

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN 46250
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaints #IN00195991 and #IN00192675. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00195991: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122 and W149.</p> <p>Complaint #IN00192675: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Dates of Survey: 4/4/16, 4/5/16, 4/6/16, 4/7/16, 4/8/16 and 4/12/16.</p> <p>Facility Number: 000911 Provider Number: 15G397 AIMS Number: 100244420</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/15/16.</p>	W 0000		
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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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W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D), plus 4 additional clients (E, F, G and H).</p> <p>The facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's management provided oversight and management of operating the group home due to the group home's history of non-compliance with Conditions of Participation from March 30, 2015 through April 12, 2016.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children while in the community/neighborhood, to prevent a fractured finger regarding client C, to</p>	W 0102	<p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>Specifically for Client A, the interdisciplinary team has incorporated enhanced supervision into Client A's Behavior Support Plan, defined as line of sight observation (within 20 feet) by facility staff –when he is outside of the home. Door and window alarms have been installed to alert staff to Client A's attempts to exit the facility without supervision. Specifically for Client B, the interdisciplinary team has discontinued alone time in the home and community until his alleged history of aberrant sexual behavior has been clarified. Any potential future transition to a less restrictive level of supervision for Client B will only occur after thorough interdisciplinary team discussion and approval from the Executive Director. All staff currently</p>	05/12/2016

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	<p>ensure clients A, B, C, D, E, F and G were offered the opportunity to choose/utilize their preferred condiments during meal time, to aggressively monitor and track clients' weights, blood pressure, vital signs and water intake and to conduct evacuation drills quarterly for each shift of personnel.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children while in the community/neighborhood, to prevent a fractured finger regarding client C, to ensure clients A, B, C, D, E, F and G were offered the opportunity to choose/utilize their preferred condiments during meal time, to aggressively monitor</p>		<p>assigned to the facility have been trained on Client A and B's behavior supports and enhanced supervision protocols. Additional staff brought in to assist at the facility will be trained on the procedures prior to being permitted to work.</p> <p>Additionally, all staff have been retrained on proper implementation of all clients' Behavior Support Plans with a focus on proactive strategies to prevent physical aggression between clients.</p> <p>The Governing Body will ensure the facility provides preferred condiments at all meals, unless contraindicated by diets ordered by the clients' physician(s). The facility will assure that a selection of appropriate condiments is on hand at all times, based on individual preference assessments. Facility staff will be retrained regarding the need to assist clients with placing appropriate condiments on the table at mealtimes.</p> <p>The facility nurse has been trained regarding the need to</p>	

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	<p>and track clients' weights, blood pressure, vital signs and water intake and to conduct evacuation drills quarterly for each shift of personnel. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C). Please see W122.</p> <p>This federal tag relates to complaint #IN00195991.</p> <p>9-3-1(a)</p>		<p>reproduce requested documentation to surveyors upon request. Facility staff will be retrained to record weekly vital signs and weights on the Medication and Treatment Administration record as required along with the documentation charts that are faxed to the nurse weekly. Additionally, staff will be retrained regarding the need to record daily fluid intake on consumption charts for each client.</p> <p>The facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p>Root Cause Analysis of why corrections implemented after the 8/13/15 survey have failed.</p> <p>Staff failing to provide appropriate supervision.</p> <p>This correction failed due to the Governing Body failing to adequately support the Residential Manager through mentorship and accountability.</p>	

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			<p>The interdisciplinary team failed to complete sufficient assessments of Client A and B's Social, functional and behavioral needs and develop support plans based on the assessments, including but not limited to Client A and B's safety and the safety of others in the community.</p> <p>· This correction failed due to the Governing Body's failure to adequately screen new clients prior to admission and failure to adequately monitor the development of individual support plans and behavior supports.</p> <p>PREVENTION:</p> <p>The Residential Manager will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to participate in and monitor active treatment to assure all supports are implemented as written. An additional QIDP-qualified management staff has been assigned to specifically provide supervision, guidance and coaching to the Residential Manager.</p>	

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			<p>The Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Nurse Manager and Training Coordinator will assume a direct role in the selection process for new clients to assure that all relevant assessments are obtained prior to admitting new clients to assure placement is appropriate. This screening process will include but not be limited to a search of relevant criminal data bases and all available resources to determine whether prospective new clients have a history of behaviors which would place housemates and/or community members at risk. New clients will only be admitted with the approval of the Executive Director after a consensus of the Operations Team is reached. Prior to admitting new clients, the Program Manager will assist the QIDP with developing appropriate initial supports, based on preliminary assessment data.</p> <p>After admission, additional assessment will occur for clients within 30 days of admission and as needed but no less than annually thereafter. Members of</p>	

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			<p>the Operations Team (as described above) will directly oversee the QIDP to assure the development of appropriate supports occurs within required timelines and that all staff are trained toward and demonstrate competencies in the implementation of the support plans.</p> <p>Members of the Operations Team, and the QIDP will conduct observations and documentation reviews during active Treatment sessions and documentation reviews no less than three times weekly for the next 60 days, no less than twice weekly for an additional 30 days and weekly for an additional 60 days. The Quality Assurance Manager will maintain a schedule for administrative monitoring and follow-up as needed. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport</p>	

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			<p>and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager)</p>	

