

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G493	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/18/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4160 N CAMPBELL AVE INDIANAPOLIS, IN 46226
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W 0000  Bldg. 00	<p>This visit was for the Post Certification Revisit (PCR) to the investigation of complaint #IN00175456 completed on 6/24/15.</p> <p>This visit was done in conjunction with a pre-determined full annual recertification and state licensure survey.</p> <p>Complaint #IN00175456: Not corrected.</p> <p>Dates of Survey: 8/10/15, 8/11/15, 8/12/15, 8/13/15, 8/17/15 and 8/18/15.</p> <p>Facility Number: 001007 Provider Number: 15G493 AIMS Number: 100245090</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 4 sampled clients (A, C and</p>	W 0102	<p><b>CORRECTION:</b></p> <p><i>The facility must ensure that specific governing body and</i></p>	09/15/2015

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>D). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, C and D's active treatment programs, to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure clients C and D's guardians participated in the development of their ISPs, to ensure client D's ISP included oral hygiene training to address his oral hygiene needs, to ensure client A received continuous active treatment during available opportunities, to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home and to ensure client A was assessed to determine his evacuation needs.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Active Treatment Services for 3 of 4 sampled clients (A, C and D).</p> <p>Finding include:</p> <p>1. The governing body failed to exercise</p>		<p><i>management requirements are met. Specifically:</i></p> <p>To facilitate improved active treatment service delivery, the interdisciplinary team will reassess Client A's current active treatment needs and learning styles in order to develop enhanced support approaches to encourage Client A to participate in active treatment. Through recent assessment, the team has identified sensory stimulation as a mechanism to engage Client A's interest. The facility will obtain additional sensory stimulation materials and incorporate them into Client A's individualized support plan.</p> <p>All direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for Client A including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities.</p>	

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	<p>general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients A, C and D's active treatment programs, to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure clients C and D's guardians participated in the development of their ISPs, to ensure client D's ISP included oral hygiene training to address his oral hygiene needs, to ensure client A received continuous active treatment during available opportunities, to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home and to ensure client A was assessed to determine his evacuation needs. 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: Active Treatment Services for 3 of 4 sampled clients (A, C and D). Please see W195.</p> <p>This deficiency was cited on 6/24/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>For Clients C and D, the QIDP and will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect additional clients.</p> <p>The interdisciplinary team has developed an objective for Client D to develop oral hygiene skills. Through observation the team determined that this deficient practice affected all clients who reside in the facility and therefore the team has developed oral hygiene objectives accordingly.</p> <p>The interdisciplinary team will develop Active Treatment Schedules for Client A that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p>	

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	9-3-1(a)		<p>Client A's evacuation needs will be reassessed and proactive and reactive intervention strategies will be incorporated into Client A's Behavior Support Plan to ensure participation in emergency evacuations of the facility.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need to assure aggressive and consistent implementation of active treatment for all clients. Specifically for Client A, for at least the next 180 days the QIDP will bring all relevant members of the interdisciplinary team together to evaluate Client A's progress and level of participation and develop additional approaches for incorporation into the individual support plan as appropriate.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The</p>	

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			<p>Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning</p>	

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			<p>active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Administrative monitoring will focus on:</p> <ol style="list-style-type: none"> <li>Assuring all clients have sufficient supports in place to assure a program of aggressive, continuous and consistent active treatment.</li> </ol>	

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			<p>2. Assuring all clients receive a program of aggressive and continuous active treatment.</p> <p>3. Assuring guardian participation in development of support plans occurs.</p> <p>4. Assuring support plans include all relevant goals to support clients toward independence</p> <p>5. Assuring Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>6. Assuring appropriate supports are included in each client's support plan including but not limited to those that address evacuation needs.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive</p>	

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			<p>Director will participate directly in administrative monitoring of the <i>facility</i>.</p> <p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measureable objectives to support clients toward independence.</p> <p>Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, C and D's active treatment programs, to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure clients C and D's guardians participated in the development of their ISPs, to ensure client D's ISP included oral</p>	W 0104	<p>The agency will retrain QIDP regarding the need to assess all clients' evacuation needs and develop specific supports as needed.</p> <p><b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p><b>CORRECTION:</b>  <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following:</i></p> <p>To facilitate improved active treatment service delivery, the interdisciplinary team will reassess Client A's current active treatment needs and learning styles in order to develop enhanced support approaches to encourage Client A to participate</p>	09/15/2015

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	<p>hygiene training to address his oral hygiene needs, to ensure client A received continuous active treatment during available opportunities, to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home and to ensure client A was assessed to determine his evacuation needs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients A, C and D's active treatment programs. Please see W159.</li> <li>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP. Please see W196.</li> <li>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients C and D's guardians participated in the development of their ISPs. Please see W209.</li> </ol>		<p>in active treatment. Through recent assessment, the team has identified sensory stimulation as a mechanism to engage Client A's interest. The facility will obtain additional sensory stimulation materials and incorporate them into Client A's individualized support plan.</p> <p>All direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for Client A including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities.</p> <p>For Clients C and D, the QIDP and will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect additional clients.</p>	

