

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G365	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2012
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 605 QUEENSWOOD DR INDIANAPOLIS, IN 46217
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: 5/9/12, 5/10/12, 5/11/12, 5/14/12, 5/15/12, 5/18/12 and 5/21/12.</p> <p>Facility Number: 000879 Provider Number: 15G365 AIM Number: 100244310</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/31/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients' rights were not violated by the use of door alarms without due process through assessment of individual need.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/9/12 from 6:00 PM through 7:00 PM. Clients #2, #3 and #4 were present in the group home throughout the observation period. Client #1 returned to the home from a home visit at 6:20 PM and was present through 7:00 PM. At 6:00 PM upon entering the front door of the group home an alarm was activated with the opening of the door. An alarm panel located in client #1 and #3's bedroom hallway had a light that pulsed with the sound of the alarm. When the door was shut the alarm and light were deactivated. When client #1 returned from home visit at 6:20 PM and entered the front door of the group home the alarm and light were activated each time the</p>	W0125	<p><b>CORRECTION:</b> <i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Specifically, the interdisciplinary team has reviewed Client #1's recent behavior data and consensually agrees that door alarms are not currently needed to prevent elopement. Therefore the door alarms have been removed.</i></p> <p><b>PREVENTION:</b> Professional staff will be retrained regarding the need to assure appropriate assessment and due process occur prior to the implementation of rights restrictions. Additionally, the agency has established a separate Quality Assurance Department to assist with auditing facility systems. Members of the Quality Assurance and Operations Teams will periodically review support documents and Human Rights Committee Records on an ongoing basis to assure the facility does not implement rights restrictions without appropriate</p>	06/20/2012	

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	<p>door was opened. When client #4 exited the garage door at 6:35 PM the alarm and light were activated each time the garage door was opened.</p> <p>Observations were conducted at the group home on 5/10/12 from 6:00 AM through 8:00 AM. Clients #1, #2, #3 and #4 were present in the group home throughout the observation period. At 6:00 AM upon entering the front door of the group home an alarm and light were activated with the opening of the door. When client #4 opened the door to the garage to take the group home trash out the alarm and light were activated with the opening of the door at 7:15 AM. At 7:45 AM clients #2 and #3 were seated in the group home family room area. At 7:45 AM PD #1 (Program Director) entered the group home through the front door. An alarm and light were activated with the opening of the door. Client #3 stated, "I hate that thing. It's always going off. It goes off every time somebody opens the door. Sometimes it wakes me up at night. I hear that stupid thing and it wakes me up." Client #2 stated, "Me too."</p> <p>Client #1's record was reviewed on 5/10/12 at 11:25 AM. Client #1's BSP (Behavior Support Plan) dated 2/8/12 indicated the targeted behavior of elopement. Client #1's BSP did not</p>		<p>cause and due process. <b>RESPONSIBLE PARTIES:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>				

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	<p>indicate the use of door alarms or the use of a window alarm. Client #1's Modification of Rights form dated 2/8/12 indicated, "Door alarms were added to all the doors..." Client #1's record did not indicate an assessment for the use of door alarms.</p> <p>Client #2's record was reviewed on 5/10/12 at 1:54 PM. Client #2's BSP dated 3/15/12 did not indicate the use of door alarms. Client #2's record did not indicate the need for use of door alarms.</p> <p>Client #3's record was reviewed on 5/10/12 at 2:31 PM. Client #3's BSP dated 2/25/12 did not indicate the use of door alarms. Client #3's record did not indicate the need for the use of door alarms.</p> <p>Client #4's record was reviewed on 5/10/12 at 2:53 PM. Client #4's BSP dated 12/26/11 did not indicate the use of door alarms. Client #4's record did not indicate the need for use of door alarms.</p> <p>Interview with client #1's guardian on 5/9/12 at 6:20 PM indicated client #1 had previously had elopement issues. Client #1's guardian stated, "[Client #1] was trying to run away. [Client #1] kept trying to leave the group home but I think that was just a phase she was going through.</p>				