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			<p>will review documentation of administrative level monitoring of the facility –making recommendations as appropriate, and visit the facility no less than monthly for the next 60 days. As stated above, the Executive Director will participate directly in administrative monitoring of the facility, and the Regional Director will visit the facility no less than monthly for the next 90 days to assure that corrections have been implemented as written and are effective.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff. 2. Assuring adequate staffing is in place to ensure the safety of all clients. 3. Assuring staff implement support plans as written. 4. Assuring that documentation reflects ongoing implementation of approved supports. 5. Assuring that the facility provides a selection of preferred 	

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			<p>condiments at all mealtimes.</p> <p>6. Assuring that vital signs, weights and fluid consumption records are recorded, monitored by the facility nurse and that appropriate follow-up has occurred.</p> <p>7. Assuring that evacuation drills occur and are documented as required.</p> <p>Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p>Preventative measures to be implemented based on Root Cause Analysis of why corrections implemented after the 2/19/15 survey have failed.</p>	

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			<p>Staff failing to provide appropriate supervision.</p> <ul style="list-style-type: none"> · An additional QIDP-qualified management staff has been assigned to specifically provide supervision, guidance and coaching to the Residential Manager. · The Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will take an active role in the mentorship and professional development of the Residential Manger. · Two former Waiver Team Leads have been assigned to work at the facility to provide additional leadership. <p>The interdisciplinary team failed to completed assessments of Client A and B's Social, functional and behavioral needs and develop support plans based on the assessments, including but not limited to Client A and B's safety and the safety of others in the community.</p> <ul style="list-style-type: none"> · The Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, 	

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			<p>Quality Assurance Coordinator, Nurse Manager and Training Coordinator will assume a direct role in the selection process for new clients to assure that all relevant assessments are obtained prior to admitting new clients to assure placement is appropriate.</p> <ul style="list-style-type: none"> This screening process will include but not be limited to a search of relevant criminal data bases and all available resources to determine whether prospective new clients have a history of behaviors which would place housemates and/or community members at risk. New clients will only be admitted with the approval of the Executive Director after a consensus of the Operations Team is reached. Prior to admitting new clients, the Program Manager will assist the QIDP with developing appropriate initial supports, based on preliminary assessment data. <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Health Services Team, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 4 additional clients (E, F, G and H), the governing body failed to exercise general policy, budget and operating direction over the facility to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children while in the community/neighborhood and to prevent a fractured finger regarding client C.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A, B, C, D, E, F and G were offered the opportunity to choose/utilize their preferred condiments during meal time, to aggressively monitor and track clients' weights, blood pressure, vital signs and water intake and to conduct evacuation drills quarterly for each shift of personnel.</p>	W 0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following: Specifically for Client A, the interdisciplinary team has incorporated enhanced supervision into Client A's Behavior Support Plan, defined as line of sight observation (within 20 feet) by facility staff –when he is outside of the home. Door and window alarms have been installed to alert staff to Client A's attempts to exit the facility without supervision. Specifically for Client B, the interdisciplinary team has discontinued alone time in the home and community until his alleged history of aberrant sexual behavior has been clarified. Any potential future transition to a less restrictive level of supervision for Client B will only occur after thorough interdisciplinary team discussion and approval from the Executive Director. All staff currently assigned to the facility have been trained on Client A and B's behavior supports and enhanced supervision protocols. Additional staff brought in to assist at the facility will be trained</i></p>	05/12/2016

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children while in the community/neighborhood and to prevent a fractured finger regarding client C. Please see W149. 2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A, B, C, D, E, F and G were offered the opportunity to choose/utilize their preferred condiments during meal time. Please see W247. 3. The governing body failed to exercise general policy, budget and operating direction over the facility to aggressively monitor and track clients B and F's weights, blood pressure, vital signs and water intake. Please see W331. 4. The governing body failed to exercise general policy, budget and operating 		<p>on the procedures prior to being permitted to work. Additionally, all staff have been retrained on proper implementation of all clients' Behavior Support Plans with a focus on proactive strategies to prevent physical aggression between clients. The Governing Body will ensure the facility provides preferred condiments at all meals, unless contraindicated by diets ordered by the clients' physician(s). The facility will assure that a selection of appropriate condiments is on hand at all times, based on individual preference assessments. Facility staff will be retrained regarding the need to assist clients with placing appropriate condiments on the table at mealtimes. The facility nurse has been trained regarding the need to reproduce requested documentation to surveyors upon request. Facility staff will be retrained to record weekly vital signs and weights on the Medication and Treatment Administration record as required along with the documentation charts that are faxed to the nurse weekly. Additionally, staff will be retrained regarding the need to record daily fluid intake on consumption charts for each client. The facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p>PREVENTION: The Residential Manager will be present,</p>	

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	<p>direction over the facility to conduct evacuation drills quarterly for each shift of personnel for clients A, B, C, D, E, F, G and H. Please see W440.</p> <p>This federal tag relates to complaint #IN00195991.</p> <p>9-3-1(a)</p>		<p>supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to participate in and monitor active treatment to assure all supports are implemented as written. An additional QIDP-qualified management staff has been assigned to specifically provide supervision, guidance and coaching to the Residential Manager. The Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Nurse Manager and Training Coordinator will assume a direct role in the selection process for new clients to assure that all relevant assessments are obtained prior to admitting new clients to assure placement is appropriate. This screening process will include but not be limited to a search of relevant criminal data bases and all available resources to determine whether prospective new clients have a history of behaviors which would place housemates and/or community members at risk. New clients will only be admitted with the approval of the Executive Director after a consensus of the Operations Team is reached. Prior to admitting new clients, the Program Manager will assist the QIDP with developing appropriate initial supports, based on</p>		

