

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G243	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2016
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 408 N REED ST SOUTH WHITLEY, IN 46787
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(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
W 0000 Bldg. 00	<p>This visit was for a post certification revisit to a full recertification and state licensure survey completed on December 15, 2015.</p> <p>Dates of Survey: February 8, 10, 2016.</p> <p>Facility number: 000766 Provider number: 15G243 AIM number: 100243280</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/18/16.</p>	W 0000		
W 0125 Bldg. 00	<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 upon record review and interview, the facility failed to obtain a legally sanctioned representative for 1 of 4 sampled clients (client #3) assessed as being in need of assistance to assure his</p>	W 0125	W 125: The facility must ensure the rights of all clients. Client # 3's former HCR has indicated that he would like to remain his HCR and would be available to assist in making decisions and responding to correspondence.	03/08/2016

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>protection of rights as a citizen of the United States.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 2/8/16 at 4:35 PM. A Behavior Support Plan (BSP) dated 5/5/15 indicated targeted behaviors of self injurious behavior, yelling/screaming and physical aggression. The plan included the use of one person standing restraint (optional escort technique) and two person standing restraint (escort technique). The plan included the use of Lexapro 20 mg (milligrams) daily (anti-depressive), Seroquel (anti-psychotic/anti-depressive) Strattera, 25 mg daily (hyperactivity) and Zyprexa (anti-psychotic), 5 mg daily. A Comprehensive Functional Assessment updated 2/15 indicated client #3 required assistance to make decisions in the area of financial affairs, behavior management and medical care. Client #3's ISP (Individual Support Plan) dated 5/5/15 indicated client #3 had a Health Care Representative (HCR) to assist him in making decisions, but there was no evidence of a HCR's approval for client #3's BSP.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 2/8/16 at 4:55 PM and</p>		<p>Client # 3 has indicated that he would like his former HCR to continue to be his HCR. QIDP will review all Comprehensive Functional Assessments to determine which clients need assistance making decisions. If clients who are identified as needing assistance do not have an HCR or legal guardian, the QIDP/facility will actively pursue obtaining such representation. Program Manager and QIDP will meet twice monthly and will review progress made toward obtaining representation for any client who needs it.</p>	

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	<p>indicated client #3 was in need of assistance in making informed decisions, and his previous HCR had not responded to correspondence.</p> <p>The Manager of Supported Group Living was interviewed on 2/8/16 at 5:03 PM and indicated client #3's HCR would be consulted to determine his status as client #3's HCR and if needed, client #3 would be referred for a legal service to obtain assistance for client #3 to make decisions.</p> <p>This deficiency was cited on December 15, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>			