

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G658	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3335 SANIBEL DR FORT WAYNE, IN 46815
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W000000	<p>This visit was for the post certification revisit (PCR) to the investigation of Complaint #IN00154715 completed on 9/24/14.</p> <p>This visit was in conjunction with the investigation of Complaint #IN00157668.</p> <p>This visit was in conjunction with a PCR completed 9/24/14 to a PCR completed 8/12/14 to the fundamental recertification and state licensure survey completed on 5/16/14.</p> <p>This visit was in conjunction with a PCR completed 9/24/14 to a PCR completed 8/12/14 to a PCR completed on 5/16/14 to the investigation of complaint #IN00145521 completed on 3/21/14.</p> <p>Complaint #IN00154715: Not corrected.</p> <p>Dates of Survey: 1/9/15 and 1/15/15.</p> <p>Facility number: 001195 Provider number: 15G658 AIM number: 100474580</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also</p>	W000000		
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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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W000126	<p>reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/22/15 by Ruth Shackelford, QIDP.</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (client D), the facility failed to allow client D access to his personal funds and to carry pocket money.</p> <p>Findings include: Group home observations were</p>	W000126	<p>The facility will ensure the rights of all clients and allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Client D will have access to spending money of \$5.00 per week initially; this will be reviewed every 30 days. A goal will be written to address the use of his funds to purchase non-caffeinated beverages. The Residential Manager will assure</p>	02/14/2015

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	<p>completed on 1/9/15 from 6:40 AM until 7:40 AM. Client D pulled out his wallet and did not have money to take to work.</p> <p>Client D was interviewed on 1/9/15 at 7:30 AM. He indicated he did not have money in his wallet and stated, "They won't let me carry money." When asked why he was not able to carry money, he stated, "Because they think I'll spend money on pop." When asked if he was OK with not carrying money, he stated, "No."</p> <p>Client D's record was reviewed on 1/9/15 at 2:08 PM. An Interdisciplinary Team Meeting (IDT) dated 9/24/14 regarding client D's "recent AWOL (away without leave) behaviors and caffeine fixation" indicated caffeine free pop would be purchased by the facility for client D's lunch and client D could purchase caffeine free soda which would be secured in the group home's medication administration area. "If [client D] goes AWOL 1 time than he will no longer receive his \$10.00 on Mondays so he will not have money for pop. All of [client D's] gift money goes into a safe. [Client D] has (sic) appt (appointment) w/ (with) nurse practitioner on Oct 6, we will request a No caffeine, limit pop order."</p> <p>A Seizure Disorder plan in the record dated 2/12/14 did not indicate a restriction to caffeine to address client D's seizures.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/9/15 at 3:30 PM. She indicated client D's mother had requested in early December, 2014 that client D not have access to cash due to his excessive consumption of caffeine. She indicated</p>		<p>that he is given the \$5.00 weekly. The QIDP will review finances weekly to assure that he is receiving his money. QIDP will review goals on a monthyl basis. Clinical Supervisor will review ledgers monthly to assure he is receiving spending money per his plan.</p>	

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	<p>client D had been restricted from free access to his spending money for one month and a meeting would be held to determine the status of client D's spending money.</p> <p>Client D's financial records for the group home were reviewed on 1/15/15 at 2:41 PM. Client D received "cash on hand" of \$6.00 on 12/3/14. There was no evidence client D had access to and/or received spending money from 12/3/14 to 1/4/15. Client D had a .13 balance in his account as of 12/28/14 listed on the December, 2014 ledger, and a .13 balance on the January, 2015 listed for 1/4/15.</p> <p>The Director of Supported Group Living was interviewed on 1/15/15 at 2:41 PM. She indicated she was unsure as to why client D had .13 in his account. She stated, "Sometimes we need to request a check."</p> <p>A check request dated 1/7/15 was reviewed on 1/15/15 at 3:30 PM and indicated a request for \$50.00 for personal spending for client D. An attached check dated 1/13/15 indicated an amount of \$50.00 for client D.</p> <p>An IDT (Interdisciplinary Team) meeting dated 12/8/14 was reviewed on 1/15/15 at 3:45 PM and indicated "30 day plan-</p>			

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W000140	<p>[client D] will have two pops per day, one in his lunch and one at dinner. Guardian does not want him to have access to funds. After 30 days IDT will reconvene to evaluate [client D's] progress throughout the 30 days. If [client D] would like to make a purchase, he can ask RM (residential manager)/staff who will take him and make purchase for him so he does not touch money."</p> <p>This deficiency was cited on September 24, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00154715.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete</p>				

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	<p>accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (client B), the facility failed to complete an accurate accounting of his money.</p> <p>Findings include:</p> <p>Client financial records were reviewed on 1/15/15 at 2:41 PM. Client B's ledger for January, 2015 indicated a balance of 686.76 for cash on hand. The money in client B's money bag counted by the Program Manager of Supported Group Living (PDSGL) indicated a balance of 686.56.</p> <p>The PDSGL was interviewed on 1/15/15 at 2:50 PM and indicated client B was supposed to go shopping for clothing. She was unaware of the reason client B's funds did not match the balance listed on the ledger.</p> <p>This deficiency was cited on September 24, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00154715.</p>	W000140	<p>The facility will establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Client B's money has been accounted for. The Residential Manager will reconcile all client funds on a weekly basis. The QIDP will count all client funds weekly to assure they are accurate. Client financial ledgers will be reviewed by the Clinical Supervisor on a monthly basis.</p>	02/14/2015

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