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			<p>preliminary assessment data. After admission, additional assessment will occur for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (as described above) will directly oversee the QIDP to assure the development of appropriate supports occurs within required timelines and that all staff are trained toward and demonstrate competencies in the implementation of the support plans. Members of the Operations Team, and the QIDP will conduct observations and documentation reviews during active Treatment sessions and documentation reviews no less than three times weekly for the next 60 days, no less than twice weekly for an additional 30 days and weekly for an additional 60 days. The Quality Assurance Manager will maintain a schedule for administrative monitoring and follow-up as needed. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast,</p>	

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			<p>morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate, and visit the facility no less than monthly for the next 60 days. As stated above, the Executive Director will participate directly in administrative monitoring of the facility, and the Regional Director will visit the facility no less than monthly for the next 90 days to assure that corrections have been implemented as written and are effective. Administrative support at the home will focus on:</p>	

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			<p>1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff. 2. Assuring adequate staffing is in place to ensure the safety of all clients. 3. Assuring staff implement support plans as written. 4. Assuring that documentation reflects ongoing implementation of approved supports. 5. Assuring that the facility provides a selection of preferred condiments at all mealtimes. 6. Assuring that vital signs, weights and fluid consumption records are recorded, monitored by the facility nurse and that appropriate follow-up has occurred. 7. Assuring that evacuation drills occur and are documented as required. Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p>RESPONSIBLE PARTIES: QIDP, Health Services Team, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and C). The facility failed to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children and to prevent a fractured finger regarding client C.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 4/5/16. The Immediate Jeopardy was identified on 4/5/16 at 2:58 PM. The agency's QIDP (Qualified Intellectual Disabilities Professional) and PM (Program Manager) were notified of the Immediate Jeopardy on 4/5/16 at 2:58 PM regarding the facility's failure to provide appropriate supervision of client A while in the community/neighborhood.</p> <p>On 4/6/16, the facility submitted the following plan of action to remove the Immediate Jeopardy:</p>	W 0122	<p>CORRECTION:</p> <p><i>The facility must ensure that specific client protections requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>Specifically for Client A, the interdisciplinary team has incorporated enhanced supervision into Client A's Behavior Support Plan, defined as line of sight observation (within 20 feet) by facility staff –when he is outside of the home. Door and window alarms have been installed to alert staff to Client A's attempts to exit the facility without supervision. Specifically for Client B, the interdisciplinary team has discontinued alone time in the home and community until his alleged history of aberrant sexual behavior has been clarified. Any potential future transition to a less restrictive level of supervision for Client B will only occur after thorough interdisciplinary team discussion and approval from the Executive Director. All staff currently assigned to the facility have been</p>	05/12/2016

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	<p>"1. The IDT (Interdisciplinary Team) has incorporated enhanced supervision into client [A's] BSP (Behavior Support Plan), defined as line of sight, observation (within 20 feet) by facility staff when he is outside of the home. Door and window alarms have been installed to alert staff to [client A's] attempts to exit the facility without supervision.</p> <p>2. All staff currently assigned to the facility have been trained on [client A's] BSP (Behavior Support Plan) and enhanced supervision protocols. Additional staff brought in to assist at the facility will be trained on the procedures prior to being permitted to work.</p> <p>3. Daily administrative level oversight by members of the Operations Team, comprised of Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Executive Director, Program Manager and the Nurse Manager, will occur at the facility until the governing body has determined that the safety protocols are effective and implemented properly. Additionally, residential managers will maintain a presence on every shift, providing ongoing training and coaching during this period of intensive oversight and assessment.</p>		<p>trained on Client A and B's behavior supports and enhanced supervision protocols. Additional staff brought in to assist at the facility will be trained on the procedures prior to being permitted to work.</p> <p>Additionally, all staff have been retrained on proper implementation of all clients' Behavior Support Plans with a focus on proactive strategies to prevent physical aggression between clients.</p> <p>PREVENTION:</p> <p>The Residential Manager will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to participate in and monitor active treatment to assure all supports are implemented as written. An additional QIDP-qualified management staff has been assigned to specifically provide supervision, guidance and coaching to the Residential Manager.</p>	

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	<p>Pursuant to the fact that the IDT has developed appropriate protective measures, provided staff training and arranged for intensive administrative oversight, the issues resulting in Immediate Jeopardy at the Voca of Indiana facility at [address] have been resolved."</p> <p>The facility implemented the plan of action. Through monitoring observations held on 4/6/16 from 3:15 PM through 4:15 PM, 4/7/16 from 7:10 AM through 8:30 AM and on 4/8/16 from 7:10 AM through 8:30 AM, the home's door and window alarms were functioning, administrative staff were in the home throughout the observation periods and staff were implementing line of sight supervision regarding client A.</p> <p>The facility's door and window alarm function test log was reviewed on 4/8/16 at 8:00 AM. The review indicated staff were verifying the functioning of the alarms on each shift.</p> <p>The facility's visitors log book was reviewed on 4/8/16 at 8:05 AM. The review indicated administrative staff had been present at the home on each shift.</p> <p>Client A's record was reviewed on 4/8/16</p>		<p>The Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Nurse Manager and Training Coordinator will assume a direct role in the selection process for new clients to assure that all relevant assessments are obtained prior to admitting new clients to assure placement is appropriate. This screening process will include but not be limited to a search of relevant criminal data bases and all available resources to determine whether prospective new clients have a history of behaviors which would place housemates and/or community members at risk. New clients will only be admitted with the approval of the Executive Director after a consensus of the Operations Team is reached. Prior to admitting new clients, the Program Manager will assist the QIDP with developing appropriate initial supports, based on preliminary assessment data.</p> <p>After admission, additional assessment will occur for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (as described above) will directly</p>	