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	<p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client D's ISP included oral hygiene training to address his oral hygiene needs. Please see W227.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A received continuous active treatment during available opportunities. Please see W249.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home. Please see W250.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A was assessed to determine his evacuation needs. Please see W446.</p> <p>This deficiency was cited on 6/24/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>The interdisciplinary team has developed an objective for Client D to develop oral hygiene skills. Through observation the team determined that this deficient practice affected all clients who reside in the facility and therefore the team has developed oral hygiene objectives accordingly.</p> <p>The interdisciplinary team will develop Active Treatment Schedules for Client A that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Client A's evacuation needs will be reassessed and proactive and reactive intervention strategies will be incorporated into Client A's Behavior Support Plan to ensure participation in emergency evacuations of the facility.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained</p>	

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			<p>regarding the need to assure aggressive and consistent implementation of active treatment for all clients. Specifically for Client A, for at least the next 180 days the QIDP will bring all relevant members of the interdisciplinary team together to evaluate Client A's progress and level of participation and develop additional approaches for incorporation into the individual support plan as appropriate.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities. Members of the Operations Team, comprised of</p>	

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			<p>Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation</p>	

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			<p>and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Administrative monitoring will focus on:</p> <ol style="list-style-type: none"> <li>1. Assuring all clients have sufficient supports in place to assure a program of aggressive, continuous and consistent active treatment.</li> <li>2. Assuring all clients receive a program of aggressive and continuous active treatment.</li> <li>3. Assuring guardian participation in development of support plans occurs.</li> <li>4. Assuring support plans include all relevant goals to support clients toward independence</li> </ol>	

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			<p>5. Assuring Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>6. Assuring appropriate supports are included in each client's support plan including but not limited to those that address evacuation needs.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and</p>	

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			<p>encouraged to participate in the ISP development process.</p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measureable objectives to support clients toward independence.</p> <p>Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>The agency will retrain QIDP regarding the need to assess all clients' evacuation needs and develop specific supports as needed.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of</p>	

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure clients C and D's guardians participated in the development of their ISPs, to ensure client D's ISP included oral hygiene training to address his oral hygiene needs, to ensure client A received continuous active treatment during available opportunities, to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home and to ensure client A was assessed to determine his evacuation needs.</p> <p>Findings include:</p> <p>1. The QIDP failed to integrate, coordinate and monitor client A's active</p>	W 0159	<p>Operations/General Manager</p> <p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically:</i></p> <p>To facilitate improved active treatment service delivery, the interdisciplinary team will reassess Client A's current active treatment needs and learning styles in order to develop enhanced support approaches to encourage Client A to participate in active treatment. Through recent assessment, the team has identified sensory stimulation as a mechanism to engage Client A's interest. The facility will obtain additional sensory stimulation materials and incorporate them into Client A's individualized support plan.</p> <p>All direct support staff will be</p>	09/15/2015

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	<p>treatment program by failing to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP. Please see W196.</p> <p>2. The QIDP failed to integrate, coordinate and monitor clients C and D's active treatment program by failing to ensure clients C and D's guardians participated in the development of their ISPs. Please see W209.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client D's active treatment program by failing to ensure client D's ISP included oral hygiene training to address his oral hygiene needs. Please see W227.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A received continuous active treatment during available opportunities. Please see W249.</p> <p>5. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home. Please see W250.</p>		<p>retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for Client A including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities.</p> <p>For Clients C and D, the QIDP and will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect additional clients.</p> <p>The interdisciplinary team has developed an objective for Client D to develop oral hygiene skills. Through observation the team determined that this deficient practice affected all clients who reside in the facility and therefore the team has developed oral hygiene objectives accordingly.</p>	

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	<p>6. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A was assessed to determine his evacuation needs. Please see W446.</p> <p>9-3-3(a)</p>		<p>The interdisciplinary team will develop Active Treatment Schedules for Client A that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Client A's evacuation needs will be reassessed and proactive and reactive intervention strategies will be incorporated into Client A's Behavior Support Plan to ensure participation in emergency evacuations of the facility.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need to assure aggressive and consistent implementation of active treatment for all clients. Specifically for Client A, for at least the next 180 days the QIDP will bring all relevant members of the interdisciplinary team together to evaluate Client A's progress and level of participation and develop additional approaches for incorporation into the individual support plan as</p>	

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			<p>appropriate.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 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</p>	

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			<p>needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly</p>	

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			<p>–more frequently if training issues or problems are discovered.</p> <p>Administrative monitoring will focus on:</p> <ol style="list-style-type: none"> <li>1. Assuring all clients have sufficient supports in place to assure a program of aggressive, continuous and consistent active treatment.</li> <li>2. Assuring all clients receive a program of aggressive and continuous active treatment.</li> <li>3. Assuring guardian participation in development of support plans occurs.</li> <li>4. Assuring support plans include all relevant goals to support clients toward independence</li> <li>5. Assuring Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</li> <li>6. Assuring appropriate supports are included in each</li> </ol>	

