

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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W 0000 Bldg. 00	This visit was for an annual fundamental recertification and state licensure survey. Survey Dates: May 13, 14, 15 and 22, 2015 Facility Number: 000857 Provider Number: 15G341 AIMS Number: 100243690 These deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 3 of 4 sampled clients (#2, #3 and #4) and 3 additional clients (#5, #6 and #7), the governing body failed to exercise general policy and operating direction over the facility to prevent the misappropriation of clients' funds and to ensure a full and complete accounting of client finances for clients #2, #3, #4, #5, #6 and #7. Findings include:	W 0104	CORRECTION: <i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, for Clients #1 - #7, the operation's Business Manager is conducting a complete audit of facility client finances from 4/1/14 to present. Clients will be reimbursed by the company for any missing funds identified in the audit. Personal</i>	06/21/2015

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>1. The governing body failed to exercise general policy and operating direction over the facility to ensure a full and complete accounting of clients' funds and expenditures for clients #2, #3, #4, #5, #6 and #7. Please see W140.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to prevent the misappropriations of clients' funds for clients #2, #3, #4, #5, #6 and #7. Please see W149.</p> <p>9-3-1(a)</p>		<p>financial ledgers will be updated by the Residential Manager and reviewed by the QIDP and certified as accurate per facility protocol. The Residential Manager and Team Lead will receive additional training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>PREVENTION:</p> <p>The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team will include audits of client finances as part of an ongoing facility audit process. Operations Team audits will occur on a weekly basis for the next 30</p>		

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 4 sampled clients (#2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure a full and complete accounting of the clients' funds and expenditures.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 5/14/15 at 11</p>	W 0140	<p>days and after two months, no less than twice monthly for an additional 60 days to assure the facility provides a full and complete accounting of clients' personal finances. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Specifically, for Clients #1 - #7, the operation's Business Manager is conducting a complete audit of facility client finances from 4/1/14 to present. Clients will be</i></p>	06/21/2015	

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	<p>AM.</p> <p>The 6/6/14 BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>__ On 5/29/14 the RM (Residential Manager) assisted client #3 to withdraw \$100.00 from his savings account to purchase a new pair of tennis shoes.</p> <p>__ On 5/29/14 the RM assisted client #6 to withdraw \$320.00 from his savings account to purchase summer clothing.</p> <p>__ On 6/1/14 the QIDP (Qualified Intellectual Disabilities Professional) received a phone call from the RM informing the QIDP the RM needed to go to Alabama to be with a family member.</p> <p>__ The RM had told the group home staff prior to her (the RM) leaving town she had deposited client #6's \$320.00 and client #3's \$100.00 back into their individual savings accounts on 5/31/14.</p> <p>__ The QIDP checked client #1's and client #6's money and found no withdrawal slips for \$320.00 or \$100.00 nor deposit slips placing the money back into the clients' savings accounts.</p> <p>__ The QIDP called the RM and asked her about the money and the RM told the QIDP she had the bank deposit slips with her but was in Kentucky and was headed for Alabama.</p> <p>__ The RM told the QIDP she would fax the deposit slips to the QIDP when she</p>		<p>reimbursed by the company for any missing funds identified in the audit. Personal financial ledgers will be updated by the Residential Manager and reviewed by the QIDP and certified as accurate per facility protocol. The Residential Manager and Team Lead will receive additional training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>PREVENTION:</p> <p>The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team will include audits of client finances as part of</p>				

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	<p>got to her destination in Alabama.</p> <p>__ On 6/4/14 the QIDP called the RM again and the RM said she would fax the deposit slips for the money when she could get to a fax machine. The QIDP told her the money was going to be reconciled on 6-5-2014 and the deposit slips were needed.</p> <p>__ On 6/5/14 the QIDP called the RM "numerous times" with no return calls.</p> <p>__ On 6/5/14 the QIDP went to the bank and requested current bank statements for client #1 and client #6. The statements showed a withdrawal of \$320.00 from client #6's account and \$100.00 from client #3's account. The statements did not indicate a deposit of \$320.00 for client #6 or a deposit of \$100.00 for client #3.</p> <p>The facility's Investigation Peer Review dated 6/11/14 indicated the employment of the previous RM was to be terminated and the facility was to ensure only supervisors had access to the facility finances.</p> <p>Client #2's, #3's, #4's, #5's #6's and #7's COHLs (Cash On Hand Ledgers) and financial records for 2014 and 2015 were reviewed with the RM and the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 1 PM. The RM retrieved a binder from the</p>		<p>an ongoing facility audit process. Operations Team audits will occur on a weekly basis for the next 30 days and after two months, no less than twice monthly for an additional 60 days to assure the facility provides a full and complete accounting of clients' personal finances. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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	<p>office with individual zippered money pouches for each client.</p> <p>Client #2's money pouch contained \$9.62. Client #2's COHL for May 2015 indicated client #2 should have \$150.91 COH (Cash on Hand) in his money pouch, a difference of \$141.29.</p> <p>Client #3's money pouch contained \$15.01. Client #3's COHL for May 2015 indicated client #3 should have \$96.71 COH in his money pouch, a difference of \$81.70.</p> <p>Client #4's money pouch contained \$12.36. Client #4's COHL for May 2015 indicated client #4 should have \$147.27 COH in his money pouch, a difference of \$134.91.</p> <p>Client #5's money pouch contained \$5.32. Client #5's COHL for May 2015 indicated client #5 should have \$65.06 COH in his money pouch, a difference of \$59.74.</p> <p>Client #6's money pouch contained \$12.37. Client #6's COHL for May 2015 indicated client #6 should have \$100.56 COH in his money pouch, a difference of \$88.19.</p> <p>Client #7's money pouch contained</p>			