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	<p>at 8:15 AM. Client A's BSP dated 1/29/16 had been revised and indicated, "The team has agreed that while in the community even outside in his yard, [client A] is to be in line of sight of staff within 20 feet. [Client A] is aware and understands that he is not to play with children or anyone under the age of 18 male or female. Alarms have been added to the doors as well as windows in common areas of the home and [client A's] bedroom window to assure that staff is aware that someone is entering or leaving the site. The alarms were added to assure staff are aware if [client A] is attempting to leave the site without a staff."</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 4/6/16 at 3:20 PM. QIDP #1 indicated door and window alarms had been installed on the home's doors and windows. QIDP #1 indicated all staff had been trained on the alarm protocol and a log was being kept to ensure staff documented their checks on each shift. QIDP #1 indicated client A's BSP had been updated, all staff had been trained on the new plan and HRC (Human Rights Committee) approval and consents were obtained. QIDP #1 indicated client A was aware of the changes in his plan.</p>		<p>oversee the QIDP to assure the development of appropriate supports occurs within required timelines and that all staff are trained toward and demonstrate competencies in the implementation of the support plans.</p> <p>Members of the Operations Team, and the QIDP will conduct observations and documentation reviews during active Treatment sessions and documentation reviews no less than three times weekly for the next 60 days, no less than twice weekly for an additional 30 days and weekly for an additional 60 days. The Quality Assurance Manager will maintain a schedule for administrative monitoring and follow-up as needed. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal</p>	

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	<p>RM (Residential Manager) #1 was interviewed on 4/8/16 at 8:15 AM. RM #1 indicated door and window alarms had been installed on the home's doors and windows. RM #1 indicated all staff had been trained on the alarm protocol and a log was being kept to ensure staff documented their checks on each shift. RM #1 indicated client A's BSP had been updated and all staff had been trained on the new plan.</p> <p>Direct Support Staff (DSS) #1 was interviewed on 4/8/16 at 8:20 AM. DSS #1 indicated he had been trained on client A's revised BSP. DSS #1 indicated client A was on line of sight supervision and should be within 20 feet of staff when outside. DSS #1 indicated the door and window alarms were checked each shift.</p> <p>DSS #2 was interviewed on 4/8/16 at 8:30 AM. DSS #2 indicated she had been trained on client A's revised BSP. DSS #2 indicated client A was on line of sight supervision and should be within 20 feet of staff when outside. DSS #2 indicated the door and window alarms were checked each shift.</p> <p>The Immediate Jeopardy was removed on 4/8/16 at 10:00 AM. While the Immediate Jeopardy was removed, the facility remained out of compliance at the</p>		<p>preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of</p>	

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	<p>Condition Level because the facility needed to demonstrate sufficient supervision of client A in the home.</p> <p>Findings include:</p> <p>The facility failed to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children and to prevent a fractured finger regarding client C. Please see W149.</p> <p>This federal tag relates to complaint #IN00195991.</p> <p>9-3-2(a)</p>		<p>the facility –making recommendations as appropriate, and visit the facility no less than monthly for the next 60 days. As stated above, the Executive Director will participate directly in administrative monitoring of the facility, and the Regional Director will visit the facility no less than monthly for the next 90 days to assure that corrections have been implemented as written and are effective.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff. 2. Assuring adequate staffing is in place to ensure the safety of all clients. 3. Assuring staff implement support plans as written. 4. Assuring that documentation reflects ongoing implementation of approved supports. <p>RESPONSIBLE PARTIES:</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 4 sampled clients (A, B and C), the facility failed to implement its written policy and procedures to prevent program intervention neglect regarding client A who was a registered sex offender while in the community/neighborhood, client B who had a history of sexually maladaptive behavior with children while in the community/neighborhood and to prevent a fractured finger regarding client C.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/4/16 from 4:30 PM through 6:20 PM. Client A was observed in the home throughout the observation period. Staff #1, #3 and #4 were on duty in the group home during the observation period. At 4:30 PM, client A indicated he was going to smoke on the home's back patio area. Staff #3 instructed client A to leave the curtain open on the window</p>	W 0149	<p>QIDP, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the governing body has facilitated the following:</i></p> <p>Specifically for Client A, the interdisciplinary team has incorporated enhanced supervision into Client A's Behavior Support Plan, defined as line of sight observation (within 20 feet) by facility staff –when he is outside of the home. Door and window alarms have been installed to alert staff to Client A's attempts to exit the facility without supervision. Specifically for Client B, the interdisciplinary team has discontinued alone time in the home and community until his alleged history of aberrant sexual behavior has been</p>	05/12/2016