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			<p>client's support plan including but not limited to those that address evacuation needs.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measureable objectives to support clients toward independence.</p>	

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W 0195  Bldg. 00	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Active Treatment Services for 3 of 4 sampled clients (A, C and D). The facility failed to ensure the QIDP (Qualified Intellectual	W 0195	Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.  The agency will retrain QIDP regarding the need to assess all clients' evacuation needs and develop specific supports as needed.  <b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team  <b>CORRECTION:</b>  <i>The facility must ensure that specific active treatment services requirements are met. Specifically:</i>	09/15/2015

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	<p>Disabilities Professional) integrated, coordinated and monitored clients A, C and D's active treatment programs, to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure clients C and D's guardians participated in the development of their ISPs, to ensure client D's ISP included oral hygiene training to address his oral hygiene needs, to ensure client A received continuous active treatment during available opportunities, to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home and to ensure client A was assessed to determine his evacuation needs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, C and D's active treatment programs. Please see W159.</li> <li>2. The facility failed to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP. Please see W196.</li> </ol>		<p>To facilitate improved active treatment service delivery, the interdisciplinary team will reassess Client A's current active treatment needs and learning styles in order to develop enhanced support approaches to encourage Client A to participate in active treatment. Through recent assessment, the team has identified sensory stimulation as a mechanism to engage Client A's interest. The facility will obtain additional sensory stimulation materials and incorporate them into Client A's individualized support plan.</p> <p>All direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for Client A including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities.</p> <p>For Clients C and D, the QIDP and will be retrained regarding the need to bring all elements of</p>	

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	<p>3. The facility failed to ensure clients C and D's guardians participated in the development of their ISPs. Please see W209.</p> <p>4. The facility failed to ensure client D's ISP included oral hygiene training to address his oral hygiene needs. Please see W227.</p> <p>5. The facility failed to ensure client A received continuous active treatment during available opportunities. Please see W249.</p> <p>6. The facility failed to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the group home. Please see W250.</p> <p>7. The facility failed to ensure client A was assessed to determine his evacuation needs. Please see W446.</p> <p>9-3-4(a)</p>		<p>the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect additional clients.</p> <p>The interdisciplinary team has developed an objective for Client D to develop oral hygiene skills. Through observation the team determined that this deficient practice affected all clients who reside in the facility and therefore the team has developed oral hygiene objectives accordingly.</p> <p>The interdisciplinary team will develop Active Treatment Schedules for Client A that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Client A's evacuation needs will be reassessed and proactive and reactive intervention strategies</p>	

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			<p>will be incorporated into Client A's Behavior Support Plan to ensure participation in emergency evacuations of the facility.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need to assure aggressive and consistent implementation of active treatment for all clients. Specifically for Client A, for at least the next 180 days the QIDP will bring all relevant members of the interdisciplinary team together to evaluate Client A's progress and level of participation and develop additional approaches for incorporation into the individual support plan as appropriate.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The Team Lead (non-exempt Residential Manager) will be present, supervising active</p>	

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			<p>treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Administrative monitoring will focus on:</p> <ol style="list-style-type: none"> <li>1. Assuring all clients have sufficient supports in place to assure a program of aggressive, continuous and consistent active treatment.</li> <li>2. Assuring all clients receive a program of aggressive and</li> </ol>	

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			<p>continuous active treatment.</p> <p>3. Assuring guardian participation in development of support plans occurs.</p> <p>4. Assuring support plans include all relevant goals to support clients toward independence</p> <p>5. Assuring Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>6. Assuring appropriate supports are included in each client's support plan including but not limited to those that address evacuation needs.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p>	

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			<p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measureable objectives to support clients toward independence.</p> <p>Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>The agency will retrain QIDP regarding the need to assess all clients' evacuation needs and</p>	

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W 0196 Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/10/15 from 4:30 PM</p>	W 0196	<p>develop specific supports as needed.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services. Specifically, the interdisciplinary team will reassess Client A's current active treatment needs and learning</i></p>	09/15/2015