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	<p>[Client #1] hasn't had any issues in awhile. They had put the alarms on the doors and her window but she is doing better now."</p> <p>Interview with staff #1 on 5/10/12 at 7:15 AM indicated the group home had door alarms due to client #1's elopement behaviors. Staff #1 stated client #1 had not had any "recent" elopement issues. Staff #1 indicated clients #2, #3 and #4 did not have elopement issues.</p> <p>PD (Program Director) #1 was interviewed on 5/11/12 at 11:50 AM. PD #1 indicated the group home had alarms on the entry and garage door and client #1's window due to client #1's elopement behavior. PD #1 indicated clients #2, #3 and #4 did not have elopement behaviors.</p> <p>9-3-2(a)</p>				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 2 of 9 incidents of abuse, neglect or injuries of unknown origin reviewed for 2 of 4 sampled clients (#2 and #3) plus one additional client (#7), the facility failed to implement their policy to complete a thorough investigation in regards to client #3's allegation of being hit by client #7. The facility failed to thoroughly investigate an incident of alleged sexual interaction between client #2 and a coworker.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations was conducted on 5/9/12 at 2:53 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/4/12 indicated on 1/3/12, "Staff was in the bathroom and heard yelling coming from the kitchen. Staff entered the room and [client #3] (client we support) said that, [client #7] hit her in the chest with his fist. Staff separated the individuals immediately and provided [client #3] with emotional</p>	W0149	<p><b>CORRECTION:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the facility will assure investigations into physical aggression by Client #7 toward Client#3. The facility will also direct day service personnel to complete a more thorough investigation into alleged sexual interaction between Client #2 and ac o-worker. <b>PREVENTION:</b> Once completed, the facility will turn in investigation packets to the Quality Assurance Team for review and filing, to assure that all necessary components of the investigations are completed. Additionally, the QDDPD will maintain a copy of each investigation at the facility. The Quality Assurance Team will provide day service staff with additional training toward proper completion of thorough investigations. <b>RESPONSIBLE PARTIES:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team, Day Service Staff</p>	06/20/2012			

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	<p>support. [Client #7] remained agitated and began hitting walls and his bedroom window." A facility summary of investigation was not provided for review regarding this incident.</p> <p>2. BDDS report dated 4/25/12 indicated on 4/25/12, "[Client #2] went into the men's restroom with a female co-worker and came out wearing the female co-workers shirt and she was wearing his. [Client #2] reports that they went in to exchange shirts and that nothing else happened. [Client #2] reports that they both chose to go into the restroom. The female co-worker reported several times in the interview that the reason she went into the men's room was to trade shirts with the (sic) [client #2]. She reported that [client #2] touched her inappropriately twice. A witness in the restroom stated that he heard them talking and came out of a stall to see the female co-worker standing with the (sic) [client #2] and he appeared to be trying to undo her pants. Upon seeing the witness they returned to their work areas."</p> <p>The investigation regarding the incident of client #2, undated, indicated the investigation of the BDDS report dated 4/25/12. The investigation did not indicate the level of supervision at the time of the alleged incident or the level of</p>						

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	<p>consent for the level of physical contact that allegedly occurred. The investigation did not indicate a date of completion, chain of communication as to who was notified of the findings or indicate any documents and/or policy and procedures reviewed.</p> <p>Interview with AS #1 (Administrative Staff) on 5/11/12 at 11:17 AM indicated client #3 did make an allegation of abuse by client #7. AS #1 indicated the incident should have been investigated. AS #1 stated the incident regarding client #2 and a female co-worker was not considered a "thorough investigation."</p> <p>The facility's policy and procedures were reviewed on 5/14/12 at 7:46 PM. The facility's 9/14/07 policy and procedure entitled Abuse, Neglect, Exploitation operating standard 1.26 indicated, "All employees will be knowledgeable and competent in reporting incidents to BDDS and will be able to identify examples of reportable incidents. The incident types are...Medical/psychiatric treatment/services... A full investigation will be conducted by [facility] personnel."</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 9 incidents of abuse, neglect or injuries of unknown origin reviewed for 2 of 4 sampled clients (#2 and #3) plus one additional client (#7), the facility failed to complete a thorough investigation in regards to client #3's allegation of being hit by client #7. The facility failed to thoroughly investigate an incident of alleged sexual interaction between client #2 and a coworker.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations was conducted on 5/9/12 at 2:53 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/4/12 indicated on 1/3/12, "Staff was in the bathroom and heard yelling coming from the kitchen. Staff entered the room and [client #3] (client we support) said that, [client #7] hit her in the chest with his fist. Staff separated the individuals immediately and provided [client #3] with emotional support. [Client #7] remained agitated and</p>	W0154	<p><b>CORRECTION:</b> <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically, the facility will assure investigations into physical aggression by Client #7 toward Client #3. The facility will also direct day service personnel to complete a more thorough investigation into alleged sexual interaction between Client #2 and a co-worker. <b>PREVENTION:</b> Once completed, the facility will turn in investigation packets to the Quality Assurance Team for review and filing, to assure that all necessary components of the investigations are completed. Additionally, the QDDPD will maintain a copy of each investigation at the facility. The Quality Assurance Team will provide Noble of Indiana day service staff with additional training toward proper completion of thorough investigations.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team, Day Service Staff</p>	06/20/2012			