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	<p>next to the patio to ensure visibility of client A from inside the house. At 4:45 PM, client A finished smoking his cigarette and attempted to re-enter the home through the patio door. The patio door was locked and client A began knocking on the door. Staff #1, #3 and #4 indicated they thought someone was knocking on the front door of the home and opened the front door. Staff #1, #3 and #4 were not able to discern the origin of the knocking. Surveyor advised client A was locked out of the house at the back patio.</p> <p>Observations were conducted at the group home on 4/5/16 from 6:30 AM through 7:45 AM. Client A was observed in the home throughout the observation period. Client A was dressed in a suit and tie. Client A stated, "I've got to go register today." Client A indicated he was going to register as a sex offender. Client B was observed in the home throughout the observation period.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/5/16 at 6:30 AM. QIDP #1 indicated the group home had admitted clients A, C and H to the home since December 2015.</p> <p>Neighbor #2 was interviewed on 4/5/16 at 11:30 AM. Neighbor #2 indicated she has observed two males from the group</p>		<p>clarified. Any potential future transition to a less restrictive level of supervision for Client B will only occur after thorough interdisciplinary team discussion and approval from the Executive Director. All staff currently assigned to the facility have been trained on Client A and B's behavior supports and enhanced supervision protocols. Additional staff brought in to assist at the facility will be trained on the procedures prior to being permitted to work.</p> <p>Additionally, all staff have been retrained on proper implementation of all clients' Behavior Support Plans with a focus on proactive strategies to prevent physical aggression between clients.</p> <p>PREVENTION:</p> <p>The Residential Manager will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment</p>	

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	<p>home in their [age] playing basketball at a neighbor's house with a girl that appears to be 12 or 13 years of age. Neighbor #2 stated, "It just makes me uncomfortable for them to be over there with a girl that young unsupervised." Neighbor #2 stated, "There were no staff around monitoring."</p> <p>Neighbor #3 was interviewed on 4/6/16 at 9:51 AM. When asked if she had observed male clients from the group home playing with an adolescent neighbor girl, Neighbor #3 stated, "There are about 2 pre-adolescent girls and some younger boys that come into the neighborhood in small groups and play. I've seen the older males play and interact with the groups of kids in the neighborhood." Neighbor #3 stated, "In the last two weeks I haven't seen as much. There was a male [physical description of client A]. He was outside smoking a lot and would be up the streets." When asked if she had seen staff supervising the clients, Neighbor #3 stated, "No, not that I saw. I didn't see anyone that seemed to be in control of the situation."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/5/16 at 11:45 AM. QIDP #1 indicated she was not aware of any clients playing</p>		<p>session per week to participate in and monitor active treatment to assure all supports are implemented as written. An additional QIDP-qualified management staff has been assigned to specifically provide supervision, guidance and coaching to the Residential Manager.</p> <p>The Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Nurse Manager and Training Coordinator will assume a direct role in the selection process for new clients to assure that all relevant assessments are obtained prior to admitting new clients to assure placement is appropriate. This screening process will include but not be limited to a search of relevant criminal data bases and all available resources to determine whether prospective new clients have a history of behaviors which would place housemates and/or community members at risk. New clients will only be admitted with the approval of the Executive Director after a consensus of the Operations Team is reached. Prior to admitting new clients, the Program Manager will assist the QIDP with developing appropriate</p>				

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	<p>basketball with an adolescent neighbor girl. QIDP #1 indicated client A was admitted to the group home in January 2016. QIDP #1 indicated client A was a registered sex offender and should not be in the community unsupervised. QIDP #1 indicated client B was allowed 2 hours unsupervised time in the community.</p> <p>Client A was interviewed on 4/5/16 at 12:40 PM. Client A indicated he had not played basketball with a neighbor girl. Client A indicated he was not allowed to be in the community without his staff. Client A stated, "I like it here better than where I came from." Client A stated, "I have to go [city] to register (sex offender) later today."</p> <p>Client B was interviewed on 4/5/16 at 1:00 PM. When asked if he played basketball with the neighbor girl, client B stated, "Yes, sometimes we play with her." Client B indicated he was not aware of how old the girl was but indicated he knew her name. When asked if anyone else played basketball with him and the neighbor girl, client B stated, "[Client A]." Client B indicated staff were not present when they played basketball. Client B indicated he and client A had played basketball with the neighbor girl more than 2 times on the weekends during the afternoon hours. When asked a</p>		<p>initial supports, based on preliminary assessment data.</p> <p>After admission, additional assessment will occur for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (as described above) will directly oversee the QIDP to assure the development of appropriate supports occurs within required timelines and that all staff are trained toward and demonstrate competencies in the implementation of the support plans.</p> <p>Members of the Operations Team, and the QIDP will conduct observations and documentation reviews during active Treatment sessions and documentation reviews no less than three times weekly for the next 60 days, no less than twice weekly for an additional 30 days and weekly for an additional 60 days. The Quality Assurance Manager will maintain a schedule for administrative monitoring and follow-up as needed. At the conclusion of this period of intensive administrative monitoring and support, the</p>	

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	<p>second time if he and client D had played basketball with the neighbor girl, client B corrected the interviewer and stated, "No, not [client D]. [Client A]."</p> <p>Client A was interviewed on 4/5/16 at 1:10 PM. Client A was interviewed in his bedroom at the group home with QIDP #1 present. Client A stated, "I'm just nervous." When asked if he preferred to talk to QIDP #1, client A stated, "Yes." QIDP #1 asked client A if he had played basketball with client B at the neighbor's house with a girl, Client A replied, "No." QIDP #1 asked client A if he was telling the truth and if he was sure he had not been at the neighbor's house playing basketball with the girl. Client A replied, "[Client B] goes there." Client A stated, "I tried to go once but [staff #1] stopped me."</p> <p>QIDP #1 was interviewed on 4/5/16 at 1:15 PM. QIDP #1 stated, "I'm not sure, [client A] is usually honest with me. [Client B] has lied to me before. It could make sense though, [client A] is always following [client B] around. They are buddies and [client A] wants to do everything [client B] does." QIDP #1 stated, "I'm going to have to check with [client B's] [family member]. There was something about children in his past but I'm not sure. I'll give [family member] a</p>		<p>Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks</p>	