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	<p>through 6:00 PM. At 4:30 PM, client A was seated in a recliner in the home's living room area. Staff verbally encouraged client A to socialize with his peers, point to pictures in a book, take his evening medications and participate in the home's evening family style meal. Client A refused to participate in the home's active treatment program. Client A sat in a recliner in the living room from 4:30 PM through 6:00 PM.</p> <p>Observations were conducted at the group home on 8/11/15 from 6:08 AM through 8:06 AM. Client A was seated in a recliner in the living room from 6:08 AM through 8:06 AM. At 6:40 AM, client A was verbally encouraged to assist cleaning the home's dining room table. Client A refused to assist with the morning meal cleanup and remained seated in the recliner throughout the observation period.</p> <p>Observations were conducted at the group home on 8/12/15 from 9:00 AM through 10:30 AM. Client A sat in his recliner without activity throughout the observation period.</p> <p>Staff #1 was interviewed on 8/10/15 at 4:50 PM. Staff #1 indicated client A refused to participate in active treatment programming on a daily basis. Staff #1</p>		<p>styles in order to develop enhanced support approaches to encourage Client A to participate in active treatment. Through recent assessment, the team has identified sensory stimulation as a mechanism to engage Client A's interest. The facility will obtain additional sensory stimulation materials and incorporate them into Client A's individualized support plan.</p> <p>Also specifically for Client A, the interdisciplinary team will develop additional desensitization approaches to increase Client A's participation in medical appointments and procedures.</p> <p>A review of facility documentation indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need to assure aggressive and consistent implementation of active treatment for all clients. Specifically for Client A, for at least the next 180 days the QIDP</p>	

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	<p>indicated client A's daily routine is to wake, shower, dress and then sit in his recliner through the day. Staff #1 indicated client A received his medications in the living room due to refusals to come to the medication room. Staff #1 indicated client A refused to eat his meals in the home's dining room area. Staff #1 indicated client A had physically aggressive behaviors when attempts were made to engage him in programming in the home or community integration. Staff #1 indicated client A was non-verbal in that he did not verbally communicate his wants or needs.</p> <p>HM (Home Manager) #1 was interviewed on 8/10/15 at 5:40 PM. HM #1 indicated client A refused to participate in the home's active treatment program. HM #1 indicated client A would occasionally join his peers at the dining room table for a meal but would not participate in meal preparation activities. HM #1 indicated client A refused to go on outings, attend medical/dental appointments or go to day services. HM #1 indicated client A's daily routine is to sit in his recliner.</p> <p>Staff #2 was interviewed on 8/11/15 at 6:53 AM. Staff #2 indicated client A did not attend day services. Staff #2 indicated client A's daily routine was to sit in his recliner. Staff #2 indicated client A</p>		<p>will bring all relevant members of the interdisciplinary team together to evaluate Client A's progress and level of participation and develop additional approaches for incorporation into the individual support plan as appropriate.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the</p>	

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	<p>refused to participate in active treatment and leave the house or go outside.</p> <p>Client A's record was reviewed on 8/11/15 at 10:05 AM. Client A's Quarterly QIDP (Qualified Intellectual Disabilities Professional) Review form dated 11/28/14 indicated, "[Client A] refuses to do anything for himself. He is capable but is non-compliant when prompted. [Client A] needs practice on getting up off the couch and interacting with peers. [Client A] is non-compliant in practicing his ADL's (Activities of Daily Living). He is difficult with shower time." Client A's Quarterly QIDP Review form dated 11/28/14 indicated, "[Client A] is difficult to motivate to get in the van. He does not participate in the shopping process. Staff reports he will plop down on the ground and refuse to get in to the van." The Quarterly QIDP Review form dated 11/28/14 indicated, "The team discussed [client A] going to day service at least once a week to get him introduced to leaving the home. He is home all the time and needs some stimulation. We will get this started after the new year."</p> <p>Client A's Quarterly QIDP Review form dated 1/30/15 indicated, "[Client A] still refuses to cooperate with staff when following instructions. He will try to spit</p>		<p>next 30 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>	

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	<p>on staff or have accidents to prevent from following instructions. [Client A] will move about the home more and sit in different chairs and watch television. He will sit and observe others participating in activities but will not participate. Suggest he get returned to his familiar (sic) facility where they have the equipment to assist him. Suggest [client A] gets a one on one (staff) to help more with him in completing ADL tasks." Client A's Quarterly QIDP Review form dated 1/30/15 indicated, "[Client A] will refuse to walk to the table to eat meals, he still will not go to the bathroom independently. [Client A] requires two staff to get him to complete ADL's. [Client A] does not do well in the community. He will have behaviors of non-compliance, incontinence, flopping down on the ground and refusing to get in the van."</p> <p>Client A's Person Centered Planning Profile (PCPP) (undated) indicated, "[Client A] presents with Profound Intellectual Disability, Down's Syndrome and constipation." Client A's undated PCPP indicated, "[Client A] is very difficult to deal work (sic) with when implementing his ADL's and hygiene care. [Client A] does not like going outside or getting on the van. [Client A] was not prescribed any psychotropic</p>		<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Administrative monitoring will focus on assuring all clients receive a program of aggressive and continuous active treatment.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities.</p> <p><b>RESPONSIBLE PARTIES:</b></p>	

