

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G244	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9160 E 300 N CHURUBUSCO, IN 46723
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 22, 23, 24, 25, 26 and 30, 2015.</p> <p>Facility number: 000767 Provider number: 15G244 AIM number: 100243300</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon observation, record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 4 additional clients (clients #5, #6, #7 and #8), the governing body failed to maintain the group home in good condition.</p> <p>Findings include:</p>	W 0104	<p>W 104: The governing body must exercise general policy, budget, and operating direction over the facility. The window sills have been cleaned and have been added to the cleaning duty list. Staff in the home have been trained on keeping the window sills cleaned. The toilet seat has been replaced. Client # 1's bedroom has been painted and the</p>	07/30/2015

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>Observations were completed at the group home where clients #1, #2, #3, #4, #5, #6, #7 and #8 lived on 6/22/15 from 3:50 PM until 5:50 PM, and on 6/23/15 from 6:23 AM until 7:50 AM. There was debris in the window sill of a bathroom off the dining room, in the window sill of a bathroom off the main hallway and in the window sill over client #5's bed. The toilet seat in the bathroom located next to client #3, #5 and #1's bedroom was cracked. Client #1's bedroom had 2 patched areas on walls and a hole in the closet door and in the entry door.</p> <p>Client #5 was interviewed on 6/23/15 at 7:07 AM. When asked about the debris in the window sill over his bed, he stated, "It needs cleaned really bad."</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/23/15 at 2:50 PM and indicated the repairs to client #1's door were on the list, but had not been completed. She indicated the window sills should be cleaned.</p> <p>9-3-1(a)</p>		<p>door replaced. The QIDP and RM will include environmental observations on their weekly observation form in the home. Work orders will be generated for all environmental issues that need addressed by the maintenance staff. Work orders will be submitted to the Program Manager who will document when they are received and when the request was completed. The Clinical Supervisor will complete an environmental audit of the home on a monthly basis. A member of the operations team will do a quarterly environmental audit to assure that all environmental issues have been addressed.</p>		

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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 upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure accurate assessments or reassessments were completed.</p> <p>Findings include:</p> <p>During observations at the group home on 6/22/15 from 3:50 PM until 5:50 PM and again on 6/23/15 from 6:23 AM until 7:50 AM, client #3 made vocalizations, but did not speak words. Client #3 did not use a communication system during the observation.</p> <p>Client #3's records were reviewed on 6/23/15 at 1:20 PM. A Speech Therapy Annual Progress Report dated 1/12/04 indicated needs "To receive communication services in the natural environment with staff present and mentoring provided to assist with staff competency. Staff should respond to communication attempts and provide choice making opportunities." There was no evidence of an updated speech</p>	W 0210	<p>W 210: The interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. A speech therapy assessment has been scheduled for Client #3. The QIDP will receive the recommendations and include those in the ISP. Staff will be trained on the recommendations. The RM is in the home at least 5 days per week and on different shifts. She will observe, document the observation and train staff (as needed) on using the communication board with client # 3. She will submit at least 3 documented observations weekly to her Clinical Supervisor. The QIDP will complete at least 2 habilitation observations per week to include the use of Client 3's communication board and assuring that staff are following the recommendations for client #3's communication needs. Other client's records will be reviewed by the QIDP to see if they need to have any reassessments scheduled. The Nurse Manager will complete Quarterly audits to include</p>	07/30/2015

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W 0249 Bldg. 00	<p>evaluation/reassessment for client #3 to determine updated communication recommendations.</p> <p>The Supported Group Living Manager was interviewed on 6/23/15 at 2:50 PM and indicated she would look for an updated assessment. No additional assessment of client #3's communication skills was provided.</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 upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #3), to ensure his communication objective was implemented.</p> <p>Findings include:</p>	W 0249	<p>reviewing vision screening, hearing/speech, OT and PT to assure that any needed assessments have been scheduled. The Clinical Supervisor will initially review all records in the home to assure that all needed assessments are complete and consumers who need reassessment have had those scheduled. The clinical Supervisor will do quarterly audits to assure that needed assessments have been completed and recommendations are included in the ISP.</p> <p>W249: As soon as the IDT 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</p>	07/30/2015

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	<p>During observations at the group home on 6/22/15 from 3:50 PM until 5:50 PM and again on 6/23/15 from 6:23 AM until 7:50 AM, client #3 made vocalizations, but did not speak words. Client #3 did not use a communication system during the observation. There was a poster with pictures in the dining room titled, "My Options." The pictures included a van, sofa, toilet, lawn and TV.</p> <p>The Residential Manager was interviewed on 6/22/15 at 5:15 PM. When asked about the poster, she stated, "It's for [client #3]." When asked when it was to be used, she stated, "Whenever we can."</p> <p>Client #3's records were reviewed on 6/23/15 at 1:20 PM. An ISP (Individual Support Plan) dated 10/8/14 indicated an objective to point to a picture on his communication board to select an activity of his choice.</p> <p>The Manager of Supported Group Living was interviewed on 6/30/15 at 2:36 PM and indicated client #3 should have been prompted to use the communication board.</p> <p>9-3-4(a)</p>		<p>support the achievement of the objectives identified in the IPP. The staff will be retrained on following the objectives of all clients in the home and especially the communication goal for Client #3. The RM is in the home at least 5 days per week and on different shifts. She will observe, document the observation and train staff (as needed) on using the communication board with client # 3. She will submit at least 3 documented observations weekly to her Clinical Supervisor. The QIDP will complete at least 2 habilitation observations per week to include the use of Client 3's communication board. The Clinical Supervisor will complete monthly observations to assure that Client # 3's communication needs are being met.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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