observation times failed to indicate posted documentation regarding the Elder Justice Act and the rights/responsibilities thereof.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the</p>			W0149	<p>Corrective Action: (Specific) The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures. All staff will be trained on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>How others will be identified: (Systemic) The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures. All staff will be trained on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>Measures to be put in place: The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures. All staff will be trained on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>Monitoring of Corrective Action: Periodic visits by the Operations Manager for SGL will be conducted to ensure documentation on the Elder Justice Act is always posted in the home. Annual training will include Abuse, Neglect Policy</p>		02/12/2012

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	<p>agency's 10/25/10 Operational Policy and Procedure Manual was reviewed on January 5, 2012 at 2:00 PM and on January 6, 2012 at 1:30 PM. The review indicated the manual had not been revised to include language regarding the Elder Justice Act. Attached to the 10/25/10 "Abuse/Neglect/Exploitation Policy and Procedure" was a document meant for posting in agency facilities as a tool to inform clients and staff about the Elder Justice Act. The agency had not posted the attachment in the facility nor implemented training regarding the Elder Justice Act (as defined above) as a part of the agency's written policies and procedures.</p> <p>The Executive Director, the Residential Director/Qualified Intellectual Disabilities Professional, Program Coordinator/House Manager and the LPN were interviewed on 1/05/2012 at 4:15 PM regarding the required implementation of the Elder Justice Act.</p> <p>The interview indicated the agency was aware of the Elder Justice Act, had commenced procedural changes for training and policy changes; but had not yet implemented such training or had fully amended their policies and procedures at the time of survey.</p> <p>9-3-2(a)</p>		Procedure and the Elder Justice Act.				

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W0153	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 5 investigations reviewed (client #2), the facility failed to ensure facility staff immediately reported allegations of staff to client misconduct (verbal abuse) to the Administrator.</p> <p>Findings include:</p> <p>Review of facility investigations on 1/06/2012 at 3:00 PM and 1/11/2012 at 8:00 AM indicated client #2 had made an allegation on 1/06/2012 concerning staff #7 during the investigation of a separate incident.</p> <p>During an investigation concerning client #6, client #2 was interviewed by the facility's Quality Assurance Director/QAD #10 on 1/06/2012. During the interview, client #2 alleged on 1/04/2012, he had been pacing about the facility's dining room when staff #7 approached him and asked why he was pacing. Client #2 reported staff #7 had stated he "needed to get out of her face and sit on the couch."</p> <p>During the course of the investigation, staff #4 and staff #11 confirmed they had witnessed staff #7 be verbally</p>			W0153	<p>Corrective Action: (Specific) All staff will be retrained on the Abuse, Neglect Policy and Procedure Policy and the Elder Justice Act. All staff will be retrained that any allegation of abuse, including verbal abuse, and neglect will be reported to the Program Coordinator, the Operations Manager for SGL, the Director of SGL, the Quality Assurance Staff, and the Administrator.</p> <p>How others will be identified: (Systemic) All staff are retrained annually on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>Measures to be put in place: All staff will be retrained on the Abuse, Neglect Policy and Procedure Policy and the Elder Justice Act. All staff will be retrained that any allegation of abuse, including verbal abuse, and neglect will be reported to the Program Coordinator, the Operations Manager for SGL, the Director of SGL, the Quality Assurance Staff, and the Administrator.</p> <p>Monitoring of Corrective Action: All staff are retrained annually on the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p>		02/12/2012

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	<p>inappropriate toward client #2.</p> <p>Interview with QAD #10 on 1/13/2012 at 2:24 PM indicated staff #4 and staff #11 had not reported the 1/04/2012 incident to their supervisory staff but had intervened with staff #7 at the time of the incident and counseled her on more appropriate behavior.</p> <p>The interview with QAD #10 indicated staff #4 and #11 should also have reported the incident to their supervisor (Program Coordinator #2) who would then have reported it to the Administrator for immediate action.</p> <p>9-3-2(a)</p>			
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W0189	<p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility failed to provide each current employee with initial training regarding the Elder Justice Act and failed to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Findings include:</p> <p>During observations at the facility on 1/04/2012 from 2:15 PM until 6:30 PM and on 1/05/2012 from 6:30 AM until 9:00 AM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility. During the various times of the observation periods, Program Coordinator #2, LPN #3, and direct contact staff #4, #5, #6, #7, #9, #11 and #12 worked with the clients.</p> <p>Environmental tours of the facility during the observation times indicated no posted documentation regarding the Elder Justice Act and the staff's rights/responsibilities thereof.</p> <p>A list of employees, who worked at the facility with clients #1, #2, #3, #4, #5, #6, #7 and #8, was compiled by Program</p>	W0189	<p>Corrective Action: (Specific) All staff, including the Program Coordinator, the Nurse, and the Operations Manager for SGL will be trained on Abuse Neglect Policy and Procedure and the Elder Justice Act. The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures. How others will be identified: (Systemic) The Abuse, Neglect Policy and Procedure and the Elder Justice Act will be trained during orientation training for newly hired staff. The yearly training for all staff will include the Abuse, Neglect Policy and Procedure and the Elder Justice Act.</p> <p>Measures to be put in place: All staff, including the Program Coordinator, the Nurse, and the Operations Manager for SGL will be trained on Abuse Neglect Policy and Procedure and the Elder Justice Act. The documentation for the Elder Justice Act has been posted in the facility. The Elder Justice Act has been fully amended and implemented to the agency's policies and procedures.</p> <p>Monitoring of Corrective Action: All staff are retrained annually on the Abuse, Neglect</p>	02/12/2012			

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	<p>Coordinator/PC staff #2 on 1/04/12 at 2:15 PM. The list was reviewed on 1/04/2012 at 2:30 PM and contained the following direct contact and administrative staff: Residential Director/Qualified Intellectual Disabilities Professional #1, PC #2, LPN #3, and Direct Contact staff #4, #5, #6, #7, #8, #9, #10, #11, #12 and #14.</p> <p>Employee files for PC #2 and Direct Contact staff #4, #5, #6, #7, #8, #9, #10, #11, #12 and #14 were reviewed on 1/06/2012 at 1:55 PM. The review indicated no training regarding the Elder Justice Act.</p> <p>Residential Director/Qualified Intellectual Disabilities Professional #1 and LPN #3 were interviewed on 1/05/2012 at 4:15 PM and indicated they had not yet been trained by the agency regarding the required implementation of the Elder Justice Act.</p> <p>Interview with Human Resources staff #13 on 1/06/2012 at 1:55 PM indicated the agency was aware of the Elder Justice Act and had added training about it to their new staff orientation curriculum. The interview indicated the new curriculum had not yet been implemented nor had current staff been trained regarding the Elder Justice Act.</p>		Policy and Procedure and the Elder Justice Act.				

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