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	<p>medication when he arrived to ResCare to help aid with his non-compliance. [Client A] is capable of bathing and dressing himself but refuses most of the time. When he gets upset [client A] will throw feces around the bathroom and at staff."</p> <p>Client A's Healthcare Supports Addendum (HSA) dated 6/1/15 indicated, "[Client A] is uncooperative with medical appointments and requires a pre-medication for cooperation. [Client A] gets most of his medical needs addressed at the house, his physician and nurse comes out to see him. He has refused all other medical treatment (dentist, lab, vision, etc.)."</p> <p>Client A's HSA form dated 6/1/15 indicated, "[Client A] is significantly underweight so to address this [client A] receives double portions at every meal and snack. [Client A] often refuses to eat this is (sic) a result of him not being at his ideal weight. [Client A's] reaction to going out of the home on appointment, van rides and any community outing has resulted in him seeing a psychiatrist. The psychiatrist has recommended [client A] take Buspar (anxiety) 5 milligrams for his anxiety. HRC (Human Rights Committee) (approval) was obtained for this medication. [Psychiatrist] will follow up in one month to track his progress to</p>		<p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>see if she wants to increase the dosage. [Client A] saw the psychiatrist again on 6/1/15 and the doctor increased his Buspar to 10 milligrams due to no change in behavior."</p> <p>Client A's IDT (Interdisciplinary Team Meeting) form dated 6/29/15 indicated, "[Client A] has issues with getting on the van or going outside. [Client A] gets very agitated when prompted to go outside. The team had him evaluated by a therapist at [agency]. [Client A] was then assigned a psychiatrist. The psychiatrist started [client A] on Buspar 5 milligrams and there was no change in his behavior. Thirty days later [psychiatrist] increased his Buspar to 10 milligrams. [Client A] continues to act out in violent rages when at the doctor's appointment so the doctor prescribed Seroquel (anti-psychotic) 25 milligrams. The team will revisit [client A's] attending day services in three months."</p> <p>The review did not indicate documentation of additional IDT review or recommendations prior to 6/29/15 to address client A's refusals to participate in medical/dental appointments or refusals to participate in the home's active treatment program.</p> <p>Client A's Quarterly Nursing Assessment</p>			

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	<p>(QNA) form dated 2015 indicated the facility nurse had attempted to complete a physical assessment of client A on 3/12/15 and 6/25/15. Client A's 2015 QNA indicated client A refused to allow the nurse to assess him on 3/12/15 and 6/25/15.</p> <p>Client A's Record of Visit (ROV) form dated 4/29/14 indicated client A refused to be examined for a PCP (Primary Care Physician) appointment.</p> <p>Client A's ROV form dated 5/21/14 indicated client A refused to be examined for a PCP appointment with pre-medication sedation.</p> <p>Client A's ROV form dated 8/27/14 indicated, "[Client A] refused assessment and blood draw."</p> <p>Client A's ROV form dated 9/12/14 indicated, "[Client A] very agitated, refused exams."</p> <p>Client A's ROV form dated 6/1/15 indicated, "[Client A] was very agitated and yelled and screamed the whole (time) he was in the office. [Client A] was so loud that it was difficult to understand the staff's report. Staff mad (sic) attempts to calm him down but he was too anxious and could not stop screaming."</p>			

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	<p>Client A's ROV form dated 7/25/15 indicated, "[Client A] refused to go to the office for... test."</p> <p>Client A's ISP (Individual Support Plan) dated 5/26/15 indicated client A had the following formal training objectives:</p> <p>-"Given skills training, 2 VPs (Verbal Prompts) and 3 physical models, [client A] will verbalize 3 words to communicate a want, need or emotion, 50% of the time for 3 CMs (Consecutive Months)."</p> <p>-"Given skills training, 3 VPs and 3 physical prompts, [client A] will cooperate when it is time to take a shower, 50% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will go to the dining room table without assistance at meal time, 50% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will brush his teeth, 45% of the time for 3 consecutive months."</p> <p>-"Given skills training, 3 VPs, [client A] will dress himself independently 45% of the time for 3 CMs."</p>			

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	<p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will pick up his medication cup and put pills in his mouth, 45% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will cooperate and get on the van to make a purchase on the community once a week, 45% of the time for 3 CMs."</p> <p>QIDP #1 was interviewed on 8/11/15 at 1:34 PM. QIDP #1 indicated client A was admitted to the group home on 4/26/14. QIDP #1 indicated client A had refused to participate in the home's active treatment routine since his admission. QIDP #1 indicated client A sits in his recliner and refuses to participate or move from the recliner. QIDP #1 indicated client A had physically aggressive and disruptive behaviors when attempts are made to take him in the community or to attend medical/dental appointments. QIDP #1 indicated client A had been seen at the psychiatrist and started on Buspar 5 milligrams on 6/1/15. QIDP #1 indicated there was not additional documentation of IDT review or recommendations to address client A's refusals to participate in medical appointments or active treatment. QIDP #1 indicated active treatment should</p>			

