

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 9, 10, 11, and 14, 2012.</p> <p>PROVIDER NUMBER: 15G212 AIM NUMBER: 100243260 FACILITY NUMBER: 000738</p> <p>Surveyors: Susan Eakright, Medical Surveyor III/QMRP/Team Leader Amber Bloss, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/16/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		
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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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W0104	<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 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who resided in the home, the governing body failed to exercise operating direction over the group home to ensure maintenance/repair was completed.</p> <p>Findings include:</p> <p>On 5/9/12 from 4:05pm until 5:45pm, and on 5/10/12 from 6am until 8am, clients #1, #2, #3, #4, #5, #6, and #7 walked throughout the group home, retrieved their personal hygiene boxes inside the hallway closet, client #2 retrieved the vacuum cleaner from the hallway closet, and the hallway closet light did not function. During both observation periods the top wood surface was gouged, stained, and worn on two of two (2 of 2) the living room tables. The glass was broken in the eight inches by eleven inches (8" x 11") picture frame hanging on the wall entering the hallway for the medication room. Client #3 and #6's shared bedroom had marks on the wall covering three of the four walls (3 of 4 walls). Client #4's bedroom had the</p>	W0104	<p>The governing body will exercise general policy, budget and operating direction over the facility to ensure maintenance/repair is completed. An additional press-on light will be purchased for the closet in the hallway. The living room tables and picture frame in the hallway will be replaced. The bedroom of client #3 and client #6 will be painted. A new chest of drawers will be replaced in client #4's bedroom. Staff was retrained 5/21/12 on reporting maintenance issues to house manager as soon as possible. QMRP and Home Manger will complete weekly environmental observations.</p>	06/12/2012			

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	<p>bottom drawer in her chest of drawers damaged and needed repaired. Client #4's wooden top of the chest of drawers finish was worn exposing the wood.</p> <p>On 5/14/12 at 7:15am, the facility's 5/8/12 "Work Order" was reviewed. The work order indicated "Description of work to be done: Walls have been repaired but not painted (clients #3 and #6's) room has marks on the walls and is in need of painting. Wall dividing dining room and LR (Living Room) needs repaired. End tables and coffee table needs replaced or refinished. [Client #4's] dresser needs repaired bottom drawer or replaced."</p> <p>The QDP (Qualified Developmental Professional) and the Director of Group Home Living (DGHL) were interviewed on 5/11/12 at 2:30pm. The DGHL indicated their were maintenance needs at the group home and the maintenance man would fix these. The QDP and the DGHL both indicated clients #1, #2, #3, #4, #5, #6, and #7 access the group home areas independently.</p> <p>9-3-1(a)</p>			

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, interview, and record review, for 4 of 4 sample clients (clients #1, #2, #3, and #4) and for 3 additional clients (clients #5, #6, and #7) who lived in the group home, the facility failed to teach and encourage clients to manage their own money when opportunities existed.</p> <p>Findings include:</p> <p>On 5/9/12 from 6pm until 7:20pm, clients #1, #3, #4, and #7 were observed on a community outing at the local bowling alley. At 6:10pm, client #1 stated she "did not have my money. Staff carry our money." Client #1 stated she "wants to carry my own money." At 6:10pm, client #1 looked at GHS (Group Home Staff) #1 and stated "I would like my pop now." GHS #1 stated to client #1 "we get our pop between the first and second games." At 6:20pm, client #1 was observed to start her second game of bowling. At 6:20pm, GHS #1 stated "clients (from the group</p>	W0126	<p>The facility will ensure that individual clients manage their financial affairs and teach them to do so to the extent of their capabilities. All staff was retrained 5/21/12 on having consumers carry their own money when opportunities exist dependent upon money management assessment. The Home Manager and/or the QMRP will complete weekly observations of group or individual activities to ensure that all individual clients are managing their financial affairs to the extent of their capabilities. The QMRP will continue to review financial goals monthly to ensure they remain appropriate and are adjusted as needed.</p>	05/21/2012

