PRINTED: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	JLTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			00	COMPLETED	
		15G413	A. BUII B. WIN			02/20/	2012
			D. WIN		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIER	R		l	CFARLAND RD		
VOCA C	ORPORATION OF	INDIANA			IAPOLIS, IN 46227		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
W0000							
	This visit was fo	or the investigation of	W0	000			
	complaint #IN00	0102177.					
	Complaint #IN0	0102177: Substantiated,					
	Federal and Stat	e deficiencies related to					
	the allegation(s)	are cited at: W159,					
	W227, W240 an						
	, , , , , , , , , , , , , , , , , , ,						
	Survey Dates: 2/	/13/12, 2/14/12, 2/20/12					
	and 2/27/12.						
	una 2/2 // 12.						
	Facility Number	·· 000927					
	Provider Number						
	AIMS Number:						
	/ MIVIS INUITION.	100477770					
	Surveyor:						
	1	adical Surveyor III					
	Keiui Billiei, Mi	edical Surveyor III					
	These deficienci	es also reflect state					
	imaings in accor	rdance with 460 IAC 9.					
	Quality raviany a	completed on 3/07/2012					
		completed on 3/07/2012					
	by Dotty Waltor	n, Medical Surveyor III.					
	ĺ						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

Facility ID:

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIIII	LDING	00	COMPLI	ETED
		15G413	B. WIN			02/20/2	2012
			Э. WIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER				CFARLAND RD		
VOCA CO	ORPORATION OF I				IAPOLIS, IN 46227		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ГЕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
TAG W0159	483.430(a) QUALIFIED MEN PROFESSIONAL Each client's active integrated, cover a qualified mental Based on record 2 of 3 sampled client's active integrated in the professional of the professional of the client's addressed by the team). The QMI A's ISP (Individual BSP (Behavior States when facility states in the professional of the client and the professional of the professional of the client and the professional of the profe	NTAL RETARDATION Live treatment program must pordinated and monitored by all retardation professional. review and interview for dients (A and B), the dients (A and B), the died to ensure the client's oral needs were dient (Interdisciplinary RP failed to ensure client and Support Plan) and/or support Plan) addressed for are to contact outside stance with regard to all aggression. The QMRP client B had a current ensive Functional explored annually. Characteristic desired for the professional failed to ensure effed behavioral needs	W0		CORRECTION: Each client's active treatment program musintegrated, coordinated and monitored by a qualified mentaretardation professional. Specifically, the Program Coordinator/QDDPD will receivatraining on the following: Time review and revision of the comprehensive functional assessment, incorporating guidelines for contacting police into behavior support document and assuring that each individual's programming addresses all behavioral needs PREVENTION: Members of the Operations Team will perform periodic reviews of facility supple documents to assure adequate supports remain in place for all clients and to identify training needs for facility professional staff. Additionally, the Operation Team will incorporate identified training needs into its ongoing supervisor training program. Responsible Parties: QDDPD, Operations Team	t be al we ly ents s. e port el I	DATE 03/21/2012
1	facility staff are t	to contact outside					

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Event ID: JZXX11

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	NT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	(X2) MULTIPLE CO A. BUILDING B. WING	00		
	PROVIDER OR SUPPLIER CORPORATION OF INDIANA	6525 M	ADDRESS, CITY, STATE, ZIP COD CFARLAND RD APOLIS, IN 46227	Е	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	non-agency assistance with regard to client A's physical aggression. Please see W240.				
	3. The QMRP failed to ensure client B had a current CFA (Comprehensive Functional Assessment) completed annually. Please see W259. This federal tag relates to complaint #IN00102177. 9-3-4(a)				

