

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G396	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/08/2013
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 153 S EMERSON INDIANAPOLIS, IN 46219
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W0000	<p>This visit was for investigation of complaint #IN00122081.</p> <p>Complaint #IN00122081: Substantiated. Federal and state deficiencies related to the allegations are cited at W104 and W137.</p> <p>Dates of Survey: February 04, 05, 06, 07 and 08, 2013.</p> <p>Facility Number: 000910 Provider Number: 15G396 AIMS Number: 100244430</p> <p>Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 14, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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 record review and interview, for 1 of 3 sample clients (client A) for whom the facility managed their personal funds accounts, the Governing Body failed to exercise general operating direction over the facility by failing to ensure policy and procedure was followed regarding a client's individual personal fund account.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 02/05/13 at 1:30 PM. Client A's ISP (Individual Support Plan) dated 05/03/12 indicated client A was not able to independently handle her money and required assistance. Client A's Resident Fund Management Service Statement (RFMS) dated 08/01/12 to 02/05/13 indicated on 12/12/12 client A was issued a check for \$300.00 for "Christmas shopping." The December 2012 "Cash on Hand Ledger" indicated the \$300.00 was "deposited" onto client A's ledger. The December 2012 ledger contained an entry, "12/12 - \$300.00 - "Given to Grandmother." The December 2012 ledger did not contain any entries explaining how the money was spent and</p>	W0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility.</i> Specifically, Professional staff will maintain an up to date ledger to track purchases for all clients including a daily sign-out log for money to be spent at day service and workshops. All staff will assure that clients provide receipts for purchases as appropriate and the Home Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>PREVENTION: The Residential Manager will maintain responsibility for maintaining client financial records and the Clinical Supervisor will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts including but not limited to when clients go shopping with family members.. The Clinical Supervisor will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations and Quality Assurance Teams will include audits of client finances</p>	03/10/2013	

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	<p>there were no receipts to indicate what was purchased with the \$300.00."</p> <p>On 02/06/13 at 5:20 PM a review of the agency's policy, "Individual Finance Management including RFMS" was conducted. The policy indicated, "It is the policy of this operation to responsibly manage and monitor individual finances at all the locations...27. For every transaction...receipts must be present...".</p> <p>On 02/05/13 at 10:30 AM an interview with staff #1 was conducted. Staff #1 indicated there were no receipts or any information available as to how the money was spent.</p> <p>On 02/06/13 at 4:00 PM an interview with the Program Manager (PM) was conducted. She indicated the agency was responsible for assisting client A with her funds as she was not independent with her money and required assistance. She indicated the agency's policy indicated the \$300.00 should have had receipts to detail how the money was spent. She indicated if client A's grandmother took her shopping staff should have gotten the receipts to account for the money.</p> <p>This federal tag relates to complaint #IN00122081.</p>		<p>as part of an ongoing facility audit process.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Operations Team, Quality Assurance Team</p>				

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	9-3-1(a)			

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview the facility failed for 1 of 3 sample clients (client B) to ensure she had a coat which was appropriate for the weather.</p> <p>Findings include:</p> <p>On 02/04/13 from 4:35 PM until 5:45 PM observations at the group home were conducted. At 5:00 PM client B was watching the weather on TV and a discussion of how cold it had been outside ensued. Client B complained she "needed a winter coat" and she only had a "light weight coat" to wear. Client B stated she was, "cold" in the light weight coat. Staff #2 showed the surveyor the coat client B was wearing upon her return to the group home from day service. The coat was light weight and not a winter coat. Staff #1 indicated client B had a black winter coat but upon inspection of all the possible locations it could have been, it was not located. Staff #1 indicated she had no idea where the coat was. Staff #1 indicated client B had a new winter coat and produced a purple</p>	W0137	<p>CORRECTION: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Specifically, the facility has purchased an appropriate winter coat for Client B.</p> <p>PREVENTION: Direct Support staff will be retrained regarding the need to assure that clothing fits properly when assisting clients with shopping for new clothes. Supervisory staff will monitor active treatment on each shift of work no less than weekly to assure that clients are wearing properly clothing appropriate for the weather and occasion. Additionally members of the Quality Assurance and Operations teams will audit active treatment sessions as needed but no less than monthly to assure that clients are wearing properly clothing appropriate for the weather and occasion.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff,</p>	03/10/2013			

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	<p>coat in a bag with a copy of the receipt for the coat dated 12/17/12. Staff #1 indicated client B was not able to wear the coat because it was too small and she was waiting for the original receipt so it could be returned.</p> <p>On 02/05/13 at 10:30 AM an interview with staff #1 was conducted. Staff #1 indicated she was still waiting for the original receipt and the coat had not yet been exchanged. On 02/06/13 at 3:30 PM an interview with staff #1 was conducted. Staff #1 indicated a new winter coat had been purchased for client B and the other coat was being taken back that afternoon.</p> <p>On 02/06/13 at 4:00 PM an interview with the Program Manager (PM) was conducted. She indicated client B should have been wearing a winter coat and the coat that was too small should have been returned before now.</p> <p>This federal tag relates to complaint #IN00122081.</p> <p>9-3-2(a)</p>		Operations Team, Quality Assurance Team		