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	<p>home) do not carry their money. Staff carry all money." GHS #1 stated "Clients might lose their money." At 6:20pm, GHS #1 indicated she had client #1's \$1.00 for a pop. At 6:20pm, client #3 left the bowling alley with GSH #2. GHS #1 indicated GSH #2 carried client #3's money. At 6:30pm, clients #4 and #7 indicated they would like to carry their own money. Client #4 stated "my staff (person) has it." Client #7 stated "Staff carry our money. I want my pop." Both clients #4 and #7 indicated they had not received their pop money from their staff person at the bowling alley. From 6pm until 7:20pm, clients #1, #4, and #7 were not offered the opportunity to buy their pop at the bowling alley. From 6pm until 7:20pm, clients #1, #4, and #7 were observed to watch other clients bowling on the same bowling league and watched the group home staff supervising clients #1, #4, and #7 drink pop during the bowling outing. At 7:20pm, clients #1, #4, and #7 left with their facility staff and no pop was observed purchased with the client funds which staff carried.</p> <p>Client #1's record review was conducted</p>			

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	<p>on 5/10/12 at 10:55am. Client #1's 11/2011 CFA (Comprehensive Functional Assessment) indicated "Economic Activity: Money Handling and Budgeting...makes minor purchases without help candy, soft drinks, ect...can endorse a check." Client #1's 12/5/11 ISP (Individual Support Plan) indicated objectives to make her own decisions, to print numbers 1 to 20, and to balance cash on hand ledger.</p> <p>Client #2's record review was conducted on 5/10/12 at 12:30pm. Client #2's 2/1/12 CFA indicated "Economic Activity: Money Handling and Budgeting...uses money but does not make change correctly, makes minor purchases without help candy, soft drinks, ect...." Client #2's 2/20/12 ISP indicated an objective to identify bills to \$10.00.</p> <p>Client #3's record review was conducted on 5/10/12 at 11:45am. Client #3's 6/10/11 CFA indicated "Economic Activity: Money Handling and Budgeting...uses money but does not make change correctly, does shopping with close supervision." Client #3's</p>			

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	<p>6/27/11 ISP indicated an objective to identify the correct number of quarters to purchase an item.</p> <p>Client #4's record review was conducted on 5/10/12 at 11am. Client #4's 8/31/11 CFA indicated "Economic Activity: Money Handling and Budgeting...does not use money, maintains account with assistance, does shopping with slight supervision." Client #4's 8/15/11 ISP indicated objectives to identify four bills and to make change from nickel.</p> <p>Client #5's 12/8/11 CFA was reviewed on 5/10/12 at 12:30pm, and indicated "Economic Activity: Money Handling and Budgeting...Makes change correctly, but does not use banking facilities, Spends money with some planning, makes minor purchases without help candy, soft drinks, etc...."</p> <p>Client #6's 5/8/11 CFA was reviewed on 5/10/12 at 12:35pm, and indicated "Economic Activity: Money Handling and Budgeting...Adds coins of various denominations up to one dollar, maintains account with assistance, buys own</p>			

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	<p>clothing."</p> <p>Client #7's 1/16/12 CFA was reviewed on 5/10/12 at 12:35pm, and indicated "Economic Activity: Money Handling and Budgeting...Adds coins of various denominations up to one dollar, Spends money with some planning, makes minor purchases without help candy, soft drinks, etc...."</p> <p>An interview with the QDP (Qualified Developmental Professional) and the Director of Group Home Living (DGHL) was conducted on 5/11/12 at 2:30pm. The QDP and the DGHL both indicated clients #1, #2, #3, #4, #5, #6, and #7 had the functional skill to carry their own money and purchase a pop. The QDP indicated the group home staff currently carried clients #1, #2, #3, #4, #5, #6, and #7's money when clients went into the community on outings. The DGHL stated "there is no reason for clients (clients #1, #2, #3, #4, #5, #6, and #7) not to carry their own money." The DGHL indicated clients #1, #4, and #7 were taken to the gas station by the group home staff after leaving the bowling alley to obtain a pop.</p>						

