

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 08/01/2012	
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 the post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 5/21/12.</p> <p>Survey Dates: 7/31/12 and 8/1/12.</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 8/8/12 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 7/31/12 from 5:11 PM through 5:41 PM. Clients #1, #2, #3 and #4 were present in the group home throughout the observation period. At 5:11 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. At 5:27 PM staff #1 entered the garage through a hallway entry door. The alarm and light were activated each time the door was opened.</p> <p>Client #1's record was reviewed on</p>	W0125	<p>CORRECTION: <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.</i></p> <p>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.</p> <p>PREVENTION: The professional staff responsible for not removing the alarms no longer works for the agency. Members of the Quality Assurance and Operations Teams will periodically review support documents and Human Rights Committee Records on an</p>	08/15/2012

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	<p>7/31/12 at 5:31 PM. Client #1's BSP (Behavior Support Plan) dated 2/8/12 indicated the targeted behavior of elopement. Client #1's BSP did not 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...."</p> <p>Client #2's record was reviewed on 7/31/12 at 5:27 PM. Client #2's BSP dated 12/26/11 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 7/31/12 at 5:20 PM. Client #3's BSP dated 3/15/12 did not indicate the use of door alarms. Client #3's record did not indicate the need for use of door alarms.</p> <p>Client #4's record was reviewed on 7/31/12 at 5:23 PM. Client #4's BSP dated 4/27/12 did not indicate the use of door alarms. Client #4's record did not indicate the need for the use of door alarms.</p> <p>Interview with AS #1 (Administrative Staff) on 7/31/12 at 3:00 PM indicated the door alarms in the group home had been removed and should not be activated in the home.</p>		<p>ongoing basis to assure the facility does not implement rights restrictions without appropriate cause and due process.</p> <p>RESPONSIBLE PARTIES: QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>				

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	<p>Interview with client #4 on 7/31/12 at 5:30 PM indicated the door alarms go off each time the doors are opened or closed. Client #4 stated, "Yeah, they are loud. They wake me up at night."</p> <p>Interview with staff #1 on 7/31/12 at 5:11 PM indicated the group home had door alarms on the entry doors, the garage door and client #1's window. Staff #1 stated, "[Client #1] has not eloped in a long time. [Client #1] seems to be doing okay." Staff #1 indicated clients #2, #3 and/or #4 did not need door alarms.</p> <p>This deficiency was cited on 5/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 7/31/12 at 5:31 PM. 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>CORRECTION: <i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.</i> Specifically, the interdisciplinary team has developed a learning objective for Client #1 to promote the acquisition of necessary hygiene skills after toileting.</p> <p>PREVENTION: The professional staff responsible for failing to develop hygiene goals for Client #1 no longer works for the company. 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>RESPONSIBLE PARTIES: QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>	08/15/2012	

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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>Interview with AS #1 (Administrative Staff) on 7/31/12 at 3:00 PM indicated client #1's ISP/BSP was going to be updated to address client #1's vaginal digging as part of the facility's 5/21/12 Plan of Correction.</p> <p>Interview with staff #1 on 7/31/12 at 5:11 PM indicated no additional training or supports had been implemented regarding client #1's vaginal digging or hygiene.</p> <p>Interview with staff #2 on 7/31/12 at 5:36 PM indicated client #1's ISP and/or BSP had not been updated to address client #1's vaginal digging. Staff #2 indicated client #1 continued to use her fingers to dig or scratch her vaginal area.</p> <p>This deficiency was cited on 5/21/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>			

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W9999		W9999	Nothing was cited in the 2567. therefore there is nothing to correct.	08/15/2012	