

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G646	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/11/2016
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3715 W GODMAN MUNCIE, IN 47304
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W 0000  Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00196354.</p> <p>Complaint #IN00196354: Substantiated, no deficiencies related to the allegation are cited.</p> <p>Dates of Survey: 4/5, 4/6, 4/7, 4/8, and 4/11/2016.</p> <p>Facility Number: 001054 Provider Number: 15G646 AIMS Number: 100240210</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/18/16.</p>	W 0000		
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, record review, and interview, for 1 of 4 sampled clients (client D), the facility failed to ensure</p>	W 0210	W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments	05/11/2016

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>client D's Speech Therapy assessment was completed.</p> <p>Findings include:</p> <p>During observations and interviews at the group home on 4/5/16 from 3:20pm until 6:30pm and on 4/6/16 from 5:35am until 7:30am, client D was not taught and/or encouraged to use a communication book and/or system to make his wants/needs clear to staff/others. During both observation periods client D was non verbal and was asked by the group home staff to make choices by pointing.</p> <p>During both observation periods client D sat on the sofa, placed his hands over his ears and rocked his body forward then backward on the sofa. On 4/5/16 at 5:30pm, GHS (Group Home Staff) #1 retrieved a sheet of paper from the activity closet, approached client D who sat on the sofa in the living room and asked client D to identify pictures on the sheet of paper as GHS #1 said a word. After GHS #1 had used the sheet of paper with pictures GHS #1 returned the sheet to the activity closet and shut the door.</p> <p>During both observation periods facility staff selected a single wooden puzzle, blocks, and a book each at different times to offer an activity to client D. During both observations periods client D did not have a communication</p>		<p>or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. A speech therapy assessment has been scheduled for Client D. Recommendations from the speech therapy assessment will be included in Client D's plan. All staff have been retrained on client D's communication system and the staff have easy access to the communication system both at work and at the group home. The QIDP will do Active Treatment observations in the home 2 times per week that will include assuring that communication systems are in use. The QIDP will visit the workshop weekly to assure that the communication system is being utilized. The RM will be in the home at least 5 days per week and will document observations 3 times per week assuring that communication systems are in use.</p>		

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	<p>book/sheet/system available during dining, medication administration, dressing, and leisure time in the living room.</p> <p>During observations and interview at the workshop on 4/7/16 from 9:25am until 10:25am, client D was observed to sit upright in a upright stationary chair at his work station, used his hands to complete paid work to stack booklet materials in a holder, and had a sheet of paper with pictures on the shelf above his head for staff to communicate with client D. At 10:00am, WKS (Workshop Staff) #1 indicated client D used a communication sheet with pictures to indicate his wants and needs while at the workshop.</p> <p>Client D's record was reviewed on 4/6/16 at 11:45am. Client D's 11/6/15 ISP (Individual Support Plan) and 11/2015 Lifestyle Plan both indicated "as a small boy [client D] used to say a few words and then stopped talking for no apparent reason and has not spoken since." Client D's plans indicated client D "is able...to communicate his wants and needs non verbally...various communication devices have been attempted in the past but he has refused to use them in the group home." No Speech Therapy assessment was available for review for client D.</p>			

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W 0268 Bldg. 00	<p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/11/16 at 5:14pm. The QIDP indicated client D did not have a Speech Therapy assessment available for review. The QIDP stated client D had a speech deficit and was "non verbal."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, interview, and record review, for 1 additional client (client F), the facility failed to ensure client F's dignity in regard to the client's seating at work.</p> <p>Findings include:</p> <p>During observations and interview at the workshop on 4/7/16 from 9:25am until 10:25am, client F was observed to sit upright in a stationary chair with his lap tray fastened with the snap secured behind him in the stationary chair, and sat on a sheet of clear plastic between the stationary chair and client F's body. The plastic sheet was secured and tied in knots to client F's stationary chair back. The sheet flowed under client F's buttock,</p>	W 0268	<p>W268: Policies and procedures must promote the growth, development and independence of the client. All workshop staff will be retrained regarding having Client F sit on a plastic sheet. The QIDP will visit the workshop once a week to assure that Client F is not sitting on a plastic sheet.</p>	05/11/2016

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W 0436  Bldg. 00	<p>sitting on the chair, behind his legs, and under client F's feet which were on the floor. At 9:50am, WKS (Workshop Staff) #2 stated client F sat on the "plastic sheet" because he was incontinent of bowel and bladder. At 10:10am, WKS #1 indicated client F was incontinent of urine and sat on a plastic sheet to protect the chair from urine.</p> <p>Client F's record was reviewed on 4/6/16 at 11:37am. Client F's 8/8/15 ISP (Individual Support Plan) and 8/28/2015 Lifestyle Plan both indicated client F needed assistance to use the restroom, and to "protect his privacy."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/11/16 at 5:14pm. The QIDP stated "It is a definite dignity issue" for client F to be sitting on a plastic sheet during workshop. The QIDP indicated client F did not have a plan and did not have written consent for him to be securely sitting on a plastic sheet while at workshop.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make</p>				

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	<p>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 4 sampled clients (client C), the facility failed to ensure client C's communication book/system was available and used when formal and informal opportunities existed.</p> <p>Findings include:</p> <p>During observations and interviews at the group home on 4/5/16 from 3:20pm until 6:30pm and on 4/6/16 from 5:35am until 7:30am, client C was not taught and/or encouraged to use a communication book and/or system to make her wants/needs known to staff and others. During both observation periods client C was non verbal and was asked by the group home staff to make choices and client C did not respond. During both observation periods client C sat on the sofa in the living, walked outside to swing independently, completed medication administration, and ate meals. During both observations periods client C did not have a communication book/sheet/system available during dining, medication administration, dressing, and leisure time in the living room.</p>	W 0436	<p>W436: 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 communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client. All staff have been retrained on client C's communication system and the staff have easy access to the communication system both at work and at the group home. The QIDP will do Active Treatment observations in the home 2 times per week that will include assuring that communication systems are in use. The QIDP will visit the workshop weekly to assure that the communication system is being utilized. The RM will be in the home at least 5 days per week and will document observations 3 times per week assuring that communication systems are in use.</p>	05/11/2016	

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	<p>During observations and interview at the workshop on 4/7/16 from 9:25am until 10:25am, client C was observed to sit upright in a stationary chair at her work station, used her hands to complete paid work to stack booklet materials in a holder, walked to the restroom after staff asked her to point to bathroom if she needed to go, and a sheet of paper with pictures was taped to the table in front of client C. At 10:00am, WKS (Workshop Staff) #1 indicated client C used a communication sheet with pictures to indicate her wants and needs while at the workshop.</p> <p>Client C's record was reviewed on 4/7/16 at 12:45pm. Client C's 4/1/16 ISP (Individual Support Plan), 4/1/16 "Functional Assessment (FA)," and 4/2016 Lifestyle Plan indicated client C "has a pleasant demeanor and smiles frequently...She has good receptive language skills but does not speak; she does grunt and yell to express her emotions." Client C's plans indicated a goal/objective to "point to two items on her communication board."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/11/16 at 5:14pm. The QIDP stated client C had a speech deficit and was "non verbal." The QIDP</p>			

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	<p>indicated client C did not use a communication board at the group home. The QIDP indicated on 4/6/16 and 4/7/16 client C did not have a communication board and/or system available to use to communicate her wants/needs during formal and informal opportunities.</p> <p>9-3-7(a)</p>				