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	9-3-2(a)			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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, record review, and interview, for 1 of 1 clients (client #1) living in the group home who self administered medications, the facility failed to ensure client #1's ISP (Individual Support Plan) objective/goal was implemented during formal and informal opportunities.</p> <p>Findings include:</p> <p>On 5/9/12 at 4:47pm, GHS (Group Home Staff) #3 requested client #1 to come into the medication room. GHS #3 assembled and administered client #1's medication. Client #1 was asked her name and to identify herself. GHS #3 read aloud client #1's medication instructions for Depakote 500mg (milligrams) one tablet twice a day for anxiety disorder. GHS #3 popped the tablet out of the pill package into a medication cup, handed the medication to client #1, and client #1 took the medication. Client #1 did not complete a triple check of her medication.</p>	W0249	<p>Each client will 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. All staff was retrained 5/21/12 on implementing goals during formal and informal opportunities. The Home Manager and QMRP will complete the active habilitation monitoring form weekly to ensure that all individual identified goals are being implemented during both formal and informal opportunities.</p>	05/21/2012			

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	<p>On 5/10/12 at 7:16am, GHS #4 requested client #1 to come into the medication room. GHS #4 opened client #1's 5/2012 MAR (Medication Administration Record) and stated client #1 "there you go." Client #1 compared each medication card to her 5/2012 MAR, read aloud the information and instructions on each medication card, read aloud the information and instructions for each medication on the MAR, and popped each tablet out of the medication card into a medication cup. Client #1 placed a dot with a pen on the corresponding MAR date and time box for each medication she punched out. Client #1 counted the tablets inside the medication cup, client #1 counted the dots she placed in her MAR, and client #1 took the medications. Client #1 then signed for each of the medications she administered. Client #1's medications administered and client #1's 5/2012 MAR both indicated "Calcarb (Calcium Carbonate a nutritional supplement) 600mg with vit. D (vitamin D) 1 tab (tablet) 2 x's a day (twice daily) for nutrition, Depakote 500mg, 1 tab 2 x's a day for generalized anxiety disorder (behaviors), Zoloft 100mg one 1/2 tab 1 x day for bipolar disorder (behaviors), Zoloft 100mg 1 tab 1 x day for bipolar disorder (behaviors), and Flonase 50mg 2 sprays each nostril 1 x day for allergies."</p>			

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	<p>Client #1's record review was conducted on 5/10/12 at 10:55am. Client #1's 3/23/12 "Physician Orders" indicated "Calcarb 600mg with vitamin D twice a day for nutritional support, Depakote 500mg, twice a day for generalized anxiety disorder (behaviors), Zoloft 150mg, daily for bipolar disorder (behaviors), and Flonase 50mg, 2 sprays each nostril once a for seasonal allergies." Client #1's 12/5/11 ISP (Individual Support Plan) indicated an objective/goal to "do the triple check of her medication administration during medication pass."</p> <p>On 5/10/12 at 2:30pm, the QDP (Qualified Developmental Professional) indicated client #1's 12/5/11 ISP medication administration objective/goal was to self administer client #1's morning medications. The QDP indicated staff should use formal and informal opportunities to teach and train client #1 to complete the ISP objective.</p> <p>9-3-4(a)</p>			

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W0316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, for 1 of 2 sampled clients (client #1) who received psychotropic medications, the facility failed to evaluate each client's status for an annual decrease or contraindication of psychotropic medication.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/10/12 at 10:55pm. Client #1's 12/5/11 ISP (Individual Support Plan) included a 12/5/11 Behavior Support Program (BSP) which indicated client #1 had targeted behaviors of picking her skin, crying, interrupting others, and SIB (Self Injurious Behavior). Client #1's plan indicated the use of Divalproex Sodium (Depakote) 500mg (milligrams) twice daily for generalized anxiety disorder (behaviors), Seroquel 50mg daily for increased anxiety (behaviors), and Zolof 150mg daily for bipolar disorder (behaviors). Client #1's record indicated the continued use of these medications on psychotropic medication reviews completed on 5/2/12, 4/20/12, 1/20/12, 11/17/12, and 7/20/11. Client #1's</p>	W0316	<p>Facility will ensure that drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. The Director of Supported Group Living retrained the Program Coordinator on the importance of ensuring drugs used for controlling inappropriate behavior will be gradually withdrawn annually or a contraindication written. Client #1 has an appointment on 6/11/12 with Psychiatrist to discuss controlled drug reduction or a contraindication. The QMRP will continue to attend Psychiatrist appointments and ensure that medication changes are being made or when necessary, a contraindication is being written.</p>	06/12/2012