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	JLTIPLE CO	ONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00 COMPLI			ETED	
		15G413	B. WIN			02/20/	2012
			D. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				CFARLAND RD		
VOCA CO	ORPORATION OF I	NDIANA	INDIANAPOLIS, IN 46227				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
W0227	specific objective client's needs, as comprehensive a paragraph (c)(3) Based on record 2 of 3 sampled client's IDT (Intefailed to address behavioral needs Findings include 1. The facility's ID Developmental I reports and interreviewed on 2/14 review indicated -BDDS report da 1/5/12, "While [chis lunch, staff reportion size in hi When staff attem lunchbox, [client gestured as if he [Client A] continustaff and when [croom [client A] I behind. Staff sepindividuals immeremained agitate.	ogram plan states the es necessary to meet the es identified by the assessment required by of this section. review and interview for lients (A and B), the erdisciplinary Team) the clients' identified . BDDS (Bureau of Disabilities Services) nal incident reports were lated 1/6/12 indicated on client A] was preparing eminded him of the es recommended diet. apted to check [client A's] and became upset and was going to hit staff. and to threaten to hit client B] came out of his excicked [client B] from	W0:	227	CORRECTION: The individual program plan states the specific objectives necessary to meet to clients needs as identified by the comprehensive assessment. Specifically, the team will make appropriate revisions to Client Behavior Support Plan and based on assessment, the team will develop a Behavior Support Plan and the compact of the second of the seco	ic the he A's sed lan Γhe will rt ack ed ary	03/21/2012

