

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/07/2013
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001		
(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	
W000000	<p>This visit was for an investigation of complaint #IN00127814.</p> <p>Complaint #IN00127814: Unsubstantiated, due to lack of evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: May 6 and 7, 2013.</p> <p>Facility Number: 000844 Provider Number: 15G326 AIM Number: 200243650</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/14/13 by Ruth Shackelford, QIDP.</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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview, for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility's governing body failed to exercise general operating direction over the facility by failing to ensure the physical environment was maintained in good repair (flooring replaced after water damage).</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 5/6/13 from 3:30 PM until 6:00 PM. The floor coverings in the kitchen/dining room, northern hallway and client D's room were missing. The missing floor coverings exposed poured concrete subfloors in the home of clients A, B, C, D, E, F, G and H. The flooring in the staff's office had a worn area under the desk where the desk chair sat.</p> <p>A review of electronic correspondence (e-mail) was done on 5/7/13 at 7:30 AM of a 4/5/13 price quote from a supplier for floor coverings, miscellaneous items and labor to repair the floors at the facility indicated the quote was submitted to the governing body by the Executive</p>	W000104	<p>W104: The governing body will exercise general policy, budget, and operating direction over facility.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Executive Director has received approved CER and installation of flooring will be scheduled (Attachment A). Protective floor mat will be purchased for office area. <p>How we will identify others:</p> <p>Program Manager will review Maintenance requests to ensure that all flooring needed has been installed.</p> <p>Measures to be put in place:</p> <p>Environmental Service workers will perform quarterly checklists (Attachment B) to ensure</p>	06/06/2013			

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	<p>Director/ED on 5/1/13.</p> <p>Review of an additional e-mail on 5/7/13 at 8:00 AM indicated the floor covering supplier had been contacted on 5/6/13 at 2:29 PM by the ED and a date for installation was pending at the time of the survey.</p> <p>Staff #5 stated during interview (5/6/13 5:45 PM) the facility had experienced a water leak of unknown source and the floor coverings had been missing for "about a year."</p> <p>9-3-1(a)</p>		<p>that needed flooring has been installed.</p> <p>Monitoring of Corrective Action: Program Manager will review maintenance requests and follow up on flooring requests to ensure that flooring is installed as needed.</p> <p>Completion Date: 6-6-2013</p>				

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W000154	<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 1 of 3 sampled clients (A), the facility failed to investigate incidents which led to client A's incarceration.</p> <p>Findings include:</p> <p>Review of facility reportable incidents on 5/6/13 at 12:15 PM indicated an incident reported to the Bureau of Developmental Disabilities Services (BDDS) dated 4/15/13 which contained information regarding physically aggressive behaviors client A demonstrated toward staff on the evening of 4/14/13 and the morning of 4/15/13. Client A "became upset" when staff reminded him he should have only one snack instead of two and to clean up after himself on the evening of 4/14/13. Client A became physically/verbally aggressive, hit staff on the arm, and broke a picture which was hanging on the wall in the living room area. The incident report indicated the staff attempted to implement the client's Behavior Support Plan/BSP of verbal redirection and attempted to use a physical restraint (YSIS/You're Safe, I'm Safe) unsuccessfully. The staff called the local police who came to the facility, spoke</p>	W000154	<p>W154: The facility will have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Incidents on 4-14-2013, and 4-15-2013, were reviewed, investigated by Operations Manager, Quality Assurance Manager, and staff were inserviced on how to avoid further incarceration and proper implementation of BSP (Attachment C). <p>How we will identify others:</p> <p>Executive Director will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical Supervisors will review client on client aggression to ensure that BSP has been followed and all safeguards have been</p>	05/24/2013			

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	<p>with client A and left. The 4/15/13 report indicated client A was still upset over the previous night and refused to go to day program. The other clients boarded the van to leave and client A tried to follow. House manager/HM staff #1 verbally redirected client A and indicated he could not get onto the van since he was so upset. Client A attacked HM #1 (ran toward her as she stood at the house entrance and began striking her on the arm). Staff #3 called the police and they responded. The 4/15/13 report indicated client A was arrested for battery and was taken to the local jail.</p> <p>Client A's BSP dated 2/07/13 (reviewed 5/6/13 at 3:45 PM) indicated staff were to call police if client A eloped and could not be found. The BSP did not include use of law enforcement for physical aggression for client A.</p> <p>Interview with HM #1 on 5/6/13 at 4:30 PM indicated client A spent one night in jail.</p> <p>Interview with Quality Assurance staff #1 on 5/6/13 at 1:45 PM indicated the incident of client A's incarceration had not been investigated to find exactly what happened and how incarceration could be avoided in the future.</p>		<p>implemented.</p> <p>Measures to be put in place: Quality Assurance will review all incidents to ensure that the circumstances of incident, including interventions, BSP implementation, and client safeguards were implemented. Staff will continue to receive monthly and Annual training on client Behavior Support Plans</p> <p>Monitoring of Corrective Action: Operations Manager will review monthly staff meeting agendas to ensure that training is being documented. Executive Director will review all investigations, including witness statements to ensure that all allegations have been investigated.</p> <p>Completion Date: 5-24-2013</p>		