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W 0209 Bldg. 00	<p>occur at every available opportunity.</p> <p>Nurse #1 was interviewed on 8/11/15 at 2:00 PM. Nurse #1 indicated client A refused to attend medical/dental appointments. Nurse #1 indicated client A had been prescribed a pre-appointment PRN (As Needed) but it was not effective. Nurse #1 indicated client A would not allow herself or healthcare providers to physically examine him. Nurse #1 indicated client A had refused his annual physical, dental, vision and lab appointments.</p> <p>9-3-4(a)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 2 of 4 sampled clients (C and D), the facility failed to ensure clients C and D's guardians participated in the development of their ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>1. Client C's record was reviewed on 8/11/15 at 11:54 AM. Client C's ISP</p>	W 0209	<p><b>CORRECTION:</b></p> <p><i>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Specifically for Clients C and D, the QIDP and will be retrained regarding the need to bring all elements of the</i></p>	09/15/2015	

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W 0227  Bldg. 00	<p>dated 5/14/15 indicated client C had a legal guardian. Client C's ISP dated 5/14/15 did not indicate documentation of client C's guardian's participation in the development of her ISP.</p> <p>2. Client D's record was reviewed on 8/11/15 at 9:15 AM. Client D's ISP dated 4/6/15 indicated client D had a legal guardian. Client D's ISP dated 4/6/15 did not indicate documentation of client D's guardian's participation in the development of his ISP.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/15 at 1:34 PM. QIDP #1 indicated clients or their guardians should participate in the development of their ISPs.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN 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. Based on record review and interview for 1 of 4 sampled clients (D), the facility</p>	W 0227	<p>interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice did not affect additional clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p>	09/15/2015	

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	<p>failed to ensure client D's ISP (Individual Support Plan) included oral hygiene training to address his oral hygiene needs.</p> <p>Findings include:</p> <p>Client D's record was reviewed on 8/11/15 at 9:15 AM. Client D's Record of Visit (ROV) form dated 10/28/14 indicated client D was seen for a routine dental visit. The 10/28/14 ROV indicated, "Oral hygiene poor, bleeding gingivitis." The 10/28/14 ROV indicated, "Treatment: Oral hygiene. Brushing (with) hand over hand. Periodontal maintenance. Please check [client D] after he brushes."</p> <p>Client D's 2/11/15 ROV indicated, "Oral hygiene fair. Decay detected." The 2/11/15 ROV indicated, "Please check brushing."</p> <p>Client D's 6/17/15 ROV indicated, "Oral hygiene: Poor, bleeding and gingivitis and heavy plaque." Client D's 6/17/15 ROV indicated, "Assist [client D] with brushing in the future at home and continued periodontal hygiene treatments in the future."</p> <p>Client D's ISP dated 4/6/15 did not indicate documentation of a formal or informal training or supports to address</p>		<p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.</i></p> <p>Specifically, the interdisciplinary team has developed an objective for Client D to develop oral hygiene skills. Through observation the team determined that this deficient practice affected all clients who reside in the facility and therefore the team has developed oral hygiene objectives accordingly.</p> <p><b>PERVENTION:</b></p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measureable objectives to support clients toward independence. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the</p>	

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W 0249 Bldg. 00	<p>client D's reports of poor oral hygiene.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/15 at 1:34 PM. QIDP #1 indicated client D did not have formal or informal training in his ISP dated 4/6/15.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A received continuous active treatment during available opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/10/15 from 4:30 PM through 6:00 PM. At 4:30 PM, client A was seated in a recliner in the home's living room area. Staff verbally encouraged client A to socialize with his</p>	W 0249	<p>Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Specifically, all direct support staff will be retrained and receive ongoing face to face coaching</i></p>	09/15/2015	

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	<p>peers, point to pictures in a book, take his evening medications and participate in the home's evening family style meal. Client A refused to participate in the home's active treatment program. Client A sat in a recliner in the living room from 4:30 PM through 6:00 PM.</p> <p>Observations were conducted at the group home on 8/11/15 from 6:08 AM through 8:06 AM. Client A was seated in a recliner in the living room from 6:08 AM through 8:06 AM. At 6:40 AM, client A was verbally encouraged to assist cleaning the home's dining room table. Client A refused to assist with the morning meal cleanup and remained seated in the recliner throughout the observation period.</p> <p>Observations were conducted at the group home on 8/12/15 from 9:00 AM through 10:30 AM. Client A sat in his recliner without activity throughout the observation period.</p> <p>Staff #1 was interviewed on 8/10/15 at 4:50 PM. Staff #1 indicated client A refused to participate in active treatment programming on a daily basis. Staff #1 indicated client A's daily routine is to wake, shower, dress and then sit in his recliner through the day. Staff #1 indicated client A received his</p>		<p>from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for Client A including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities.</p> <p>To facilitate improved active treatment service delivery, the interdisciplinary team will reassess Client A's current active treatment needs and learning styles in order to develop enhanced support approaches to encourage Client A to participate in active treatment. Through recent assessment, the team has identified sensory stimulation as a mechanism to engage Client A's interest. The facility will obtain additional sensory stimulation materials and incorporate them into Client A's individualized support plan.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and</p>	