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	<p>\$0.44. Client #7's COHL for May 2015 indicated client #7 should have \$98.79 COH in his money pouch, a difference of \$98.35.</p> <p>Client #2's financial records indicated the following: ___ A withdrawal of \$10.00 on 3/21/15 from client #2's savings account. Client #2's March 2015 COHL indicated no deposit of the \$10.00 and/or a receipt for a purchase for the \$10.00. ___ The April 2015 COHL indicated an ending balance of \$107.06 and the May 2015 COHL indicated a beginning balance of \$163.83, a discrepancy of \$56.77. ___ The December 2014 COHL indicated an ending balance of \$28.79 and the January 2015 COHL indicated a beginning balance of \$96.79, a discrepancy of \$68.00.</p> <p>Client #3's financial records indicated the following: ___ A withdrawal of \$10.00 on 3/21/15 from client #3's savings account. Client #3's March 2015 COHL indicated no deposit of the \$10.00 and/or a receipt for a purchase for the \$10.00. ___ A store receipt for \$22.28 dated 12/20/14. Client #2's COHL for December 2014 indicated no purchase in December 2014 for \$22.28.</p>			

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	<p>Client #4's financial records indicated the following:</p> <p>___ A withdrawal of \$10.00 on 4/24/15 from client #4's savings account. Client #4's May 2015 COHL indicated no deposit of the \$10.00 and/or a receipt for a purchase for the \$10.00.</p> <p>___ A withdrawal of \$15.00 on 3/31/15 from client #4's savings account. Client #4's March 2015 COHL indicated no deposit of the \$15.00 and/or a receipt for a purchase for the \$15.00.</p> <p>___ The December 2014 COHL indicated an ending balance of \$135.47 and the January 2015 COHL indicated a beginning balance of \$181.60, a discrepancy of \$46.13.</p> <p>During interview with the RM on 5/15/15 at 1:30 PM, the RM:</p> <p>___ Indicated client #1 was a new admission to the facility as of 4/25/15 and did not have a bank account and/or funds available to him at the present time.</p> <p>___ Stated the previous RM had "apparently stolen" money from the clients' COH accounts.</p> <p>___ Stated in June 2014 the previous RM had taken money from the clients' accounts that has "never been accounted for."</p> <p>___ Indicated according to her (the RM's)</p>			
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	<p>records the facility owed client #3 \$41.05.</p> <p>__ Indicated according to her records the facility owed client #6 \$87.13.</p> <p>__ Indicated when she took over in October 2014 for the previous RM all of the clients' accounts did not balance and she had been carrying over balances of what the clients should have in their accounts and not the actual balances.</p> <p>__ Indicated she and the QIDPD had asked numerous times for someone from the financial department to do a full audit of the clients' accounts back to when the previous RM took over the finances and stated, "But they have never done it."</p> <p>__ Indicated all staff had access to the clients' money.</p> <p>During interview with the QIDPD on 5/15/15 at 1:30 PM, the QIDPD:</p> <p>__ Indicated the previous RM was terminated in June 2014 and the current RM took over in October 2014.</p> <p>__ Indicated from June 2014 through October 2014 a previous RM of the home stepped in to help with the finances as well as herself.</p> <p>__ Stated, "We have been asking since October for someone in financial to do a thorough audit of their (client #2's, #3's, #4's, #5's, #6's and #7's) financial accounts to get this all straightened out."</p> <p>__ Indicated the facility refunded client</p>			

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W 0149 Bldg. 00	<p>#3's \$100.00 and client #6's \$320.00 on 7/17/14.</p> <p>___ Indicated the money was placed in their accounts at the main office and not back into the cash on hand accounts.</p> <p>___ Indicated the ledgers were not balanced because the money was not placed back into the COH accounts.</p> <p>___ Indicated all staff had access to the clients' money.</p> <p>___ Indicated the COHLs were to be maintained and the balances in the clients' COH accounts should match the amount on the COHLs without discrepancy.</p> <p>9-3-2(a)</p> <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 record review and interview for 3 of 4 sampled clients (#2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to implement written policy and procedures to prevent the misappropriation of clients' funds and to ensure a complete and full accounting of client finances for clients #2, #3, #4, #5, #6 and #7.</p>			W 0149	<p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, for Clients #1 - #7, the operation's Business Manager is conducting a complete audit of facility client finances from 4/1/14 to present.</i></p>		06/21/2015

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	<p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 5/14/15 at 11 AM.</p> <p>The 6/6/14 BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>__ On 5/29/14 the RM (Residential Manager) assisted client #3 to withdraw \$100.00 from his savings account to purchase a new pair of tennis shoes.</p> <p>__ On 5/29/14 the RM assisted client #6 to withdraw \$320.00 from his savings account to purchase summer clothing.</p> <p>__ On 6/1/14 the QIDP (Qualified Intellectual Disabilities Professional) received a phone call from the RM informing the QIDP the RM needed to go to Alabama to be with a family member.</p> <p>__ The RM had told the group home staff prior to her (the RM) leaving town she had deposited client #6's \$320.00 and client #3's \$100.00 back into their individual savings accounts on 5/31/14.</p> <p>__ The QIDP checked client #1's and client #6's money and found no withdrawal slips for \$320.00 or \$100.00 nor deposit slips placing the money back into the clients' savings accounts.</p> <p>__ The QIDP called the RM and asked her about the money and the RM told the QIDP she had the bank deposit slips with</p>		<p>Clients will be reimbursed by the company for any missing funds identified in the audit. Personal financial ledgers will be updated by the Residential Manager and reviewed by the QIDP and certified as accurate per facility protocol. The Residential Manager and Team Lead will receive additional training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>PREVENTION:</p> <p>The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team will include audits of client finances as part of</p>		

