

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G333	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4208 W GARVER ST MUNCIE, IN 47305
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/12, 2/13, 2/14, 2/17, 2/18, 2/19, 2/20, and 2/21/2014.</p> <p>Surveyor: Susan Eakright, QIDP.</p> <p>Facility Number: 000851 Provider Number: 15G333 AIMS Number: 100243880</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/28/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000120	<p>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, record review, and inter-1 additional client (client #6) who attended an workshop for day services, the facility failed to the outside workshop met client #6's identifiec</p> <p>Findings include:</p>	W000120	The facility will assure that outside services meet the needs of each client. The QIDP met with workshop administration and discussed the need for the Developmental Work Services Assessment and revision to include work skills, work history and work interest. These revisions to the	03/21/2014

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>On 2/18/14 from 9:25am until 11:15am, client #6 was observed at the outside workshop #2. From 9:25am until 11:15am, client #6 sat in a chair at his workstation, his head and arms laid on top of the table area, and client #6's eyes were closed. From 9:25am until 11:15am, Workshop Staff (WKS) #1 did not initiate communication between herself and client #6. At 9:40am, WKS #1 indicated client #6 was asleep and was not working. At 9:40am, WKS #1 indicated client #6 was to have been completing paid work.</p> <p>On 2/19/14 at 3:00pm, client #6's record was reviewed. Client #6's 6/13/13 "Developmental Work Services Assessment" indicated "List any behavior/medical concerns that affect day program services: Sleeping/staying on task." Client #6's 6/21/13 ISP (Individual Support Plan) indicated he had an objective/goal to complete a multi step task with two verbal prompts.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #6 should have been prompted and offered work opportunities to complete tasks.</p>		developmental work services assessment have been made for all clients in the home. QIDP or Residential Manager will complete twice weekly day program observations and document accordingly to ensure that the clients are actively involved at the workshop.				

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W000149	<p>On 2/21/14 at 1:00pm, an interview with the QIDP was conducted. The QIDP stated client #6's workshop goal/objective was to "increase his production rate of 16% for at least 7 out of (the) next 12 months (and) to stay on a task to complete a job/activity w/two (with two) or least prompts in 75% of training opportunities."</p> <p>9-3-1(a)</p> <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 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility neglected to implement the agency's policy and procedure to protect clients #1, #2, #3, #4, #5, #6, #7, and #8 from financial exploitation.</p> <p>Finding include:</p> <p>On 2/13/14 at 1:35pm, the facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed from 2/2013 through 2/13/14 and indicated the following for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p>	W000149	<p>The facility will ensure that written policies and procedures that prohibit mistreatment, neglect or abuse of the client are followed at all times. Money boxes have been bolted to a shelf and staff are documenting that the money boxes are physically there at each shift change. The QIDP and RM will review weekly the documentation to ensure that staff are following the policy regarding the money boxes.</p>	03/21/2014

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	<p>-The 1/9/14 BDDS reports for incidents of missing personal funds on 1/08/14 at 2:00pm for clients #1, #2, #3, #4, #5, #6, #7, and #8. The reports indicated client #1, #2, #3, #4, #5, #6, #7, and #8's "cash on hand money boxes were missing from the home." The individual BDDS reports did not include each client's amount of missing personal funds. The "systemic actions being taken to assume health and safety issues...to prevent this from occurring in the future, all cash boxes in every home will be accounted for at change of shift and documented." The BDDS report indicated "all clients" will be reimbursed their missing money from the money boxes.</p> <p>On 2/13/14 at 1:35pm, a review of the 1/14/14 "Investigation Case Summary" indicated "1/9/14 the incident was reported to the Program Manager, by [name] QIDP for the Muncie homes. [The QIDP] informed [the Program Manager] that the cash boxes, 3 total boxes that contained some petty cash and client funds were missing from the [name] home." The investigation indicated on 1/4/14 "it was discovered by weekend staff" that the three cash boxes that held money for the clients were not in the usual place in the home. The staff reported this to their</p>			

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	<p>supervisor. The investigation indicated the home was searched and the three cash boxes were not located. The investigation indicated the leadership staff could not get to the group home until 1/7/14 due to inclement weather. The leadership staff "search of all rooms, garage, etc... was completed" and the three cash boxes were not located. The investigation indicated on "1/9/14 it was determined that the last time the boxes were seen was on 1/2/14 around 11:30pm, when the supervisor had counted the money in the boxes." The investigation indicated thirteen staff were interviewed who had worked during the period between when the three cash boxes were last seen and the date 1/4/14 when the boxes were discovered missing. The investigation indicated "Summary of interviews...The boxes were always kept in the third drawer of a dresser in the living room on which the fish tank sits. Only certain staff had access/knew the combinations of the cash boxes...All staff interviewed indicated that they had not seen anyone with the boxes and they had not taken the boxes. Summary of findings: It could not be established who had taken the cash boxes or what had happened to the cash boxes."</p> <p>On 2/13/14 at 1:35pm, the Director of</p>			