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	<p>medications in the living room due to refusals to come to the medication room. Staff #1 indicated client A refused to eat his meals in the home's dining room area. Staff #1 indicated client A had physically aggressive behaviors when attempts were made to engage him in programming in the home or community integration.</p> <p>HM (Home Manager) #1 was interviewed on 8/10/15 at 5:40 PM. HM #1 indicated client refused to participate in the home's active treatment program. HM #1 indicated client A would occasionally join his peers at the dining room table for a meal but would not participate in meal preparation activities. HM #1 indicated client A refused to go on outings or go to day services. HM #1 indicated client A's daily routine was to sit in his recliner.</p> <p>Staff #2 was interviewed on 8/11/15 at 6:53 AM. Staff #2 indicated client A did not attend day services. Staff #2 indicated client A's daily routine was to sit in his recliner. Staff #2 indicated client A refused to participate in active treatment and leave the house or go outside.</p> <p>Client A's record was reviewed on 8/11/15 at 10:05 AM. Client A's ISP dated 5/26/15 indicated client A had the following formal training objectives:</p>		<p>to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills, adult daily living skills and meaningful leisure activities. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal</p>	

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	<p>-"Given skills training, 2 VPs (Verbal Prompts) and 3 physical models, [client A] will verbalize 3 words to communicate a want, need or emotion, 50% of the time for 3 CMs (Consecutive Months)."</p> <p>-"Given skills training, 3 VPs and 3 physical prompts, [client A] will cooperate when it is time to take a shower, 50% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will go to the dining room table without assistance at meal time, 50% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will brush his teeth, 45% of the time for 3 consecutive months."</p> <p>-"Given skills training, 3 VPs, [client A] will dress himself independently 45% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will pick up his medication cup and put pills in his mouth, 45% of the time for 3 CMs."</p> <p>-"Given skills training, 3 VPs and 1 physical prompt, [client A] will cooperate and get on the van to make a purchase on</p>		<p>preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>Administrative monitoring will focus on assuring all clients receive a program of aggressive and continuous active treatment</p>	

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W 0250 Bldg. 00	<p>the community once a week, 45% of the time for 3 CMs."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/15 at 1:34 PM. QIDP #1 indicated client A was admitted to the group home on 4/26/14. QIDP #1 indicated client A had refused to participate in the home's active treatment routine since his admission. QIDP #1 indicated client A sits in his recliner and refuses to participate or move from the recliner. QIDP #1 indicated client A had physically aggressive and disruptive behaviors when attempts were made to take him in the community or to attend medical/dental appointments. QIDP #1 indicated active treatment should occur at every available opportunity.</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A's Active Treatment Schedule included structured activities during weekdays while at the</p>			W 0250	<p>during formal and informal opportunities.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b> <i>The facility must develop an active treatment schedule that outlines the current active treatment program and that is</i></p>		09/15/2015

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	<p>group home.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 8/11/15 at 10:05 AM. Client A's Active Treatment Schedule dated 4/27/15 indicated, "Monday through Friday, 9:00 AM through 3:00 PM, Doctor Appointments."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/11/15 at 1:34 PM. QIDP #1 indicated client A did not attend day services Monday through Friday. QIDP #1 indicated client A refused to leave the house and did not participate in structured activities throughout the day.</p> <p>9-3-4(a)</p>		<p><i>readily available for review by relevant staff.</i> Specifically, the interdisciplinary team will develop Active Treatment Schedules for Client A that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director will review support documents during routine visits to the facility which will occur no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days and no less than monthly thereafter, as part of the agency's formal internal audit process to assure active</p>	

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W 0446  Bldg. 00	<p>483.470(i)(2)(ii) EVACUATION DRILLS</p> <p>The facility must make special provisions for the evacuation of clients with physical disabilities.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A was assessed to determine his evacuation needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/10/15 from 4:30 PM through 6:00 PM. Client A refused to participate in the home's active treatment program. Client A sat in a recliner in the living room from 4:30 PM through 6:00 PM.</p> <p>Observations were conducted at the group home on 8/11/15 from 6:08 AM</p>	W 0446	<p>treatment schedules are in place and reflect the training and support needs of all clients.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Behavior Therapist, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must make special provisions for the evacuation of clients with physical disabilities. Specifically, Client A's evacuation needs will be reassessed and proactive and reactive intervention strategies will be incorporated into Client A's Behavior Support Plan to ensure participation in emergency evacuations of the facility.</i></p> <p><b>PREVENTION:</b></p> <p>The agency will retrain QIDP</p>	09/15/2015

