

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/28/2013	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 1222 N BOLTON AVE INDIANAPOLIS, IN 46219			
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W000000	<p>This visit was for investigation of complaint #IN00125198.</p> <p>Complaint #IN00125198: Substantiated. Federal and state deficiencies related to the allegations are cited at W149.</p> <p>Dates of Survey: March 25, 26, 27 and 28, 2013.</p> <p>Facility Number: 001008 Provider Number: 15G494 AIMS Number: 100245080</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 4, 2013 by Dotty Walton, Medical Surveyor III.</p>			W000000			

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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview, the facility neglected to implement the facility's policy and procedure prohibiting client neglect by failing to provide appropriate care and by failing to provide day service providers with necessary client information for 2 of 3 sample clients (clients A and B) and one additional client (client D).</p> <p>Findings include:</p> <p>1. On 03/27/13 from 10:00 AM until 11:00 AM observations were conducted at the day service location. At 10:05 AM, client A was observed walking around the room and wearing a sweatshirt and sweatpants. Client A's face was not clean shaven and whiskers were present on his face. Client A's sweatpants near the top of the waistband were stained with brown paint in an area approximately 1/2 inch by 2 inches. Client A's sweatshirt's right forearm was stained with white paint in an area approximately 4 inches by 6 inches.</p> <p>Client A's records were reviewed on 03/26/13 at 3:00 PM. Client A's ISP (Individual Support Plan) dated 06/01/12</p>	W000149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, facility professional staff will provide day service staff with current copies of Client A, B and D's Individual Support Plans and Behavior Support Plans. Additionally, all facility professional and direct support staff will be retrained regarding appropriate care with emphasis on grooming, assuring clothing is appropriate for the weather and occasion and that clients possess and are using appropriate adaptive equipment.</i></p> <p>PREVENTION: Facility professional staff will conduct observations at Day Service sites no less than twice monthly to assure clients are dressed and groomed appropriately and are using adaptive equipment as needed. Records of observations will be turned in to and tracked by the Operations Team. Professional staff will be retrained regarding the need to assure day service providers have copies of current support documents and have been trained on proper implementation. Clinical</p>	04/27/2013	

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	<p>indicated client A was not independent in his grooming and required assistance.</p> <p>An interview with Confidential Informant #1 (CI) was conducted. CI #1 indicated the following were problems over the last two months related to the group home's care for client A:</p> <ul style="list-style-type: none"> - no haircut for several months until approximately 2 weeks ago when he received a hair cut. - lunchbox smelled "bad" and a new lunchbox was requested for him, which took over a week to get. -arrived in the morning wearing stained clothing. - group home staff and management staff having "a lot" of changes in personnel and new staff information not provided timely to day service staff for proper communication between the agencies. - inadequate amount of food for lunch provided from group home. <p>2. At 10:38 AM client B was observed sitting in a wheelchair in a classroom. Client B was wearing a long sleeve cotton shirt and was not wearing a helmet.</p> <p>Client B's records were reviewed on 03/27/13 at 11:53 AM. Client B's ISP dated 01/13/13 indicated client B was not independent and required assistance in all</p>		<p>supervisors are also required to complete no less than one active treatment observation per week at the facility to assure clients are groomed and dressed appropriately prior to leaving for day service. Members of the Operations and Quality Assurance Teams have initiated spot checks of facility vans at day service drop-off points to assure clients are dressed and groomed appropriately and are providing on site coaching and corrective measures as needed, as well as following up with front line supervisors as appropriate.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Operations Team, Quality Assurance Team</p>		

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	<p>areas of his life. Client B's ISP indicated his diagnosis included, but was not limited to, seizures and indicated he was to wear a helmet for his safety.</p> <p>An interview with Confidential Informant #2 (CI) was conducted. CI #2 indicated the following were problems related to the group home's care for client B:</p> <ul style="list-style-type: none"> - group home staff and management staff having "a lot" of changes in personnel and new staff information not provided timely to day service staff for proper communication between the agencies. - not having current ISP. - for approximately a two week period, lunches "smelled spoiled" and the same lunch was sent every day. It was a luncheon meat sandwich with a fruit cup or pudding cup and sometimes there were chips. The sandwich bread was stale at times. - inadequate amount of food for lunch provided from group home. - the morning of 03/27/13 client B arrived to day service without a coat, his pants were wet and he was not wearing, nor did he have, his helmet (for seizure safety). <p>3. Client D's records were reviewed on 03/27/13 at 1:30 PM. Client D's ISP dated 03/01/12 indicated client D was not</p>			

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	<p>able to independently dress and required assistance.</p> <p>CI #1 indicated client D arrived at day service on the morning of 03/26/13 and was tripping over his shoe strings which did not fit his shoes adequately. CI #1 indicated they were going on an outing that day and in order for him to walk safely, the shoe strings had to be cut in half and fixed so they could be tied properly.</p> <p>On 03/27/13 at 12:50 PM, a review of the facility's 09/14/07 Policy on "Abuse, Neglect, Exploitation" indicated, "Adept employees actively advocate for the rights and safety of all individuals...Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment. Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan...Medical neglect: failure to provide goods and/or services necessary for the individual to</p>						

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	<p>avoid physical harm. Failure to provide necessary medical attention, proper nutritional support...."</p> <p>On 03/27/13 at 2:40 PM, an interview with the Quality Assurance Manager (QAM) was conducted. The QAM indicated agency staff failed to follow the policy/procedure. The QAM indicated clients A, B and D were dependant on the agency for their needs and it was the agency's responsibility to provide for those needs by ensuring clients received appropriate hygiene, grooming and received an adequate amount of healthy fresh food to eat. He further indicated clothing should be clean and not stained. The QAM indicated the day service should have the current ISPs for all the clients they served. He also indicated the agency had undergone some recent staff and management changes but the information needed to be shared with agencies that served the clients. He indicated client B should not have arrived to day service without a winter coat, he should not have been wearing wet pants and he should have been wearing his helmet.</p> <p>This federal tag relates to complaint #IN00125198.</p> <p>9-3-2(a)</p>						

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