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	<p>call."</p> <p>Neighbor #2 was re-interviewed on 4/5/16 at 1:17 PM following the interviews with clients A and B. When asked to describe the physical characteristics of the two males she had reported as playing basketball with the adolescent neighbor girl unsupervised, Neighbor #2 stated, "[physical descriptions of clients A and B]. I see the two together, the [physical description of client A] generally follows the one [physical description of client B]."</p> <p>Neighbor #2 stated, "They were not supervised, no staff."</p> <p>QAM (Quality Assurance Manager) #1 and PM (Program Manager) #1 were interviewed on 4/5/16 at 2:00 PM. QAM #1 indicated facility staff could have been supervising client A from a location not visible to neighbors. QAM #1 indicated sight lines from the group home to the basketball area should be considered in determining if client A was playing basketball with an adolescent girl unsupervised.</p> <p>QIDP #1 was interviewed on 4/5/16 at 2:20 PM. When asked if staff could provide appropriate supervision of client A while playing basketball at the neighbor's home from the group home or</p>		<p>at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate, and visit the facility no less than monthly for the next 60 days. As stated above, the Executive Director will participate directly in administrative monitoring of the facility, and the Regional Director will visit the facility no less than monthly for the next 90 days to assure that corrections have been implemented as written and are effective.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff. 2. Assuring adequate staffing is in place to ensure the safety of all clients. 	

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	<p>driveway area, QIDP #1 stated, "Do I have to answer that? No."</p> <p>Observations were conducted at the group home on 4/5/16 from 2:40 PM through 3:00 PM. The basketball goal as described by neighbor #2 was located on two residential lots to the East of the group home's location. The basketball goal/area was 100 feet from the group home's driveway. The basketball area had clear sight lines from the end of the group home's driveway. The sight lines from the home and the driveway within 30 feet of the home were partially obstructed by 2 trees near the basketball goal and the neighbor's parked vehicle.</p> <p>Neighbor #1 was interviewed on 4/5/16 at 2:40 PM. Neighbor #1 was outside near his vehicle while surveyor was conducting observations. When asked if he had seen male clients from the group home playing basketball with an adolescent girl next door, Neighbor #1 stated, "Yes." When asked if staff was present or supervised the clients while playing basketball, Neighbor #1 stated, "No, not over there. Sometimes the girl goes over there (group home) to play. Sometimes I see staff and sometimes I don't."</p> <p>Neighbor #2 was interviewed on 4/5/16</p>		<p>3. Assuring staff implement support plans as written.</p> <p>4. Assuring that documentation reflects ongoing implementation of approved supports.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>at 2:45 PM. Neighbor #2 arrived home and approached surveyors in group home driveway. Neighbor #2 stated, "There are two males that go over and play with that little girl. It just doesn't sit right with me as a mother. The boys are older and she is only about 12 or 13. They aren't supervised over there." When asked if she had observed staff monitoring or supervising the male clients while they played basketball with the adolescent girl, neighbor #2 stated, "No. I don't see staff." When asked if staff could be watching from the group home's driveway, neighbor #2 stated, "I couldn't say for sure but I haven't seen any. They go up the street too though and there are other kids from the neighborhood that play out here too." When asked if the males were the same males she had previously described, neighbor #2 stated, "Yes, the same two guys (clients A and B)."</p> <p>QIDP #1 was interviewed on 4/5/16 at 2:50 PM. QIDP #1 indicated staff #1 and staff #2 work double 16 hour shifts on the weekends.</p> <p>Staff #1 was interviewed via QIDP #1's cell phone on 4/5/16 at 2:51 PM. When asked if he was aware of client A playing basketball at a neighbor's house with an adolescent girl, staff #1 stated, "No."</p>			

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	<p>Staff #2 was interviewed via QIDP #1's cell phone on 4/5/16 at 2:53 PM. When asked if he was aware of client A playing basketball at a neighbor's house with an adolescent girl, staff #2 stated, "No."</p> <p>1. Client A's record was reviewed on 4/5/16 at 12:47 PM. Client A's BSP (Behavior Support Plan) dated 1/29/16 indicated, "[Client A] is an [age] male, who has lived with his adoptive parents, and placed at several treatment facilities due to his sexually maladaptive behaviors prior to moving into his current group home. [Client A] currently resides in a ResCare/Adept operated group home in [city] with seven other males. He has a history of verbal aggression, physical aggression, sexual aggression and non-compliance. [Client A] had [sexually maladaptive behavior] his [family member] twice [expletive] when she was [an adolescent]. [Client A] also reported that he exposed himself to a [pre-adolescent girl]. [Client A] has a battery charge for fighting his [family member] and a current [sexually maladaptive behavior] charge for the incident with his [family member]."</p> <p>Client A's BSP dated 1/29/16 indicated, "Sexual Aggression: any time [client A] touches male or female staff, peers or</p>			

