

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 11/04/2011
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 153 S EMERSON INDIANAPOLIS, IN46219
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: 10/31/11, 11/1/11, 11/2/11, 11/3/11 and 11/4/11.</p> <p>Surveyor: Keith Briner, Medical Surveyor III/QMRP</p> <p>Facility Number: 000910 Provider Number: 15G396 AIMS Number: 100244430</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on November 17, 2011 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 1 of 4 sampled clients (#1), the facility failed to implement its policy and procedure to prevent neglect in regard to providing program intervention as described in client #1's IDT (Interdisciplinary Team Meeting).</p> <p>Findings include: The facility's reportable incident reports, BDDS</p>	W0149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, abuse or neglect of the client. Specifically, the procedures described in Client #1's interdisciplinary team meeting notes from 10/19/11 have been implemented.</i></p> <p>PREVENTION: Professional staff have been retrained regarding the need to implement protective measures developed by the</p>	12/04/2011

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>(Bureau of Developmental Disabilities Services) reports were reviewed on 10/31/11 at 11:15 AM. The review included the following BDDS report:</p> <p>-BDDS report dated 10/20/11 indicated on 10/19/11, "When [client #1] got into her home's van after work she said she was upset about her workday. She remained upset as she traveled home and staff attempted to redirect her without success. [Client #1] tried to open the door to the van while the vehicle was moving on the interstate. Staff prevented her from exiting the moving vehicle but she continued to attempt to get out of the vehicle...." The BDDS report also indicated, "...the interdisciplinary team will meet to review the circumstances and determine if additional supports are indicated...."</p> <p>Client #1's record was reviewed on 11/2/11 at 12:18 PM. Client #1's IDT note dated 10/19/11 indicated the following, "PC (Program Coordinator) is going ot talk to Richardt's (Facility Group Home) PC to see if staff can pick [client #1] up to and from DP (Day Program). Staff needs to have [client #1] sit in (sic) back of the van next to inside window. If [client #1] seems upset, mad or angry make sure she is calm before entering the van. If [client #1] is screaming and yelling on van (sic) pull over call PC and calm [client #1] down."</p> <p>Interview with DSP (Direct Support Professional) A on 11/2/11 at 3:45 PM indicated client #1 was being transported in the same manner as prior to the 10/20/11 incident. DSP A indicated it was, "dangerous to transport her with only one person. She has tried to open the door again since the last time." DSP A indicated client #1 should be transported to and from her day services with two staff.</p>		interdisciplinary team upon their completion. Operations Team members will review IDT meeting notes and support documents an ongoing basis to assure all corrective measures are implemented in a timely manner. Responsible Parties: QDDPD, Support Associates, Operations Team		

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W0153	<p>Interview with AS (Administrative Staff) #1 on 11/3/11 at 11:50 AM indicated the IDT agreed that client #1 was in need of having two people with her during all transports and her seating should be in the back seat next to the window. AS #1 indicated the group home intended to have one of its other group homes begin transporting client #1 with them since they have two staff on their transport. AS #1 indicated the transportation coordination had not occurred but needed to be addressed to ensure client #1's safety.</p> <p>The facility's policy and procedures were reviewed on 11/3/11 at 4:00 PM. The facility's 9/14/07 policy and procedure entitled Abuse, Neglect, Exploitation operating standard 1.26 indicated Program intervention neglect is defined as, "failure to provide good and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>9-3-2(a)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 4 incidents of client to client aggression, the facility</p>	W0153	CORRECTION: <i>The facility must ensure that all allegations of</i>	12/04/2011			

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W0189	<p>failed to report an altercation between clients #1 and #2 within 24 hours to the administrator, to the Division of Disability, Aging and Rehabilitative Services (DDARS)/BDDS (Bureau of Developmental Disabilities Services) per 460 IAC 9-3-1 (b) (5) and to Adult Protective Services (APS) per IC 12-10-3.</p> <p>Findings include:</p> <p>The facility's incident reports, BDDS reports and investigations were reviewed on 10/31/11 at 3:15 PM. The review indicated the following BDDS report:</p> <p>-BDDS report dated 9/29/11 indicated on 9/27/11 client #2 physically aggressed toward client #1.</p> <p>Interview with AS (Administrative Staff) #1 on 11/1/11 at 10:45 AM indicated incidents of client to client aggression should be reported to BDDS within 24 hours of the incident. AD #1 indicated the BDDS report was reported late.</p> <p>9-3-2(a)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure staff were trained regarding client #1's transportation protocol.</p>	W0189	<p><i>mistreatment, neglect or abuse, as well as injuries of unknown source are reported immediately to the administrator or to other officials in accordance with state law through established procedures.</i> Specifically, The operations team has reviewed procedures for timely reporting of incidents to state agencies as required and the Director Supervised Group Living will follow up with the Operations Team members responsible for submitting reports to outside entities to assure all incidents are reported as required.</p> <p>PREVENTION: The facility will send copies of internal incident reports to the administrator via electronic fax upon completion, to assure the operations team has the ability to report incidents to state agencies as required in a timely manner. Members of the operations team will compare internal incident reports to the agency's incident tracking log to assure incidents are reported as required. Responsible Parties: QDDPD, Support Associates, Operations Team</p> <p>CORRECTION: <i>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</i></p>	12/04/2011	