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	<p>her but was in Kentucky and was headed for Alabama.</p> <p>__The RM told the QIDP she would fax the deposit slips to the QIDP when she got to her destination in Alabama.</p> <p>__On 6/4/14 the QIDP called the RM again and the RM said she would fax the deposit slips for the money when she could get to a fax machine. The QIDP told her the money was going to be reconciled on 6-5-2014 and the deposit slips were needed.</p> <p>__On 6/5/14 the QIDP called the RM "numerous times" with no return calls.</p> <p>__On 6/5/14 the QIDP went to the bank and requested current bank statements for client #1 and client #6. The statements showed a withdrawal of \$320.00 from client #6's account and \$100.00 from client #3's account. The statements did not indicate a deposit of \$320.00 for client #6 or a deposit of \$100.00 for client #3.</p> <p>The facility's Investigation Peer Review dated 6/11/14 indicated the employment of the previous RM was to be terminated and the facility was to ensure only supervisors had access to the facility finances.</p> <p>Client #2's, #3's, #4's, #5's #6's and #7's COHLs (Cash On Hand Ledgers) and financial records for 2014 and 2015 were</p>		<p>an ongoing facility audit process. Operations Team audits will occur on a weekly basis for the next 30 days and after two months, no less than twice monthly for an additional 60 days to assure the facility provides a full and complete accounting of clients' personal finances. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>				