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	<p>community members, including young male/female children 9 years or younger that is sexual in nature and socially inappropriate, this includes when he is making statements directed towards others that are sexual in nature, as well as making inappropriate sexual gestures."</p> <p>Client A's BSP dated 1/29/16 indicated staff working with client A should "Provide structured monitoring of [client A] while in community settings where children less than 9 years of age are present. If [client A] becomes visibly aroused and makes sexually inappropriate statements and/or gestures, in a calm but firm voice verbally redirect him as to limit attention to the matter; followed by removing him from the situation, if possible."</p> <p>2. Client B's record was reviewed on 4/8/16 at 8:15 AM. Client B's BSP dated 8/29/15 indicated, "[Client B] has [sexually maladaptive behavior] or allegedly [sexually maladaptive behavior] younger children." Client B's BSP dated 8/29/15 indicated, "Sexual inappropriateness: Any time [client B] touches male or female staff, peers, or community members, including young male or female children that are sexual in nature and socially inappropriate. This includes when he is making statements</p>			

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	<p>directed towards others that are sexual in nature, as well as make inappropriate sexual gestures." Client B's BSP dated 8/29/15 indicated staff working with client B should "Provide structured monitoring of [client B] while in the (sic) community settings when children less (sic) are present. If [client B] becomes visibly aroused and makes sexually inappropriate statements and/or gestures, in a calm but firm voice verbally redirect him as to limit attention to the matter; followed by removing him from the situation, if possible."</p> <p>QIDP #1 was interviewed on 4/6/16 at 4:00 PM. QIDP #1 indicated client B had a history of sexually inappropriate behavior toward children. QIDP #1 indicated client B should be monitored while in the community and around children. QIDP #1 indicated facility staff had been allowing client B to have 2 hours of unsupervised time in the community. QIDP #1 indicated client B should not have 2 hours unsupervised time in the community. QIDP #1 indicated client B's 8/29/15 BSP indicated client B could have 2 hours unsupervised time inside of the group home.</p> <p>3. The facility's BDDS (Bureau of Developmental Disabilities Services)</p>			

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	<p>reports and investigations were reviewed on 4/5/16 at 9:06 AM. The review indicated the following:</p> <p>-BDDS report dated 2/29/16 indicated, "[Client D] and [Client C] got into an altercation that resulted in [client C] being hit by a table on his right thumb. Staff immediately separated the individuals to ensure safety. [Client C] was taken to the [medical clinic] to have his hand assessed. The administrative team is aware of the incident and an investigation will take place."</p> <p>-Investigation dated 2/28/16 indicated, "[Client C] was physically hit by [client D] and thrown over the rail (decorative railing) where he landed on the couch. [Client C] has a fractured finger on his left hand, bruise on his back and left arm." The Investigation dated 2/28/16 indicated the incident occurred at 2:00 AM in the group home. The 2/28/16 Investigation indicated there was one staff on duty at the time of the incident and was in the home's basement area when the incident occurred.</p> <p>QAM #1 was interviewed on 4/4/16 at 4:05 PM. QAM #1 indicated the abuse and neglect policy should be implemented.</p>			

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W 0247 Bldg. 00	<p>The facility's policy and procedures were reviewed on 4/5/16 at 3:45 PM. The facility's Abuse, Neglect, Exploitation and Mistreatment policy with a revised date of 2/26/11 indicated the following:</p> <p>-"Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan...."</p> <p>This federal tag relates to complaint #IN00195991.</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation and interview for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G), the facility failed to ensure clients A, B, C, D, E, F and G were offered the opportunity to choose/utilize their preferred condiments during meal time.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/4/16 from 4:30 PM through 6:20 PM. Clients A, C, D, E, F</p>	W 0247	<p>CORRECTION:</p> <p><i>The individual program plan must include opportunities for client choice and self-management. Specifically, the facility will ensure that preferred condiments are available at all meals, unless contraindicated by diets ordered by the clients' physician(s). The facility will assure that a selection of appropriate condiments is on hand at all times, based on individual preference assessments. Facility staff will be</i></p>	05/12/2016

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	<p>and G participated in the home's family style evening meal. The evening meal consisted of spaghetti and mixed vegetables. Clients A, C, D, E, F and G were not offered a choice of seasonings such as salt, pepper, ketchup, hot sauce or other preferred condiments during their evening meal. Client A asked for parmesan cheese for his spaghetti and the home did not have any.</p> <p>Observations were conducted at the group home on 4/5/16 from 6:00 AM through 7:40 AM . Clients A, B, C, D, E, F and G participated in the home's family style morning meal. The morning meal consisted of, but was not limited to, cereal and oatmeal. Clients A, B, C, D, E, F and G were not offered a choice of condiments such as sugar, sugar substitute, butter or other preferred condiments during their morning meal. Client A asked for sugar for his oats and Residential Manager (RM) #1 indicated there was not any sugar.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/5/16 at 2:15 PM. QIDP #1 indicated clients A, B, C, D, E, F and G should be offered a choice of seasonings such as sugar, sugar substitute, butter or other preferred condiments during meal times.</p>		<p>retrained regarding the need to assist clients with placing appropriate condiments on the table at mealtimes.</p> <p>PREVENTION:</p> <p>The Residential Manager will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to participate in and monitor active treatment to assure all supports are implemented as written including but not limited to furnishing appropriate condiments at mealtimes. An additional QIDP-qualified management staff has been assigned to specifically provide supervision, guidance and coaching to the Residential Manager.</p> <p>Members of the Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Nurse Manager and Training Coordinator, and the QIDP will conduct observations and documentation reviews during active Treatment sessions and</p>	