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	<p>Psychological Reviews indicated client #1 "no changes." Client #1's record and psychotropic medication reviews did not indicate a change or contraindication of change of client #1's psychotropic medication. Client #1's record indicated the last psychotropic medication change was 4/20/11 when Seroquel 50mg medication was prescribed for behaviors.</p> <p>On 5/11/12 at 2:30pm, an interview with QDP (Qualified Developmental Professional) was conducted. The QDP indicated client #1's last medication change or contraindication was on 4/20/11 and no additional information was available for review. The QDP stated client #1's record indicated client #1 was "stable" for behaviors.</p> <p>9-3-5(a)</p>			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 1 sample client (client #4) who had hearing aids prescribed, the facility failed to ensure client #4 had her prescribed hearing aids.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/9/12 from 4:05pm until 5:45pm, and on 5/10/12 from 6am until 8am. During the observation periods client #4 was observed not to be wearing hearing aids.</p> <p>Observation was conducted at workshop site #2 on 5/11/12 from 10:05am until 10:35am, client #4 did not wear her prescribed hearing aids. At 9:15am, client #4 stated she did not have her prescribed hearing aids and had "lost the left one (left ear hearing aid) within the past year." Client #4 stated she "never had two" hearing aids. Client #4 stated she "would like to hear and would like"</p>	W0436	<p>The facility will furnish, maintain in good repair and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces and other devices identified by the interdisciplinary team as needed by the client. Client #4 has been fitted for hearing aids and they were ordered on 5/17/12. Staff was retrained 5/21/12, on alerting House Manager or Program Coordinator when hearing aids or any other adaptive equipment is missing or in need of repair. Staff was retrained 5/21/12, on the process for documenting the cleaning of hearing aids or any other adaptive equipment. The Home Manager will complete the weekly active habilitation form to ensure that all adaptive equipment is present and being used. The QMRP will complete the monthly active habilitation form to ensure that all adaptive equipment is present and being used.</p>	05/21/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
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	<p>bilateral hearing aids. Client #4 stated she "told" the group home staff she "wanted" her hearing aids.</p> <p>Client #4's record was reviewed on 5/10/12 at 11am. Client #4's 8/15/11 ISP (Individual Support Plan) indicated "Hearing Difficulties: [client #4] has a bilateral mild to moderate sensorneural hearing loss. Hearing aids are being pursued." Client #4's 9/1/11 "Medical Consult Report" indicated "Reason: Fitted for Hearing Aids. Hearing test and Medicaid has completed.</p> <p>Plan/Recommendation: Audiologist is filing w/ (with) Medicaid to obtain authorization for hearing aids. Will call for HA (Hearing Aids) order." Client #4's 9/28/10 "Medical Clearance for Hearing Aids" indicated "Plan/Recommendation: Bil (Bilateral) Hearing Aids. Took ear impressions both ears. Will hold for Medicaid authorization to order aids. Return Appointment to receive hearing aids after Medicaid approval." Client #4's 9/21/10 "Audiological Assessment" indicated "Pure tone results revealed a bilateral mild to moderate sensorneural hearing loss. It is recommended that [client #4] be fitted with hearing aids bilaterally [signed by the Audiologist]."</p> <p>Client #4's record at the group home was reviewed on 5/10/12 at 11am. Client #4's</p>		<p>When any adaptive equipment devise is in need of repair or replacement, the Home Manager and/or the QMRP will ensure that it is repaired or replaced in a timely manner.</p>	

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	<p>5/2012 MAR (Medication Administration Record) had a sheet attached "[Client #4's] Hearing Aid Cleaning Schedule." Client #4's hearing aid cleaning schedule was filled out completed by the facility staff on Monday's and Thursday's from 1/2/12 through 5/7/12 to indicate client #4's hearing aid was cleaned.</p> <p>On 5/11/12 at 2:30pm, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP indicated client #4 had lost her left hearing aid within the past year. The QDP indicated client #4 was prescribed bilateral (right and left) hearing aids and the agency was waiting on medication prior approval for funding. The QDP indicated client #4 had no hearing aids available for her use at the group home.</p> <p>9-3-7(a)</p>			