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Event ID: JZXX11

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		15G413	B. WIN	IG		02/20/	2012
NAME OF P	PROVIDER OR SUPPLIER			STREET A	DDRESS, CITY, STATE, ZIP CODE		
					CFARLAND RD		
VOCA CO	ORPORATION OF I	INDIANA		INDIAN	APOLIS, IN 46227		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
		ne [police department]					
		ken into custody and					
	charged with battery against [client B].						
		I was reviewed on					
		PM. Client A's BSP					
		ort Plan) dated 9/2/11 did					
	not indicate sexu	** *					
	1 '	tion, and/or horseplay as					
	targeted behavior	rs. Client A's ISP					
	(Individual Supp	ort Plan) dated 9/2/11					
	did not indicate s	sexual inappropriate					
	behavior, instiga	tion, horseplay, verbal					
	aggression or fal	se accusations as being					
	addressed formal	lly or informally. Client					
	A's Daily Progre	ss Note(s) (DPN)					
	indicated the foll	* / * /					
	-2/6/12, "[Client	A] told me tonight that a					
	_	worked with him over					
	_	I him that she wanted to					
		when I asked him if that					
	_	(sic) he said (sic) 'I think					
	,	A] talks about girls all					
	-	nts to be the boyfriend of					
		aff that works here."					
	-1/5/12 at 8:45 A	M, "[Client A] called					
		and said staff was					
		acting like [terminated					
	_	nts staff fired like					
	·]. [Client A] has a					
	problem about ly						
	proorein about ly	ing on start					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLI	
		15G413	B. WIN	G		02/20/	2012
NAME OF E	PROVIDER OR SUPPLIER		_	STREET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF I	KOVIDEK OK SUITELEN				CFARLAND RD		
VOCA C	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46227		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
		PM, "[Client A] walked					
		st push (sic) me staff (sic)					
	_	B] in the leg[Client A]					
	to stop (sic) but i	t doesn't matter. Police					
	did get called be	cause of [client A] is					
	threatening clien	ts and staff."					
	12/20/11 43.5 1	.: A UFC1: and A] = 11 =					
		nift, "[Client A] walks					
	house all day and	d follows staff around."					
	-12/22/11 AM shift, "[Client A] still had						
		yesterday, he walked up					
	· ·	d like he was going to hit					
		he police. Before the					
		vas threatening staff,					
	_	into the closet door.					
		to his mother about					
	staff."	to his mother about					
	Starr.						
	-12/22/11 PM sh	ift, " [Client A] did not					
		today- (sic) he refused to					
	1 -	essed his haircut up last					
	_	d at me because I did not					
		it. He was loud and kept					
		in front of my face.					
		m if he was going to					
		ic) "No, I quit!" [Client					
	*	while we did the van run					
	1	was still angry when we					
		old me that he would get					
	me med nke he	got [terminated staff]"					
	2 Client B's reco	ord was reviewed on					
		PM. Client B's record did					
	= 1 12 at 1.00 1	Show D b room and					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	00	COMPL	
		15G413	B. WINC	3		02/20/	2012
NAME OF B	PROVIDER OR SUPPLIER		· I	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	ROVIDER OR SUFFLIER			6525 M	CFARLAND RD		
VOCA CO	ORPORATION OF I	INDIANA		INDIAN	APOLIS, IN 46227		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	CY MUST BE PERCEDED BY FULL	1	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE
		P. Client B's ISP dated					
		ndicate formal training					
	objectives to address inappropriate sexual						
	comments, instig	gation, horseplay,					
	urinating in bottl	es or inappropriate					
	locations in the h	nome or community,					
	hoarding or steal	ing. Client B's DPNs					
	indicated the foll	lowing:					
	2/0/12 73 5 1 : 0	WEGIT A DI A					
	-2/8/12 PM shift, "[Client B] came home						
		vening extremely					
	"	imentative, he said he					
	"	away and kill himself					
		nat all the German's (sic)					
	do. [Client B] sa:	id he isn't going to do					
	what any of the v	white women tell him to					
	do[Client B] w	as hitting [client E] this					
	afternoon and ca	lling him names like 'fart					
	head'. [Client E]	kicked [client B] in the					
	butt, then [client	B] kicked [client E] back					
	in the butt, then	[client B] turned to					
	l .	cked him in the butt					
		en [client A] kicked					
	•	the hand, then [client B]					
	1 - 1	in the private area."					
		p-1					
	-2/6/12 PM shift	, "I found a new stuffed					
		B's] bed today. I asked					
	-	t it from and he said,					
	'from South Bend						
	Hom South Delle	u.					
	-2/2/12 PM shift.	, "[Client B] was sitting					
		I got to work today					
		the front seat and gets					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G413			(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR' A. BUILDING (00) COMPLETE B. WING (02/20/201)				ETED
	PROVIDER OR SUPPLIE		p. wiiv	STREET A	ADDRESS, CITY, STATE, ZIP CODE CFARLAND RD APOLIS, IN 46227	•	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	angry when he devening his lunch he had taken from about 50 sheets from shoes- (side pens and three file kitchen." -1/27/12 PM should drawers full of jubottles next to he curtain filled wite make it to the bottles that [urinating] it at the state how that [urinating] it at the state how to cuss using the cuss using the custing off their cutting off their like a like in the picked of the services]. [Client other guys '[mass about cutting of knife. [Client Besides, alcohole who knows who	can't sit there. This ch bag was full of things om work such as: (sic) of paper, paper clips, tags e) price tags, stickers, two ruit cups from the ift, "[Client B] has his unk again. He had four is bed hidden under his th urine. He said he can't eathroom some times and in bottles is how they did spital in South Bend." ift, "[Client B] continues the big bad words." ift, "[Client B] slap the uttocks] and talks about					
	` '	was trying to hide the					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		15G413	B. WIN			02/20/	2012
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>			DDRESS, CITY, STATE, ZIP CODE		
\/OCA C/		INITHANIA			CFARLAND RD		
	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46227		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	ΓE	COMPLETION DATE
TAG		in there and when I asked		TAG			DATE
		ot angry and started					
		0 ,					
	· · ·	ne batteries are stamped					
		al] seal- (sic) I asked if he the doctors office when					
		oach had taken him					
		and he got agitated and					
		g to run away and not					
	take his meds (M	ledications)."					
	12/20/11	::C:- 4 -1::Q/4:					
	_	cified shift/time, "Today					
		nt B] clean his room and					
	_	he's been hoarding things					
		ound a couple of items					
		pelong in the medication					
		also took [client F]					
	` ′	klace that he made for					
	her."						
	12/20/11	· C 1 1 · C / · · · · · · · · · · · · · · · · ·					
	_	cified shift/time, "Staff					
		eported to second shift					
	that [client B] is	_					
	bedroom windov	V.''					
	12/21/11	.:C. 1 -1.:Ω//:					
	_	cified shift/time, "[Client					
		en staff asked him why he					
		bles from the church					
	across the street.						
	12/12/11	i.C. 4 al.iQ/time UFOlicet					
	•	cified shift/time, "[Client					
	1 -	to listen to staff. When					
		ep his hands to himself.					
	1	ont stop talking about					
	[sexual activity]	and when staff tell him					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		15G413	B. WIN	IG		02/20/	2012
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
					CFARLAND RD		
VOCA CO	ORPORATION OF I	NDIANA		INDIAN	APOLIS, IN 46227		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCI)		DATE
	1 * 1	s is when I was in South					
	Bend I did it."						
	12/11/11	if a daily/kinna WECliant					
	-12/11/11 unspecified shift/time, "[Client B] continues to say inappropriate things						
	-						
		nd [masturbation] to his					
		es. Staff has asked him					
		respectful of the women					
		keep the comments in					
	private."						
	Interview with D	SS #1 (Day Service					
		at 4:00 PM indicated					
	, , , , , , , , , , , , , , , , , , ,	nt B reside in the same					
		attend the same shift at					
		DSS #1 stated, "[Client					
	1 -	are like brothers, like					
		ey get along but they like					
	'' ' '	n each other then get mad					
		and kick or slap each					
	_	s watch television and					
	1	then come in here and					
		other and act tough like					
		ee on television" DSS					
	#1 indicated clie						
		ner. DSS #1 stated,					
		to show off for the					
		A] try's to act like a bad					
	_	auses problems for					
	`	nt B]. [Client B] will try					
	_	going and say things like,					
	•	ve] I'm going to cut off					
	_	ient B] walks past people					
	l ·	outtocks] or touches the					
	and graces then [t	catternes of todelles the					