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	<p>Residential Group Home Living (DRGHL) provided 2/5/14 receipts for the following reimbursements of each client's missing funds:</p> <ul style="list-style-type: none"> -Client #1: \$22.43 -Client #2: \$67.57 -Client #3: \$44.59 -Client #4: \$28.14 -Client #5: \$6.00 -Client #6: \$58.03 -Client #7: \$28.69 -Client #8: \$93.13 <p>On 2/13/14 at 1:30pm, a record review was completed of the facility's 4/2012 "Operations Standard, Reporting and Investigating abuse/neglect/exploitation/mistreatment " policy and procedures. The policy and procedure indicated the facility prohibited abuse, neglect, exploitation, and mistreatment.</p> <p>On 2/13/14 at 1:30pm, a record review was completed of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...Exploitation...a.) Financial, any deliberate misplacement, exploitation, or wrongful temporary or permanent use of a individual's belongings or money."</p>			

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	<p>On 2/19/14 at 3:00pm, a review of the facility's undated policy and procedure "Consumer Finances" for handling client personal funds was conducted. The policy and procedure indicated "Shift money boxes. In order to make money available to different shifts and the weekend, money boxes are utilized to keep small amounts of money for each consumers use. The money boxes will be locked and only 1 staff per shift or 1 weekend staff will have the combination to the box...." The policy and procedure indicated "The agency will not tolerate any negligence regarding consumer finances." The policy and procedure indicated a record of each clients' ledger, cash on hand in each box, and accounting of each clients' money were to be recorded. The policy and procedure indicated "it is the responsibility of the home manager and the program coordinator to assure that all consumer finances are accurately kept and reflected on the consumer financial record."</p> <p>On 2/19/14 at 3:00pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 did not have the combinations for the cash boxes which</p>						

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W000225	<p>held their personal funds. The QIDP indicated the incident was the result of the staff not needing to access the clients' personal funds until 1/4/14. The QIDP indicated the cash boxes had not been located. The QIDP indicated the definition of neglect was the failure to provide appropriate care and/or supervision.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, interview, and record review, for 2 of 4 sampled clients (clients #1 and #2) and 1 additional client (client #6), the facility failed to assess client #1, #2, and #6's individual work history, work skills, and work interests.</p> <p>Findings include:</p> <p>On 2/18/14 from 9:25am until 11:15am, client #6 was observed at the outside workshop #2. From 9:25am until 11:15am, client #6 sat in a chair at his workstation, his head and arms laid on top of the table area, and client #6's eyes were closed. From 9:25am until 11:15am, Workshop Staff (WKS) #1 did</p>	W000225	<p>The facility will ensure that a comprehensive functional assessment will include, as applicable, vocational skills. The QIDP met with workshop administration and discussed the need for the Developmental Work Services Assessment and revision to include work skills, work history and work interest. These revisions to the developmental work services assessments have been made for all clients in the home. QIDP or Residential Manager will complete twice weekly day program observations and document accordingly to ensure that the clients are actively involved at the workshop.</p>	03/21/2014

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	<p>not initiate communication between herself and client #6. At 9:40am, WKS #1 indicated client #6 was asleep and was not working. At 9:40am, WKS #1 indicated client #6 was to have been completing paid work.</p> <p>On 2/19/14 at 3:00pm, client #6's record was reviewed. Client #6's 6/13/13 "Developmental Work Services Assessment (vocational assessment)" indicated "List any behavior/medical concerns that affect day program services: Sleeping/staying on task." Client #6's vocational assessment did not include his work history and/or work interests. Client #6's 6/21/13 ISP (Individual Support Plan) indicated he had an objective/goal to complete a multi step task with two verbal prompts.</p> <p>On 2/18/14 at 12:02pm, client #1's record was reviewed. Client #1's 3/8/13 ISP and 3/5/13 "Developmental Work Services Assessment (vocational assessment)" indicated client #1 "needs work" and a goal/objective "will ask for work." Client #1's 3/5/13 vocational assessment did not include her work history and/or work interests.</p> <p>On 2/17/14 at 11:10am, client #2's record was reviewed. Client #2's 5/15/13 ISP indicated a vocational</p>			