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	<p>reviewed with the RM and the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 1 PM. The RM retrieved a binder from the office with individual zippered money pouches for each client.</p> <p>Client #2's money pouch contained \$9.62. Client #2's COHL for May 2015 indicated client #2 should have \$150.91 COH (Cash on Hand) in his money pouch, a difference of \$141.29.</p> <p>Client #3's money pouch contained \$15.01. Client #3's COHL for May 2015 indicated client #3 should have \$96.71 COH in his money pouch, a difference of \$81.70.</p> <p>Client #4's money pouch contained \$12.36. Client #4's COHL for May 2015 indicated client #4 should have \$147.27 COH in his money pouch, a difference of \$134.91.</p> <p>Client #5's money pouch contained \$5.32. Client #5's COHL for May 2015 indicated client #5 should have \$65.06 COH in his money pouch, a difference of \$59.74.</p> <p>Client #6's money pouch contained \$12.37. Client #6's COHL for May 2015 indicated client #6 should have \$100.56</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>COH in his money pouch, a difference of \$88.19.</p> <p>Client #7's money pouch contained \$0.44. Client #7's COHL for May 2015 indicated client #7 should have \$98.79 COH in his money pouch, a difference of \$98.35.</p> <p>Client #2's financial records indicated the following: ___ A withdrawal of \$10.00 on 3/21/15 from client #2's savings account. Client #2's March 2015 COHL indicated no deposit of the \$10.00 and/or a receipt for a purchase for the \$10.00. ___ The April 2015 COHL indicated an ending balance of \$107.06 and the May 2015 COHL indicated a beginning balance of \$163.83, a discrepancy of \$56.77. ___ The December 2014 COHL indicated an ending balance of \$28.79 and the January 2015 COHL indicated a beginning balance of \$96.79, a discrepancy of \$68.00.</p> <p>Client #3's financial records indicated the following: ___ A withdrawal of \$10.00 on 3/21/15 from client #3's savings account. Client #3's March 2015 COHL indicated no deposit of the \$10.00 and/or a receipt for a purchase for the \$10.00.</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>__ A store receipt for \$22.28 dated 12/20/14. Client #2's COHL for December 2014 indicated no purchase in December 2014 for \$22.28.</p> <p>Client #4's financial records indicated the following:</p> <p>___ A withdrawal of \$10.00 on 4/24/15 from client #4's savings account. Client #4's May 2015 COHL indicated no deposit of the \$10.00 and/or a receipt for a purchase for the \$10.00.</p> <p>___ A withdrawal of \$15.00 on 3/31/15 from client #4's savings account. Client #4's March 2015 COHL indicated no deposit of the \$15.00 and/or a receipt for a purchase for the \$15.00.</p> <p>___ The December 2014 COHL indicated an ending balance of \$135.47 and the January 2015 COHL indicated a beginning balance of \$181.60, a discrepancy of \$46.13.</p> <p>During interview with the RM on 5/15/15 at 1:30 PM, the RM:</p> <p>___ Indicated client #1 was a new admission to the facility as of 4/25/15 and did not have a bank account and/or funds available to him at the present time.</p> <p>___ Stated the previous RM had "apparently stolen" money from the clients' COH accounts.</p> <p>___ Stated in June 2014 the previous RM</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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	<p>had taken money from the clients' accounts that has "never been accounted for."</p> <p>__ Indicated according to her (the RM's) records the facility owed client #3 \$41.05.</p> <p>__ Indicated according to her records the facility owed client #6 \$87.13.</p> <p>__ Indicated when she took over in October 2014 all of the clients' accounts did not balance and she had been carrying over balances of what the clients should have in their accounts and not the actual balances.</p> <p>__ Indicated she and the QIDPD had asked numerous times for someone from the financial department to do a full audit of the clients' accounts back to when the previous RM took over the finances and stated, "But they have never done it."</p> <p>__ Indicated all staff had access to the clients' money.</p> <p>During interview with the QIDPD on 5/15/15 at 1:30 PM, the QIDPD:</p> <p>__ Indicated the previous RM was terminated in June 2014 and the current RM took over in October 2014.</p> <p>__ Indicated from June 2014 through October 2014 a previous RM of the home stepped in to help with the finances as well as herself.</p> <p>__ Stated, "We have been asking since October for someone in financial to do a</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>thorough audit of their (client #2's, #3's, #4's, #5's, #6's and #7's) financial accounts to get this all straightened out." __ Indicated the facility refunded client #3's \$100.00 and client #6's \$320.00 on 7/17/14. __ Indicated the money was placed in their accounts at the main office and not back into the cash on hand accounts. __ Indicated the ledgers were not balanced because the money was not placed back into the COH accounts. __ Indicated all staff had access to the clients' money. __ Indicated the COHLs were to be maintained and the balances in the clients' COH accounts should match the amount on the COHLs without discrepancy.</p> <p>The facility's policies and procedures were reviewed on 5/14/15 at 11 AM. The revised 12/12/07 Client Finance Management policy indicated: "It is the policy of this operation to responsibly manage and monitor client finances at all of the locations.... The Program Director (PD) has the overall responsibility for maintaining balanced client finances. PD's are also responsible for the security of the client finances."</p> <p>9-3-2(a)</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview and record review for 1 of 4 sample clients (#4) and 1 additional client (#7), the facility failed to ensure client #4's fine and gross motor skills were reassessed by a PT (Physical Therapist) and to ensure the IDT (Interdisciplinary Team) reassessed the need for the alarms on the egress doors in regard to client #7's history of AWOL (Absent Without Leave) behavior.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 5/13/15 between 3:45 PM and 6 PM and on 5/14/15 between 5:45 AM and 8:30 AM. ___ The group home was an older two story home with two sets of old narrow steps leading to the upstairs. ___ Client #4 was a short stocky middle aged male with a forward lean that walked with his head down and ambulated with a slow unsteady gait while using a rolling walker. ___ Whenever client #4 wanted to</p>	W 0210	<p>CORRECTION:</p> <p><i>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, client #4 received a PT assessment and based on the results is currently receiving Physical Therapy to enhance his fine and gross motor skills. Specifically for Client #7, the interdisciplinary team has assessed that Client #7's decreasing risk of elopement no longer justifies the use of door alarms and the QIDP has revised Client #7's Behavior Support Plan accordingly. A review of facility support documents indicated this deficient practice did not affect any additional clients.</i></p> <p>PERVENTION:</p> <p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30</p>	06/21/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>ambulate the staff would place a gait belt around client #4's waist and provide client #4 with hands on assistance while standing and/or walking.</p> <p>__ Client #4's bedroom was downstairs.</p> <p>__ On the morning of 5/14/15 client #4 was observed getting into the van. Client #4 had to traverse a long steep ramp while using his rolling walker and with staff providing hands on assistance. Once at the van, client #4 would pull himself up into the front seat of the van.</p> <p>Client #4's record was reviewed on 5/15/15 at 2 PM. Client #4's record indicated diagnoses of, but not limited to, Epilepsy, Hydrocephalus (a build-up of fluid in the brain), bilateral Amblyopia (commonly known as lazy eye in which the eyes do not look in the same direction at the same time), bilateral Arthritis (inflammation of the joints, causing pain and stiffness that can worsen with age) and left side arm and foot weakness.</p> <p>Client #4's record indicated the most current PT/OT (Physical Therapy/Occupational Therapy) assessment was dated 7/14/11.</p> <p>During interview with staff #1 on 5/13/15 at 5 PM, staff #1: __ Indicated client #4 had a history of falls and of having seizures.</p>		<p>days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will review facility support documents no less than monthly to assure required assessments are current. Additionally, the Clinical Supervisor will review quarterly and annual summaries to assure the need for restrictive programs including but not limited to the use of alarms has been reassessed.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>__ Indicated client #4 could not ambulate independently without staff.</p> <p>__ Indicated client #4 could not go up and down the stairs in the home.</p> <p>__ Indicated client #4 used to use a wheelchair all the time and within the past year the staff have been working with client #4 to ambulate and not use the wheelchair.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD indicated the most current PT/OT (Physical Therapy/Occupational Therapy assessment was dated 7/14/11.</p> <p>2. The facility's reportable and investigative records from May 2014 to May 2015 were reviewed on 5/14/15 at 10 AM. The facility records indicated no records of client #7 going AWOL (Absent Without Leave).</p> <p>Observations were conducted at the group home on 5/13/15 between 3:45 PM and 6 PM and on 5/14/15 between 5:45 AM and 8:30 AM.</p> <p>__ The facility home client #7 lived in was an older two story home.</p> <p>__ Alarms were noted on three of the egress doors in the home; the front door, the back door and the door in client #7's</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>bedroom.</p> <p>__ Whenever anyone entered or exited the home a loud door bell type alarm would sound.</p> <p>__ Client #7 had a bedroom to himself upstairs with an egress door in the bedroom and an alarm on the door.</p> <p>__ Across the hall from client #7 was an empty bedroom also with an egress door in it but that bedroom door did not have an alarm on it.</p> <p>Client #7's record was reviewed on 5/15/15 at 3 PM. Client #7's BSP (Behavior Support Plan) dated 8/15/14 indicated client #7 had a targeted behavior of going AWOL. Client #7's behavior data records for 2014/2015 indicated no incidents of going AWOL.</p> <p>Client #7's record indicated no IDT meeting notes in regard to the reassessment for the continued use of the alarms on the egress doors and client #7's lack of AWOL behaviors.</p> <p>During interview with staff #1 on 5/13/15 at 4:30 PM, staff #1:</p> <p>__ Indicated the door alarms were on the doors because of client #7's history of going AWOL.</p> <p>__ Indicated she had been with the facility since July 2014 and had no knowledge of client #7 going AWOL.</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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W 0240 Bldg. 00	<p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD:</p> <p>__ Indicated she took over for the previous QIDP in August 2014.</p> <p>__ Indicated she had no knowledge of client #7 going AWOL.</p> <p>__ Indicated she did not know why all the alarms were on the doors because client #7 had close staff supervision and had no incidents of going AWOL.</p> <p>__ When asked why is client #7 in a bedroom with an egress door if he is at risk for going AWOL, the QIDPD stated, "Thank you, I thought the same thing."</p> <p>__ Indicated her intentions were to have an IDT meeting to discuss the continued need for the alarms on the doors.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 4 sample clients (#3), the client's ISP (Individualized Support Plans) failed to include what the</p>	W 0240	<p>CORRECTION: <i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, Client</i></p>	06/21/2015
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2015	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374			
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	<p>staff were to do when client #3 refused to stay downstairs for 30 minutes after consuming his medications due to a history of coughing up his medications and what the staff were to do when client #3 refused to brush his teeth.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/14/15 between 5:45 AM and 8:30 AM.</p> <p>__ At 6:50 AM client #3 came downstairs for his AM medications.</p> <p>__ After receiving his medications, client #3 went back upstairs to his bedroom and closed his door.</p> <p>Client #3's record was reviewed on 5/14/15 at 1:30 PM.</p> <p>__ Client #3's May 2015 quarterly physician's orders indicated "[Client #3] is to stay downstairs for 30 minutes after taking meds (medications) due to coughing up meds."</p> <p>__ Client #3's record indicated a 9/4/14 BSP (Behavior Support Plan). Client #3's BSP indicated targeted behaviors of procrastination, seclusion from others, abstaining for activities, touching others without permission and arguing with others.</p>		<p>#3's Comprehensive High Risk Plan for choking, secondary to GERD, will be updated to provide staff with guidance on how to address Client #3's refusals to remain downstairs for 30 minutes after receiving medication. Additionally, the QIDP has revised client #3's tooth brushing objective to include direct supervision and assistance as needed. Through assessment, the team has determined that Client #3 has not been refusing to brush his teeth, but rather refusing to allow staff to observe him doing so. Client #3's most recent dental evaluation supports this assessment as Client #3's oral health was good with minimal plaque build-up noted. A review of incident documentation and current support plans indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION: The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days</p>				