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	of correction identification number: 15G413	A. BUILDING B. WING	COMPLETED 02/20/2012
	PROVIDER OR SUPPLIER ORPORATION OF INDIANA	STREET ADDRESS, CITY, STA 6525 MCFARLAND RD INDIANAPOLIS, IN 462	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIV CROSS-REFERENCE	PLAN OF CORRECTION WE ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY) (X5) COMPLETION DATE
	guys just to get them mad" Interview with DSA #1 (Direct Support Associate) on 2/13/12 at 5:20 PM stated, "[Client A] is very focused on female staff. He thinks we are all his girlfriends. [Client A] try's to show off and act like a tough guy to impress the female staff. [Client A] is always trying to look down the staff's shirts and stares at the staff's behinds when they are walking. When we go out in the community it gets uncomfortable the way he stares at girls and women. I mean he doesn't seem to understand that its not okay to look at young girls the way he does. I think a lot of the behaviors he has is because of the way he acts around females." When asked if client A had any training in his ISP (Individual Support Plan) or his BSP (Behavior Support Plan) to teach him appropriate boundaries with females, social skills relating to females, sexual awareness or horseplay, DSA #1 indicated client A did not but would benefit from this training. When asked if client A would benefit from sexual awareness training and supports to address his sexual interest and stresses, DSA #1 indicated client A was in need of these supports. DSA #1 indicated client A and client B instigate each other by kicking each other and calling each other names. DSA #1 indicated client B would attempt to touch		