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	<p>through 8:06 AM. Client A was seated in a recliner in the living room from 6:08 AM through 8:06 AM.</p> <p>Observations were conducted at the group home on 8/12/15 from 9:00 AM through 10:30 AM. Client A sat in his recliner without activity throughout the observation period.</p> <p>Staff #1 was interviewed on 8/10/15 at 4:50 PM. Staff #1 indicated client A refused to go outside or get out of his recliner on a daily basis.</p> <p>HM (Home Manager) #1 was interviewed on 8/10/15 at 5:40 PM. HM #1 indicated client refused to participate in the home's active treatment program. HM #1 indicated client A refused to go on outings, go outside or go to day services. HM #1 indicated client A's daily routine is to sit in his recliner.</p> <p>Staff #2 was interviewed on 8/11/15 at 6:53 AM. Staff #2 indicated client A did not attend day services. Staff #2 indicated client A's daily routine was to sit in his recliner. Staff #2 indicated client A refused to participate in active treatment and leave the house or go outside.</p> <p>The facility's Fire/Evacuation drill record was reviewed on 8/13/15 at 10:17 AM.</p>		<p>regarding the need to assess all clients' evacuation needs and develop specific supports as needed. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan including but not limited to those that address evacuation needs. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>The review did not indicate documentation of special provisions for the evacuation of client A with regard to his persistent refusals/resistance to leaving his recliner and/or going outside. The review indicated the following evacuation times regarding client A:</p> <ul style="list-style-type: none"> <li>-1/9/15 at 5:00 PM, 2 verbal prompts (VPs) with assistance, 30 seconds.</li> <li>-1/13/14 at 3:00 AM, 2 VPs, 25 seconds.</li> <li>-1/24/15 at 8:00 AM, 3 VPs, 25 seconds.</li> <li>-1/27/15 at 8:30 AM, 4 VPs with assistant, 40 seconds.</li> <li>-2/2/15 at 8:00 AM, 4 VPs with assistance, 50 seconds.</li> <li>-2/9/15 at 4:00 PM, 2 VPs with assistance, 50 seconds.</li> <li>-2/17/15 at 3:00 AM, 2 VPs with assistance, 50 seconds.</li> <li>-2/22/15 at 6:00 PM, 3 VPs, 50 seconds.</li> <li>-3/2/15 at 3:00 AM, 2 VPS, 20 seconds.</li> <li>-3/11/15 at 8:00 AM, 1 VP, 50 seconds.</li> <li>-3/16/15 at 3:00 AM, 2 VPs with 2 assist, 45 seconds.</li> <li>-3/21/15 at 9:00 AM, 2 VPs, 35 seconds.</li> <li>-3/27/15 at 6:00 PM, 3 VPs, 45 seconds.</li> <li>-4/10/15 at 5:30 PM, 3 VPs with assistance, 45 seconds.</li> <li>-4/13/15 at 8:00 AM, 2 VPs, 30 seconds.</li> <li>-4/18/15 at 10:00 AM, 2 VPs with assistance, 30 seconds.</li> <li>-4/22/15 at 7:30 AM, 3 VPs with assistance, 40 seconds.</li> </ul>			

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	<p>-4/27/15 at 3:00 AM, 2 VPs with assistance, 40 seconds.</p> <p>-5/6/15 at 3:00 AM, 3 VPs, 50 seconds.</p> <p>-5/10/15 at 10:00 AM, 3 VPs with assistance, 40 seconds.</p> <p>-5/14/15 at 7:45 AM, 3 VPs with assistance, 50 seconds.</p> <p>-5/18/15 at 7:00 PM, 3 VPs, 50 seconds.</p> <p>-6/15/15 at 6:30 PM, 2 VPs with assistance, 25 seconds.</p> <p>-6/20/15 at 10:00 AM, 2 VPs with assistance, 30 seconds.</p> <p>-6/24/15 at 8:00 AM, 3 VPs with assistance, 20 seconds.</p> <p>-6/29/15 at 3:00 AM, 3 VPs with assistance, 55 seconds.</p> <p>-7/10/15 at 3:00 AM, 5 VPs, 50 seconds.</p> <p>-7/22/15 at 7:00 PM, 2 VPs with assistance, 35 seconds.</p> <p>-7/26/15 at 5:00 PM, 2 VPs, 35 seconds.</p> <p>-7/31/15 at 8:00 AM, 2 VPs with assistance, 25 seconds.</p> <p>Staff #3 was interviewed on 8/12/15 at 10:15 AM. Staff #3 indicated client A was resistant to evacuation drills. Staff #3 stated, "He doesn't like to leave his chair. It's hard to get him out."</p> <p>Client A's record was reviewed on 8/11/15 at 10:05 AM. Client A's record did not indicate documentation of review of client A's evacuation needs in light of the documented evacuation times versus</p>			

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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 4160 N CAMPBELL AVE INDIANAPOLIS, IN 46226		
(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>client A's demonstrative resistance to staff's prompting to leave his recliner.</p> <p>QIDP #1 was interviewed on 8/11/15 at 1:34 PM. QIDP #1 indicated client A was admitted to the group home on 4/26/14. QIDP #1 indicated client A had refused to participate in the home's active treatment routine since his admission. QIDP #1 indicated client A sits in his recliner and refuses to participate or move from the recliner. QIDP #1 indicated client A had not been assessed to determine his evacuation needs.</p> <p>9-3-7(a)</p>				