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	<p>__ Client #3's ISP dated 9/4/14 indicated an objective for client #3 to gather his dental hygiene supplies and take them to the bathroom and brush his teeth.</p> <p>__ Client #3's Data Collection Sheets for March, April and May 2015 indicated: __ Client #3 refused to brush his teeth 29 out of 31 days in March 2015. __ Client #3 refused to brush his teeth 17 out of 30 days in April. __ Client #3 refused to brush his teeth 8 out of 15 days in May.</p> <p>Client #3's ISP and/or BSP did not indicate: __ How the staff were to ensure client #3 stayed downstairs for 30 minutes after taking medications and/or what the staff were to do when client #3 refused to stay downstairs. __ What the staff were to do when client #3 refused to brush his teeth.</p> <p>During interview with staff #5 on 5/14/15 at 7 AM, staff #5: __ Indicated client #3 often refused to stay downstairs after taking his AM medications and stated, "There's not much we can do when he refuses." __ Stated client #3, "Often refuses to brush his teeth." __ Indicated the staff documented client</p>		<p>to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis. The QIDP will be retrained about the need to revise learning objectives as needed including but not limited to addressing frequent refusals. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, will conduct documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. These reviews will focus on determining that revisions to risk plans and learning objectives occur as needed. RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p>		

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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W 0249 Bldg. 00	<p>#3's refusals to brush his teeth on the data collection sheets.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD indicated client #3's ISP did not address client #3's refusals to brush his teeth and/or refusals to remain downstairs after receiving his medications.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 4 sample clients (#3 and #4), the facility failed to ensure the staff implemented the clients' ISP (Individualized Support Plans) training objectives when formal and informal training opportunities existed.</p> <p>Findings include:</p>	W 0249	<p>CORRECTION:</p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency</i></p>	06/21/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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	<p>1. Observations were conducted at the group home on 5/14/15 between 5:45 AM and 8:15 AM.</p> <p>__ Client #4 was a short stocky middle aged male that required a walker, a gait belt and hands on assistance from the staff whenever he was ambulating.</p> <p>__ At 5:45 AM staff #6 was in the downstairs bathroom shower with client #4 while client #4 showered and dressed for the day.</p> <p>__ The downstairs bathroom door opened up into the dining room.</p> <p>__ At 6:18 AM staff #6 walked out of the bathroom with client #4. Staff #6 directed client #4 to the dining room table to sit down in his chair at the dining room table. Once client #4 was sitting in the dining room chair, staff #6 scooted client #4 up to the table, removed client #4's gait belt and moved client #4's walker away from the table and placed it by the wall out of client #4's reach. Staff #6 left client #4 sitting at the table and returned to the kitchen and prepared client #4's breakfast of cereal, a pancake, milk and juice. Staff #6 delivered client #4's breakfast to him while client #4 was still sitting at the dining room table. Client #4 immediately began eating. Staff #6 left client #4 unsupervised while eating and returned to the kitchen.</p> <p>__ At 6:32 AM client #6 came down</p>		<p><i>to support the achievement of the objectives identified in the individual program plan.</i> Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation, family style dining, and self-medication training.</p> <p>PREVENTION:</p> <p>The Residential Manager and QIDP will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining and self-medication training.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2015	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374			
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	<p>stairs with staff #5 and proceeded to the kitchen to prepare his breakfast. Client #6 came out of the kitchen carrying his breakfast and sat down at the table with client #4. Staff #5 sat down at the table for a couple of minutes and then got up and left the room.</p> <p>__ Client #4 finished his meal at 6:38 AM. Staff #6 picked up client #4's dishes from the table, took them to the kitchen, rinsed them off and placed them into the dishwasher. Staff #6 then returned to the dining room with client #4 and stated, "You have to go to the bathroom now." Staff #6 placed the gait belt on client #4, retrieved the walker and assisted client #4 to the bathroom.</p> <p>__ At 6:45 AM after using the bathroom staff #6 assisted client #4 back to the dining room table, assisted client #4 to sit down in his chair, scooted client #4 up to the table, removed client #4's gait belt and stated, "You want to color?" Staff #6 brought a coloring book and crayons and sat them down on the table in front of client #4.</p> <p>__ From 6:45 AM to 8:15 AM, other than getting up to take his morning medications, client #4 remained at the dining room table with a coloring book and crayons in front of him. Client #4 was not engaged in coloring, the staff did not engage in conversation with client #4 and client #4 sat the majority of the time</p>		<p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>with his head down on his chest and his eyes closed.</p> <p>__At 8:15 AM the staff prepared client #4 to go to the day program.</p> <p>Client #4's record was reviewed on 5/15/15 at 2 PM.</p> <p>Client #4's 7/24/14 ISP (Individualized Support Plan) indicated:</p> <p>__Client #4 was to prepare his plate of food and gather the proper utensils needed.</p> <p>__Client #4 "will take large bites of his food, posing a choking risk." Client #4 was to take small bites of his food during each meal and to take small sips between each bite of food.</p> <p>Client #4's ISP indicated client #4 had the following formal objectives:</p> <ul style="list-style-type: none"> To independently engage in conversation with another adult. To take small bites of food and to eat properly. To brush his teeth independently. To separate and identify coins. <p>During this observation period the staff did not prompt client #4 to assist with his meal preparation, to take smaller bites while eating and/or to take small sips between each bite of food.</p> <p>__During this observation period the staff</p>		<p>hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>did not provide client #4 with training objectives and/or a choice of leisure time activities when formal and informal training opportunities existed.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD:</p> <p>__ Indicated the staff were to provide all clients with training in meal preparation and family style dining at every available opportunity.</p> <p>__ Indicated the staff were to supervise client #4 while eating and prompt client #4 to take small bites and sips of liquids between bites.</p> <p>__ Indicated when the clients are observed sitting and not engaged in an activity the staff were to provide the clients with training activities and/or choices of leisure activities every 15 minutes.</p> <p>2. Observations were conducted at the group home on 5/13/15 between 3:45 PM and 6 PM. During this observation period client #4 was observed receiving his 4 PM medications. At 4:18 PM staff #1 prepared and gave client #4 the following medications:</p> <p>Baclofen 10 mg (milligrams) for muscle pain/spasms.</p> <p>Coreg 6.25 mg for high blood pressure.</p> <p>Oyster Calcium 500 mg for Osteopenia (a</p>		<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>loss of bone density). During this observation period staff #1 did not provide client #4 with any medication training.</p> <p>Observations were conducted at the group home on 5/14/15 between 5:45 AM and 8:15 AM. During this observation period client #3 was observed receiving his AM medications. At 6:50 AM staff #5 prepared and gave client #3 the following medications: Miralax Powder 17 gm (grams) in 8 ounces of water Calcium 600 mg with vitamin D for Osteoporosis Zyrtec 10 mg for allergies Prozac 30 mg for behavior modification Prilosec 20 mg for GERD (Gastric Esophageal Reflux Disease) Topamax 100 mg for seizure disorder. During this observation period staff #5 did not provide client #3 with any medication training.</p> <p>Client #3's record was reviewed on 5/14/15 at 1:30 PM. Client #3's ISP dated 9/4/14 indicated client #3 was not independent in giving his own medications and required assistance from the staff. Client #3's ISP indicated client #3 had a medication goal/objective to state his medication Topamax and to give 3 side effects of the medication.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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W 0322 Bldg. 00	<p>Client #4's record was reviewed on 5/15/15 at 2 PM. Client #4's ISP dated 7/24/14 indicated client #4 was not independent in giving his own medications and required assistance from the staff. Client #4's ISP indicated client #4 had a medication goal/objective to state his medication Vimpat and to give 3 side effects of the medication.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD indicated staff were to offer every client medication training every time medications were administered to the clients.</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client was provided an annual physical examination.</p> <p>Findings include:</p>	W 0322	<p>CORRECTION:</p> <p>The facility must provide or obtain preventive and general medical care. Specifically, the facility has obtained an annual physical examination for Client</p>	06/21/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374		