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Event ID: JZXX11

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	00	COMPL	
		15G413	B. WING	3 <u> </u>		02/20/	2012
NAME OF F	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP CODE		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		INIDIANIA			CFARLAND RD		
	ORPORATION OF				APOLIS, IN 46227		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
TAG		eks and make sexual		TAG			DATE
	remarks toward him. DSA #1 indicated client B's ISP and/or BSP addressed						
		xual comments or 1 indicated client B's ISP					
	_						
		not address his instigation					
	or horseplay.						
	Interview with I	OSA #2 on 2/13/12 at 6:00					
		ient A and client B engage ich leads to aggression					
		ents. DSA #2 indicated					
		cused on female staff and					
	•	comfortable, the way					
		you up and down. It's					
		ent A] looks at those little					
	~	re out. It causes problems					
	_	uys in the home. [Client					
	-	is the staff's boyfriend and					
		nd boundaries" DSA #2					
		A had made verbal threats					
		stated he was 'going to get					
	_	ke he did a former staff.					
	1	to instigate and say					
		bout penis and touch					
	_ ^ ~	ks]." When asked if client					
		addressed his sexual					
		ss or instigation, DSA #2					
	· ·	en asked if client B's BSP					
	or ISP addressed						
		ss or instigation, DSA #2					
	stated,"no."						
	Interview with A	AS #1 (Administrative					

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AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A DUM DING 00		(X3) DATE SURVEY COMPLETED		
15G413			LDING		02/20/		
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	02/20/	
NAME OF PROVIDER OR SUPPLIER					CFARLAND RD		
VOCA C	ORPORATION OF	NDIANA			APOLIS, IN 46227		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
TAG		at 2:40 PM indicated		TAG	Dia teliate 1 y		DATE
	, ,	id not have sexual					
		s, instigation, horseplay,					
		n or threatening as					
		rs. AS #1 indicated client					
	A had demonstra						
		s, instigation, horseplay,					
		n or threatening behaviors					
		sessed to determine					
	appropriate supp	orts were added to his					
		indicated client B had					
	demonstrated ina	appropriate sexual					
	comments, instigation, horseplay,						
	urinating in bottles or inappropriate locations in the home or community, hoarding or stealing and should be assessed to ensure his BSP/ISP supports						
	were appropriate						
	This federal tag relates to complaint						
	#IN00102177.	•					
	9-3-4(a)						