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W000368	<p>goal/objective to "maintain or increase his production rate (and) to stay on task while at workshop." Client #2's 6/6/13 "Developmental Work Services Assessment (vocational assessment)" did not include his work history and/or work interests.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #6 should have been prompted and offered work opportunities to complete tasks. The QIDP indicated clients #1, #2, and #6's vocational assessments did not include a work history, work skills, and/or their work interests.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, for 3 of 4 sampled clients (clients #1, #2, and #4) and 3 additional clients (clients #6, #7, and #8), the facility staff failed to administer medications without error and as prescribed by the clients' physician.</p> <p>Findings include:</p>	W000368	The facility will ensure that all drugs are administered in compliance with the physician's orders. All staff (residential and workshop) will be retrained on following all physician's orders. The agency nurse will retrain all staff on proper medication administration. The QIDP, Residential Manager and the agency nurse will complete weekly med pass observations.	03/21/2014

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	<p>On 2/13/14 at 1:35pm, the facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed from 2/2013 through 2/13/14 and indicated the following:</p> <p>-A 1/21/14 BDDS report for a medication error on 1/19/14 at 7:00pm, indicated staff gave client #7 an extra dose of Neurontin 300mg (milligrams) for seizures, and Oscal with vitamin D 500mg for nutritional health medications.</p> <p>-A 1/21/14 BDDS report for a medication error on 1/19/14 at 7:00am, indicated staff gave client #4 "an extra dose" of Neurontin 600mg for seizures and Oscal with vitamin D 500mg to prevent bone loss medications.</p> <p>-A 11/25/13 BDDS report for a medication error on 11/24/13 at 8:00pm, indicated staff omitted client #6's Valium 2mg for behaviors medication.</p> <p>-A 10/8/13 BDDS report for a medication error on 10/7/13 at 7:00am, indicated staff omitted client #8's Prilosec 20mg for stomach upset and Multigem vitamin for nutritional health medications.</p>				

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	<p>-A 6/6/13 BDDS report for a medication error on 6/5/13 at 7:00am, indicated staff omitted client #4's Gabitril 4mg (milligrams) for seizure disorder medication.</p> <p>-A 5/28/13 BDDS report for a medication error on 5/27/13 at 7:00am, indicated staff omitted client #2's Zantac for stomach upset 150mg medication.</p> <p>-A 4/23/13 BDDS report for a medication error on 4/22/13 at 8:00pm, indicated staff omitted one (1) dose of client #2's Singulair 10mg for allergies medication. The report indicated staff gave one 5mg Singulair instead of two.</p> <p>-A 4/15/13 BDDS report for a medication error on 4/15/13 at 8:00pm, indicated staff gave client #1 an extra dose of Topamax for seizures medication.</p> <p>-A 3/4/13 BDDS report for a medication error on 3/3/13 at 7:00am, indicated client #4 was given an extra dose of Neurontin 600mg (milligrams) for seizures and staff omitted client #4's Risperdal 1mg for behaviors medications.</p> <p>On 2/18/14 at 12:02pm, client #1's record was reviewed. Client #1's 2/5/14</p>						

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	<p>"Physician's Orders" indicated "Topamax 100mg, give one tablet by mouth twice daily for seizures (and) Topamax 50mg, give one tablet by mouth twice daily for seizures-take with 100mg to = (equal) 150mg."</p> <p>On 2/17/14 at 11:10am, client #2's record was reviewed. Client #2's 2/9/14 "Physician's Orders" indicated "Singulair 5mg, chew 2 tablets to = 10mg by mouth once daily (for) allergies/sinus (and) Zantac 150mg, give one tablet by mouth twice daily for GERD (stomach upset)."</p> <p>On 2/17/14 at 10:30am, client #4's record was reviewed. Client #4's 2/4/14 "Physician's Orders" indicated "Neurontin 600mg, give one tablet by mouth three times daily for seizure disorder, Oyster Calcium 500mg +D (Oscal with vitamin D) give one tablet by mouth three times daily to prevent bone loss, Gabitril 4mg give one tablet by mouth twice daily for seizure disorder." Client #4's record indicated "Risperdal 1mg" medication was for behaviors and the medication was changed in 6/2013.</p> <p>On 2/19/14 at 3:00pm, client #6's record was reviewed. Client #6's 6/21/13 ISP (Individual Support Plan" and client #6's</p>						

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 4208 W GARVER ST MUNCIE, IN 47305		
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	<p>2/2014 "Physician's Order" both indicated "Valium 2mg in PM (evening), 3mg AM & HS (in the morning and at bedtime)" for behaviors.</p> <p>On 2/19/14 at 3:00pm, a record review was completed of the undated facility's policy and procedures which indicated facility staff should follow physician's orders to administer medications to clients who lived in the group home.</p> <p>On 2/19/14 at 3:00pm, the 2004 "Core A/Core B Medication Training" indicated "Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician orders.</p> <p>On 2/19/14 at 3:00pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated staff did not follow physician's orders and when staff did not follow client #1, #2, #4, #6, #7, and #8's physician orders the result would be considered a medication error.</p> <p>9-3-6(a)</p>				