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W 0331 Bldg. 00	<p>Client #2's record was reviewed on 5/14/15 at 1 PM. Client #2's record indicated client #2's most current annual physical by his physician was conducted on 2/17/14. Client #2's record indicated no annual physical by a physician since 2/17/14.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD: ___ Indicated all clients were to have an annual physical examination by their physician. ___ Indicated client #2's most current annual physical was the one of 2/17/14.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and</p>	W 0331	<p>#2. A review of medical records indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The facility nurse will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to physical evaluations, occur within required time frames. Members of the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than Monthly to assure that examinations including but not limited to annual physical examinations take place as required.</p> <p>RESPONSIBLE PARTIES:</p> <p>Health Services Team, QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION: <i>The facility must provide clients with nursing</i></p>	06/21/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374		
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	<p>interview for 2 of 4 sampled clients (#3 and #4), the facility's nursing services failed to address the recommendations of the dietician for client #3 in regard to weight maintenance and the use of CIB (Carnation Instant Breakfast) meal supplement for decreased nutritional intake and/or refusals to eat.</p> <p>The facility's nursing services failed to develop and implement a plan of care for client #3 in regard to weight maintenance and to ensure the plan included how the staff were to monitor client #3's nutritional intake throughout the day, while at home and while at the day program, what the staff were to do when client #3 refused to eat a meal, what the staff were to notify nursing services of in regard to client #3's food consumption and/or refusal to eat and when the staff were to notify nursing in regard to client #3's weight and nutritional intake.</p> <p>The facility's nursing services failed to ensure client #4's order for Diastat gel for seizures was clarified with client #4's physician in regard to when the staff were to use the gel and to ensure client #4's risk plan for seizures was updated to reflect the current physician's order for the Diastat gel.</p> <p>Findings include:</p>		<p><i>services in accordance with their needs.</i> Specifically, the agency has employed a new nurse to oversee healthcare at the facility. The facility nurse has developed a comprehensive high risk plan for weight maintenance. Additionally the nurse has obtained clarification for parameters the use of Diastat for the control of Client #4's seizures and updated Client #4's comprehensive high risk plan accordingly. A review of facility medications and records indicated this deficient practice did not affect any additional clients. PREVENTION: The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>1. Observations were conducted at the group home on 5/13/15 between 3:45 PM and 6 PM and on 5/14/15 between 5:45 AM and 8:30 AM.</p> <p>__ Client #3 was a tall thin middle aged male.</p> <p>__ The morning of 5/14/15 client #3 was not observed to eat breakfast.</p> <p>__ The staff did not provide client #3 with a CIB (Carnation Instant Breakfast - a dietary supplement) and/or prompt client #3 to eat his breakfast meal.</p> <p>Client #3's record was reviewed on 5/14/15 at 1:30 PM.</p> <p>Client #3's Nutrition Assessments for 2014/2015 indicated:</p> <p>__ Client #3's weight fluctuated from 129 pounds to 137 pounds with client #3 weighing 129 pounds in January 2015.</p> <p>__ Client #3's ideal body weight was 144 pounds to 176 pounds.</p> <p>__ 11/13/14 - Client #3 was to have CIB if meals were refused and/or client #3 ate 50% or less of his meal.</p> <p>__ 2/19/15 - Weight down 4 pounds.</p> <p>"Also recommend add CIB for HS snack to provide increased Kcal (calories) for wt (weight) maintenance."</p> <p>Client #3's quarterly physician's orders for May 2015 indicated the following</p>		Operations Team	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>dietary orders for client #3: "Low fat or skim milk with Carnation Instant Breakfast. No added salt, whole milk instead of skim milk."</p> <p>Client #3's record indicated nursing services had not addressed the recommendations for the CIB with client #3's physician.</p> <p>Client #3's progress notes from the staff indicated client #3 often refused and/or ate fair for breakfast. The notes indicated no documentation of client #3's intake while at workshop. The notes did not indicate if client #3 was offered a supplement and/or not when meals were refused.</p> <p>Client #3's record indicated no detailed and/or thorough documentation of client #3's oral intake/calories.</p> <p>Client #3's record indicated no risk plan and/or health care plan to address client #3's need for weight maintenance and/or weight gain and to ensure the plan included how the staff were to monitor client #3's nutritional intake throughout the day, while at home and while at the day program, what the staff were to do when client #3 refused to eat a meal, what the staff were to notify nursing services of in regard to client #3's food</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>consumption and/or refusal to eat and when the staff were to notify nursing in regard to client #3's weight and nutritional intake.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD:</p> <p>__ Indicated she had spoken with the facility nurse.</p> <p>__ Indicated the facility nurse failed to address the dietary recommendations of the CIB with the physician.</p> <p>__ Indicated no risk plan and/or health care plan in regard in place to address client #3's need for weight maintenance and/or to maintain his weight.</p> <p>__ Indicated the staff documented daily on the progress notes if client #3 ate good, fair, poor or refused.</p> <p>__ Indicated the staff did not monitor and/or document a thorough assessment of client #3's food intake.</p> <p>__ Stated, "He (client #3) refuses breakfast all the time."</p> <p>2. The facility's reportable and investigative records were reviewed on 5/14/15 at 10 AM. The 5/12/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 5/11/15 at 7:35 PM client #4 was getting up to have a PM snack when he was struggling to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>stay standing. The staff assisted client #4 back down to a sitting position when they noticed client #4 was shaking and his body started jerking. The staff realized client #4 was having a seizure and administered his Diastat at the onset of the seizure. The staff then called 911 for an ambulance to come transport client #4 to the ER (Emergency Room). Client #4 was admitted to the hospital for overnight observation and was released to return to the group home on 5/12/15.</p> <p>Client #4's record was reviewed on 5/14/15 at 3 PM. Client #4's record indicated a diagnosis of, but not limited to, Epilepsy.</p> <p>Client #4's physician's orders from client #4's neurologist on 6/7/14 indicated "Give Diastat gel 5 mg rectally at onset of seizure. May repeat dose in 4 - 12 hours after initial dose. No more than 2 doses in 24 hours."</p> <p>Client #4's quarterly physician's orders for May 2015 indicated Diastat Gel 5/7/.5/10 mg (milligrams) to be inserted rectally as needed for seizures lasting longer than five minutes.</p> <p>Client #4's 3/25/15 Comprehensive High Risk Health Plan (CHRHP) for seizures indicated the staff were to give client #4</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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	<p>Diastat "if seizure lasts longer than 5 minutes, then call the nurse for further instructions."</p> <p>Client #4's May 2015 MARs (Medication Administration Record) indicated client #4 was to have Diastat 10 mg rectally as needed for seizure lasting longer than five minutes.</p> <p>Client #4's May 2015 MAR was reviewed again on 5/15/15 at 2 PM. Client #4's MAR now indicated the previous order for Diastat was discontinued and client #4 now had an order for "Diastat gel 5/7.5/10 mg insert 10 mg rectally as needed for seizure."</p> <p>Client #4's record indicated the facility's LPN failed to clarify client #4's Diastat order with the client's physician and the client's neurologist and to update client #4's CHRHP and client #4's MAR with the correct order. The corrected PRN order for the Diastat by the LPN failed to include how frequent the Diastat could be given and the total dose per day the client could have.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD: __ Indicated the LPN corrected client #4's</p>			