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to take corrective action (staff involved in the incident had not been retrained, an evaluation had not been reviewed, and the client's behavior program had not been revised) regarding an episode of incarceration for client A.</p> <p>Findings include:</p> <p>Review of facility reportable incidents on 5/6/13 at 12:15 PM indicated an incident reported to the Bureau of Developmental Disabilities Services (BDDS) dated 4/15/13 which contained information regarding physically aggressive behaviors client A demonstrated toward staff on the evening of 4/14/13 and the morning of 4/15/13. Client A "became upset" when staff reminded him he should have only one snack instead of two and to clean up after himself on the evening of 4/14/13. Client A became physically/verbally aggressive, hit staff on the arm, and broke a picture which was hanging on the wall in the living room area. The incident report indicated the staff attempted to implement the client's Behavior Support Plan/BSP of verbal redirection and attempted to use a physical restraint</p>	W000157	<p>Corrective action:</p> <ul style="list-style-type: none"> · Staff have been inserviced on YSIS techniques (Attachment F). · Trazodone had been prescribed per CMHC on 4-16-2013, as the written report from CMHC states, the report had not been received on the date of survey, but contained no other information (Attachment E). · Staff # 3 has been inserviced on on Client A's BSP (Attachment E). · Client's A BSP was reviewed and deemed as effective (Attachment G) <p>How we will identify others:</p> <p>Executive Director will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical Supervisors will review client on client aggression to ensure that BSP has</p>	05/24/2013			

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	<p>(YSIS/You're Safe, I'm Safe) unsuccessfully. The staff called the local police who came to the facility, spoke with client A and left. The 4/15/13 report indicated client A was still upset over the previous night and refused to go to day program. The other clients boarded the van to leave and client A tried to follow. House manager/HM staff #1 verbally redirected client A and indicated he could not get onto the van since he was so upset. Client A attacked HM #1 (ran toward her as she stood at the house entrance and began striking her on the arm). Staff #3 called the police and they responded. The 4/15/13 report indicated client A was arrested for battery and was taken to the local jail.</p> <p>The plan to resolve portion of the BDDS report indicated the IDT (Interdisciplinary Team) met and requested client A be released from jail and evaluated at the local community mental health center to determine if he should be transferred to the mental health center.</p> <p>Confidential interview/CI #1 indicated client A's BSP contained a physical restraint (two person escort) and this restraint should be re-evaluated. CI #1 stated the two person escort was difficult and/or "impossible" to employ if one of the staff implementing it was the object of</p>		<p>been followed and all safeguards have been implemented.</p> <p>Measures to be put in place: Quality Assurance will review all incidents to ensure that the circumstances of incident, including interventions, BSP implementation, training required, and client safeguards were implemented. Staff will continue to receive monthly and Annual training on client Behavior Support Plans</p> <p>Monitoring of Corrective Action: Operations Manager will review monthly staff meeting agendas to ensure that training is being documented. Executive Director will review all investigations, including witness statements to ensure that all allegations have been investigated.</p> <p>Completion Date:</p>				

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	<p>client A's aggression.</p> <p>Client A's BSP dated 2/07/13 (reviewed 5/6/13 at 3:45 PM) indicated staff were to call police if client A eloped and could not be found. The BSP did not include use of law enforcement for physical aggression for client A. The record review indicated a record dated 4/16/13 wherein client A was seen by the nurse practitioner at the local community mental health center. The document indicated his antidepressant medication, Trazodone, had been reinstated, but the complete evaluation was not in client A's record for consideration.</p> <p>Interview with HM #1 on 5/6/13 at 4:30 PM indicated client A spent one night in jail. The interview indicated staff #3 had not been available for retraining on client A's behavior program and had not attended a mandatory staff meeting regarding the incident. The interview indicated the findings from the community mental health center on 4/16/13 had not been considered by the IDT to assist the agency with client A's behavioral programming needs.</p> <p>9-3-2(a)</p>		5-24-2013		

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