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	9-3-4(a)		<p>documentation reviews no less than three times weekly for the next 60 days, no less than twice weekly for an additional 30 days and weekly for an additional 60 days. The Quality Assurance Manager will maintain a schedule for administrative monitoring and follow-up as needed. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active treatment monitoring will include but not limited to assuring the facility furnishes appropriate condiments at mealtimes. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through</p>	

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN 46250
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			<p>the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate, and visit the facility no less than monthly for the next 60 days. As stated above, the Executive Director will participate directly in administrative monitoring of the facility, and the Regional Director will visit the facility no less than monthly for the next 90 days to assure that corrections have been implemented as written and are</p>	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (B), plus one additional client (F), the facility nursing services failed to aggressively monitor and track clients' weights, blood pressure, vital signs and water intake.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 4/5/16 at 12:40 PM. Client B's High Risk Plan (HRP) dated 3/17/16 indicated, "Encourage 8 oz (ounces) of water with each meal and med pass. Note: If [Client B] doesn't drink enough fluids especially water while taking Miralax (Constipation) it may have the opposite effect on him, causing constipation."</p> <p>Client B's Physician's Orders (POs) dated 4/1/16 indicated, "Check weight weekly</p>	W 0331	<p>effective.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically: The facility nurse will be retrained regarding the need to develop risk plans for all relevant medical conditions. Specifically:</i></p> <p>Weekly vital signs and weights had been obtained and turned in to the facility nurse but were not shown to the surveyor during the document review. The facility nurse has been trained regarding the need to reproduce requested documentation to surveyors upon request. Facility staff will be retrained to record weekly vital signs and weights on the</p>	05/12/2016

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	<p>call nurse if 5# (pounds) gain or loss. Check blood pressure weekly at 9 PM call nurse if below 100/60 or above 140/90. Check pulse weekly on Wednesday at 9 PM call nurse if under 60 or over 100. Check respirations weekly at 9 PM call nurse if under 12 or over 20 (sic)." Review of client B's records did not indicate documentation of vital signs, water intake or weight. The review indicated staff had documented their initials only without including the vitals, water intake or weight.</p> <p>2. Client F's record was reviewed on 4/5/16 at 10:30 AM. Client F's Physicians Orders (POs) dated 4/1/16 indicated, "Check weight daily at 9 PM call nurse if 5# gain or loss. Check blood pressure weekly at 9 PM call nurse if below 100/60 or above 140/90. Check pulse weekly on Wednesday at 9 PM call nurse if under 60 or over 100. Check respirations weekly at 9 PM call nurse if under 12 or over 20. Record weights. Encourage 8-10 glasses of water fluid daily (sic)." Review of client F's records did not indicate staff were tracking his vital signs, water intake or weight. The review indicated staff had documented their initials only without including the vitals, water intake or weight.</p> <p>Client F's Emergency Room Discharge</p>		<p>Medication and Treatment Administration record as required along with the documentation charts that are faxed to the nurse weekly. Additionally, staff will be retrained regarding the need to record daily fluid intake on consumption charts for each client.</p> <p>PERVENTION:</p> <p>The facility nurse will conduct weekly documentation audits at the facility which will include but not be limited to assuring vital signs, weights and fluid consumption have been observed and tracked as required and will make recommendations for medical follow-up and modify comprehensive high risk plans when indicated. The nurse will communicate the results of these audits via email to facility supervisory staff and members of the Operations Team, comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Nurse Manager and Training Coordinator, for necessary follow-up.</p> <p>Members of the Operations Team as well as the QIDP will</p>	

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W 0440 Bldg. 00	<p>Statement (ERDS) dated 3/29/16 was reviewed on 4/5/16 at 10:32 AM. The ERDS indicated, "Diagnoses of bilateral edema of the lower extremity, constipation, unspecified constipation, bladder wall thickening."</p> <p>Client F's Quarterly Nutrition Assessment (QNA) was reviewed on 4/5/16 at 10:35 AM. The QNA dated 2/17/16 indicated, "No record of weights found in charts or med book for the past 3 months. Continue a goal of weight down by 3.5 pounds by next review. Record weight for accurate assessment of weight status."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/5/16 at 2:05 PM. LPN #1 indicated, "Numbers should be written on the MAR (Medication Administration Record) to track assessment of clients. If the PO says they need to have water then water should also be tracked."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 4 additional clients (E, F, G and H), the facility failed to conduct evacuation</p>	W 0440	<p>incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director (area manager) will determine the level of ongoing support needed at the facility. These administrative documentation reviews will include review of healthcare records to assure vital signs, weights and fluid consumption records are recorded, monitored by the facility nurse and that appropriate follow-up has occurred.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Health Services Team, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p>The facility must hold evacuation drills at least quarterly for each</p>	05/12/2016

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	<p>drills quarterly for each shift of personnel for the morning shift.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 4/5/16 at 7:45 AM. The review indicated the facility failed to conduct evacuation drills for clients A, B, C, D, E, F, G and H for the morning shift during the second quarter, April, May, June of 2015.</p> <p>Qualified Intellectual Disability Professional (QIDP) #1 was interviewed on 4/5/16 at 2:15 PM. QIDP #1 indicated there were no additional fire drills. QIDP #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel.</p> <p>9-3-7(a)</p>		<p>shift of personnel. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p>PREVENTION:</p> <p>Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, QIDP Supervisor, Residential Manager, Direct Support Staff, Operations Team</p>		