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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 0488 Bldg. 00	<p>MAR on 5/14/15 after this surveyor had questioned the Diastat order.</p> <p>__ Indicated client #4 was to be given the Diastat at the onset of the seizure.</p> <p>__ Indicated the order for the Diastat to be given that way was written by client #4's neurologist on 6/7/14.</p> <p>__ Indicated the current LPN was hired in October of 2014 and had never corrected client #4's Diastat orders on client #4's MAR and/or never addressed the issue with client #4's PCP (Primary Care Physician) to correct the orders on client #4's quarterly physician's orders.</p> <p>9-3-6(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W 0488	<p>CORRECTION:</p> <p><i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained regarding the need to assure all clients participate in all aspects of meal preparation to the extent of their capabilities.</i></p>	06/21/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2015
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	<p>group home on 5/14/15 between 5:45 AM and 8:15 AM.</p> <p>__ Client #4 required a walker, a gait belt and hands on assistance from the staff whenever ambulating.</p> <p>__ At 5:45 AM staff #6 was in the downstairs bathroom shower with client #4 while client #4 showered and dressed for the day. All other clients in the home were still in their bedrooms and sleeping.</p> <p>__ The downstairs bathroom door opened up into the dining room.</p> <p>__ At 6:18 AM staff #6 walked out of the bathroom with client #4. Staff #6 directed client #4 to the dining room table to sit down in his chair at the dining room table. Once client #4 was sitting in the dining room chair, staff #6 scooted client #4 up to the table, removed client #4's gait belt and moved client #4's walker away from the table and placed it by the wall out of client #4's reach. Staff #6 left client #4 sitting at the table and returned to the kitchen and prepared client #4's breakfast of cereal, a pancake, milk and juice. Staff #6 delivered client #4's breakfast to him while client #4 was still sitting at the dining room table. Client #4 immediately began eating. Staff #6 left client #4 unsupervised while eating and returned to the dining room. Client #4 took large bites of food while eating.</p> <p>__ At 6:32 AM client #6 came down stairs with staff #5 and proceeded to the</p>		<p>PREVENTION:</p> <p>The Residential Manager and QIDP will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation and family style dining.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the</p>	