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA (X2)		ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 00		00	COMPLETED		
	15G413		B. WIN			02/20/2012		
					ADDRESS, CITY, STATE, ZIP CODE			
NAME OF PROVIDER OR SUPPLIER					ICFARLAND RD			
VOCA CORPORATION OF INDIANA				INDIANAPOLIS, IN 46227				
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA			
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE		
W0240	483.440(c)(6)(i)	OCDANA DI ANI						
	INDIVIDUAL PRO	ogram plan must describe						
		tions to support the						
	individual toward							
	Based on record	review and interview for	W0	240	CORRECTION: The individual	03/21/2012		
	1 of 3 sampled cl	lients (A) the client's ISP			program plan must include	,		
	(Individual Supp	ort Plan) and/or BSP			relevant interventions to support the individual toward	DΓT		
	(Behavior Suppo	ort Plan) failed to indicate			independence. Specifically, Cl	ient		
	when facility stat	ff are to contact outside			A's Behavior Support Plan will			
	non-agency assis	tance with regard to			revised to provide staff with			
	client A's physica	al aggression.			guidance regarding when and			
	1 3				contact the police for assistant in during occurrences of	e		
	Findings include:				aggressive behavior. Direct			
	i mamgs merade	•			support staffwill be trained on	the		
	The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Daily Progress Notes were reviewed on 2/14/12 at 1:45 PM. The				revisions. PREVENTION: The			
					QDDPD will be trained regardi	_		
					the need to include parameters for calling 911 in all Behavior	S		
					Support Plans that address			
					elopement and/or aggressive			
	review indicated	the following:			behavior. Members of the			
	DDDC	4.11/6/12:41:44.1			Operations team will incorpora			
	_	ited 1/6/12 indicated on			checking for 911 guidelines as part of their ongoing audit			
	_	client A] was preparing			process. Responsible			
	,	eminded him of the			Parties:QDDPD, Support			
	1 ^	s recommended diet.			Associates, Operations Team			
	When staff attem	ipted to check [client A's]						
	lunchbox, [client	A] became upset and						
	gestured as if he	was going to hit staff.						
	[Client A] contin	ued to threaten to hit						
	staff and when [c	client B] came out of his						
	room [client A] k	kicked [client B] from						
	behind. Staff sep							
	_	ediately. [Client A]						
		d and continued to make						
	_	aff. Staff called 911 and						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G413		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 02/20/2012	
	PROVIDER OR SUPPLIES		6525 N	ADDRESS, CITY, STATE, ZIP CODE MCFARLAND RD NAPOLIS, IN 46227	•
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	[client A] was ta	he [police department] aken into custody and attery against [client B].			
	"[Client A] walk push (sic) me sta B] in the leg[C it doesn't matter	Note dated 1/5/12, sed up on staff almost aff (sic) and kick [client Client A] to stop (sic) but . Police did get called at A] is threatening clients			
	2/14/12 at 2:21 decirity 2/2/11 did not in the police in regardageression or version 2/2/14/12 at 2:21 decirity 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	d was reviewed on PM. Client A's BSP dated adicate staff are to contact ard to client A's physical arbal threats. Client A's Note(s) (DPN) indicated			
	up on staff almo and kick [client to stop (sic) but	PM, "[Client A] walked st push (sic) me staff (sic) B] in the leg[Client A] it doesn't matter. Police scause of [client A] is and staff."			
	Associate) on 2/ indicated client staff were to cor is physically agg				
1	Interview with I	OSA #2 on 2/13/12 at 6:00			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G413		R:	LDING	00	COMPL 02/20/	ETED		
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCI (EACH DEFICIENCY MUST BE PERCEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE		
	PM indicated client A's BSP did not indicate staff were to contact police we client A was physically aggressive. Interview with AS #1 (Administrative Staff) on 2/14/12 at 2:40 PM indicate client A's BSP did not indicate staff were to contact police when client A was physically aggressive. AS #1 indicate staff should not notify the police regarding client A's physical aggressi unless specified in the BSP or in an emergency. This federal tag relates to complaint #IN00102177. 9-3-4(a)	e d vere						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) D			(X3) DATE	SURVEY	
i '		IDENTIFICATION NUMBER:	A. BUILDING 00		00	COMPLETED	
15G413		15G413				02/20/	2012
			B. WIN		ADDRESS SITY STATE TIP CODE		
NAME OF P	PROVIDER OR SUPPLIER	S.			ADDRESS, CITY, STATE, ZIP CODE		
VOCA C	ORPORATION OF	INDIANA			CFARLAND RD APOLIS, IN 46227		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) []		DATE
W0259	At least annually functional asses reviewed by the relevancy and up	NITORING & CHANGE The comprehensive The sment of each client must be interdisciplinary team for odated as needed. The review and interview for	W02	259	CORRECTION: At least annua	ally,	03/21/2012
	1 of 3 sampled c	lients (B), the facility			the comprehensive functional		
	•	client B had a current			assessment of each client must be reviewed by the interdisciplinary team for		
	CFA (Comprehe						
	Assessment) completed annually.			relevancy and updated as			
	Findings include Client B's record				needed. Specifically, Client B's comprehensive functional assessment will be reviewed and updated to include current developmental and behavioral needs. PREVENTION: The QDDPD will be retrained regarding the need to update assessments for all clients as needed but no less than annually. Members of the Operations team will periodically review assessment documents on an ongoing basis to assure timely updates occur. Responsible Parties: QDDPD, Support Associates, Operations Team		
	Staff) on 2/14/12 client B did not I AS #1 indicated CFA completed. This federal tag if #IN00102177.	AS #1 (Administrative 2 at 2:40 PM indicated have a more current CFA. client B should have a annually.					
	9-3-4(a)						

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