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	<p>Findings include:</p> <p>The facility's reportable incident reports, BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 10/31/11 at 11:15 AM. The review included the following BDDS report:</p> <p>-BDDS report dated 10/20/11 indicated on 10/19/11, "When [client #1] got into her home's van after work she said she was upset about her workday. She remained upset as she traveled home and staff attempted to redirect her without success. [Client #1] tried to open the door to the van while the vehicle was moving on the interstate. Staff prevented her from exiting the moving vehicle but she continued to attempt to get out of the vehicle...." The BDDS report also indicated, "...the interdisciplinary team will meet to review the circumstances and determine if additional supports are indicated...."</p> <p>Client #1's record was reviewed on 11/2/11 at 12:18 PM. Client #1's IDT note dated 10/19/11 indicated the following, "PC (Program Coordinator) is going to talk to Richardt's (Facility Group Home) PC to see if staff can pick [client #1] up to and from DP (Day Program). Staff needs</p>		<p>Specifically all facility staff have been trained on Client #1's transportation protocols PREVENTION: Professional staff has been retrained regarding the need to provide staff with initial and ongoing training when clients training programs and interventions are updated and/or changed. Operations Team members will review IDT meeting notes and support documents and training records an ongoing basis to assure all staff are trained on ISP and BSP modifications in a timely manner. Responsible Parties: QDDPD, Support Associates, Operations Team</p>		

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	<p>to have [client #1] sit in (sic) back of the van next to inside window. If [client #1] seems upset, mad or angry make sure she is calm before entering the van. If [client #1] is screaming and yelling on van (sic) pull over call PC and calm [client #1] down."</p> <p>Interview with DSP (Direct Support Professional) A on 11/2/11 at 3:45 PM indicated client #1 was being transported in the same manner as prior to the 10/20/11 incident. DSP A indicated staff had not been trained regarding the new transportation protocol regarding client #1.</p> <p>Interview with AS (Administrative Staff) #1 on 11/3/11 at 11:50 AM indicated the IDT agreed that client #1 was in need of having two people with her during all transports and her seating should be in the back seat next to the window. AS #1 indicated there were no training records or inservice sheets to review in regard to the transportation protocols that had been developed for client #1. AS #1 indicated all staff who work with client #1 should be trained regarding her supports.</p> <p>9-3-3(a)</p>				

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W0436	<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 5 clients with adaptive equipment, the facility failed to ensure client #7 had hearing aids.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/31/11 from 5:45 PM through 6:45 PM. Client #7 was observed throughout the observation period. Client #7 was not observed wearing hearing aids.</p> <p>Observations were conducted at the group home on 11/1/11 from 6:30 AM through 7:45 AM. Client #7 was observed throughout the observation period. Client #7 was not observed wearing hearing aids.</p> <p>Client #7's record was reviewed on 11/2/11 at 1:11 PM. Client #7's Record of Visit form dated 11/24/09 indicated the recommendation for full time use of hearing aids.</p> <p>Interview with AS (Administrative Staff) #1 on 11/2/11 at 1:30 PM indicated client #7 should be wearing hearing aids. AS #1</p>	W0436	<p>CORRECTION: <i>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.</i> Specifically, for Client #7, hearing aids have been purchased and are available for Client#7's use. PREVENTION: Professional staff have been retrained regarding the need to provide adaptive equipment for consumers as ordered. Members of the Operations Team will review medical appointment documentation and adaptive equipment cleaning documentation to assure all recommended adaptive equipment is in place. Responsible Parties: QDDPD, Support Associates, Operations Team</p>	12/04/2011

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

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FORM APPROVED

OMB NO. 0938-0391

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	indicated client #7 threw her hearing aids in the trash in February of 2011. 9-3-7(a)				