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	<p>kitchen to prepare his breakfast. Client #6 came out of the kitchen carrying his breakfast and sat down at the table with client #4. Staff #5 sat down at the table for a couple of minutes and then got up and left the room.</p> <p>__ Client #4 finished his meal at 6:38 AM. Staff #6 picked up client #4's dishes from the table, took them to the kitchen, rinsed them off and placed them into the dishwasher. Staff #6 then returned to the dining room and stated to client #4, "You have to go to the bathroom now." Staff #6 placed the gait belt on client #4, retrieved the walker and assisted client #4 to the bathroom.</p> <p>__ At 6:45 AM after client #4 used the bathroom staff #6 assisted client #4 back to the dining room table to sit down in his chair, scooted client #4 up to the table, removed client #4's gait belt and stated, "You want to color?" Client #4 smiled and looked at staff #6. Staff #6 brought a coloring book and crayons to the table and sat them down in front of client #4.</p> <p>__ During this observation period the staff did not prompt client #4 to assist with his meal preparation and/or to provide any family style dining.</p> <p>__ During this observation period the staff did not supervise client #4 while he ate his morning meal.</p> <p>Client #4's record was reviewed on</p>		<p>conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment</p>	

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	<p>5/15/15 at 2 PM. Client #4's 7/24/14 ISP (Individualized Support Plan) indicated client #4 was to prepare his plate of food and gather the proper utensils needed. Client #4's ISP indicated client #4 "will take large bites of his food, posing a choking risk."</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 5/15/15 at 3 PM, the QIDPD: ___ Indicated the staff were to provide the clients with training in meal preparation and family style dining at every available opportunity. ___ Indicated the staff were to sit with the clients while eating their meal to provide the clients with supervision in case of choking and to implement dining goals.</p> <p>9-3-8(a)</p>		<p>observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		