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	<p>began hitting walls and his bedroom window." A facility summary of investigation was not provided for review regarding this incident.</p> <p>2. BDDS report dated 4/25/12 indicated on 4/25/12, "[Client #2] went into the men's restroom with a female co-worker and came out wearing the female co-worker's shirt and she was wearing his. [Client #2] reports that they went in to exchange shirts and that nothing else happened. [Client #2] reports that they both chose to go into the restroom. The female co-worker reported several times in the interview that the reason she went into the men's room was to trade shirts with the (sic) [client #2]. She reported that [client #2] touched her inappropriately twice. A witness in the restroom stated that he heard them talking and came out of a stall to see the female co-worker standing with the (sic) [client #2] and he appeared to be trying to undo her pants. Upon seeing the witness they returned to their work areas."</p> <p>The investigation regarding the incident of client #2, undated, indicated the investigation of the BDDS report dated 4/25/12. The investigation did not indicate the level of supervision at the time of the alleged incident and the level of consent for the level of physical contact that allegedly occurred. The</p>						

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	<p>investigation did not indicate a date of completion, chain of communication as to who was notified of the findings or indicate any documents and/or policy and procedures reviewed.</p> <p>Interview with AS #1 (Administrative Staff) on 5/11/12 at 11:17 AM indicated client #3 did make an allegation of abuse by client #7. AS #1 indicated the incident should have been investigated. AS #1 stated the incident regarding client #2 and a female co-worker was not considered a "thorough investigation."</p> <p>9-3-2(a)</p>			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 2 of 9 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to put in place corrective actions/measure to prevent client #8 from being injured in the day services restroom.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations was conducted on 5/9/12 at 2:53 PM. The review indicated the following:</p> <p>1. BDDS report dated 2/14/12 indicated on 2/13/12, "While talking with [client #8] (individual supported by [facility]), day service staff noted a 1/2 inch cut on the forehead near the hairline. [Client #8] said that she bumped her head against the sanitary napkin disposal box while she was using the rest room...."</p> <p>2. BDDS report dated 5/2/12 indicated on 5/1/12, "[Client #8] (individual supported by [facility]) showed day program staff a 1/4 scratch on the back of her right hand.</p>	W0157	<p><b>CORRECTION:</b> <i>If the alleged violation is verified, appropriate corrective action must be taken.</i> Specifically, Day service personnel will perform an environmental assessment of the rest room facilities to assure the physical environment does not pose safety hazards for Client #8. If environmental hazards exist, they will be corrected.</p> <p><b>PREVENTION:</b> The Quality Assurance Manager will meet with ResCare Day Service day service professional staff to provide follow-up to initial incident investigation training with emphasis on the need to implement corrective measures. Facility professional staff will perform periodic observations of day service active treatment on an ongoing basis and will review safety practices with day service staff. <b>RESPONSIBLE</b></p> <p><b>PARTIES:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team, Day Service Staff</p>	06/20/2012	

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	<p>[Client #8] reports that she scrapped it on a silver thing in the bathroom stall of the day service program...."</p> <p>Interview with PD #1 (Program Director) on 5/11/12 at 11:15 AM indicated the day service site had completed an investigation into the incidents of client #8's injuries. PD #1 indicated the restroom area at day services was a, "small area, it's kind of a tight area. The stalls are close and there are things hanging on the walls inside the stalls."</p> <p>Interview with AS #1 (Administrative Staff) on 5/11/12 at 11:17 AM indicated the day service staff had not evaluated the physical environment of the restroom to determine if corrective actions were needed to prevent further incident of injury to client #8. AS #1 indicated the day services should include an assessment of the restroom as a corrective action following the investigation of client #8's injuries.</p> <p>9-3-2(a)</p>						

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W0227	<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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the IDT (Interdisciplinary Team) failed to address the client's identified behavioral needs.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/10/12 at 11:25 AM. Client #1's record indicated the following record of visit forms regarding recent doctor visits:</p> <p>-4/24/12, seen for vaginitis</p> <p>-2/17/12, seen for vaginitis</p> <p>-11/28/11, seen for vaginitis</p> <p>-10/13/11, seen for vaginitis</p> <p>-9/23/11, seen for vaginitis</p> <p>-9/6/11, seen for vaginitis</p> <p>-8/8/11, seen for vaginitis</p> <p>-3/8/11, seen for vaginitis</p>	W0227	<p><b>CORRECTION:</b> <i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, the interdisciplinary team has developed a learning objective for Client #1 to promote the acquisition of necessary hygiene skills after toileting.</i></p> <p><b>PREVENTION:</b> Professional staff will be retrained regarding the need to develop specific objectives based on the comprehensive functional assessment as well as other assessments by medical professionals. On an ongoing basis, members of the Operations and Quality Assurance Teams will periodically review medical assessments and the CFA, along with support plans to assure the team develops appropriate learning objectives for all clients.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>	06/20/2012	

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	<p>Client #1's ISP (Individual Support Plan) dated 1/8/12 did not indicate peri-care specific training objectives, support to teach client #1 to clean her genital area after toileting or training to keep her hands away from her genitals. Client #1's record did not indicate supports or training to assist client #1 with regard to her peri or personal hygiene.</p> <p>PD (Program Director) #1 was interviewed on 5/11/12 at 11:50 AM. PD #1 indicated client #1 had multiple incidents of vaginitis related to hygiene. PD #1 indicated client #1 needed prompts and reminders to bathe her genital area, reminders to keep her hands out of her genital area and prompts or reminders to wipe her genitals from "front to back vs back to front."</p> <p>Interview with AS #1 (Administrative Staff) was interviewed on 5/11/12 at 11:50 AM. AS #1 indicated client #1 needed additional supports to teach her peri care skills to prevent further vaginitis issues.</p> <p>Interview with Nurse #1 on 5/11/12 at 12:30 PM indicated client #1 had reoccurring vaginitis issues. Nurse #1 stated client #1's vaginitis was, "most likely related to her hygiene issues. I know it's common for her to be walking around while out at the store or in the community with her hands down her pants. If you keep putting dirty hands down the front of your pants it causes problems. She is a young girl and when her 'area' itches she scratches with her dirty hands." Nurse #1 indicated</p>						

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	client #1 should receive peri care training and reminders to wipe after toileting.  9-3-4(a)			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>1. 460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>Based on record review and interview for 1 of 9 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with state law regarding the admission of client #1 to the hospital for medical/psychiatric services.</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports, internal incident reports and investigations was conducted on 5/9/12 at 2:53 PM. The review indicated the following:</p> <p>BDDS report dated 11/29/11 indicated,</p>	W9999	<p><b>CORRECTION:</b> <i>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: Specifically, the governing body has established a separate Quality Assurance Department which will be responsible for timely notification of incidents to state agencies as required. <b>PREVENTION:</b> The Quality Assurance Team has implemented a system for review and tracking to assure timely reporting of all required incidents. The QA Team will meet daily to review incidents that have occurred during the past 24 hours to assign responsibility for reporting and follow-up. <b>RESPONSIBLE PARTIES:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team</i></p>	06/20/2012			

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	<p>"Staff noticed [client #1] (individual we support) appeared to be having a change in her mental health status. [PC #1 (Program Coordinator)] spoke to [client #1's] guardian who agreed. [Client #1] was talking to her feet, packed a bag to leave, was talking to a staff who was not present and is no longer employed with the company. [Client #1] did not want to eat and was yelling at herself. Staff contacted [client #1's] psychologist to see if [client #1] could be seen before her next scheduled appointment on 12/7/11. This was not possible. The home nurse was contacted. [Client #1's] guardian asked that [client #1] be taken to the [hospital].</p> <p>In the process of residential staff taking [client #1] to the [hospital] for evaluation per [client #1's] guardian initial request, [client #1's] guardian was able to reach [client #1's] doctor at [out of state hospital] regarding [client #1] being seen there. [Client #1] has been seen there many times and they are most familiar with her case. [Client #1's] doctor said [client #1] could be seen at the [out of state hospital] on 11/30/11. [Client #1's] guardian decided [client #1] would not be seen at [hospital] and [client #1] would remain at the group home.... [Client #1's] guardian took [client #1] to the [out of state hospital] on 11/30/11 where [client #1] met her doctor at 11:00 AM. [Client</p>						

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	<p>#1] decided to admit [client #1] to the [out of state hospital] for further observation. This incident report is being closed but a new incident report needs to be submitted for her admittance to the hospital on 11/30/11." No additional BDDS reports were available for review regarding client #1's admission to the hospital on 11/30/11.</p> <p>AS #1 (Administrative Staff) was interviewed on 5/11/12 at 11:50 AM. AS #1 indicated there was not an additional BDDS report for client #1's admission to the hospital on 11/30/11.</p> <p>9-3-1(b)</p>				