

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  12/21/2012	
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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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 18, 19, 20, and 21, 2012.</p> <p>Provider Number: 15G397 Facility Number: 000911 AIM Number: 100244420</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III/QMRP.</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 3, 2013 by Dotty Walton, Medical Surveyor III.</p>			W0000			

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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W0112	<p><b>483.410(c)(2)</b> <b>CLIENT RECORDS</b> The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation and interview, the facility failed for 1 of 7 clients (client #7) who lived in the home, to ensure his dietary/medical record was kept confidential and not posted on the refrigerator for all to see.</p> <p>Findings include:</p> <p>On 12-18-12 from 3:50 p.m. until 6:00 p.m. an observation at the home of client #7 was conducted. Client #7's initials were posted on a paper on the refrigerator which included foods he should not have and foods he should limit. The Guide to foods high in vitamin K paper posted on the refrigerator indicated Warfarin (Coumadin) was an anticoagulation medication which helped treat and prevent blood clots by diminishing the activity of vitamin K. The paper (no date available) indicated eating large amounts of vitamin K for client #7 could counteract anticoagulation medications.</p> <p>On 12-20-12 at 12:45 p.m. an interview with the clinical supervisor (CS) indicated client #7 had a blood clot and was on Coumadin therapy. The CS indicated</p>	W0112	<p><b>CORRECTION:</b> <i>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</i> Specifically, private medical/dietary information for Client#7 is no longer posted in plain view in the home.</p> <p><b>PREVENTION:</b> Professional staff will be trained regarding the need to protect the confidentiality of individuals residing at the facility. Members of the Operations and Quality Assurance Teams will perform visual observations of the home no less than monthly to assure that confidentiality is maintained.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDP, Team Lead, Support Associates, Quality Assurance Team, Operations Team</p>	01/20/2013	

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	<p>client #7's initials were posted in the home with specific foods to avoid and it should be in a more private area.</p> <p>9-3-1(a)</p>			

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W0210	<p><b>483.440(c)(3)</b> <b>INDIVIDUAL PROGRAM PLAN</b> Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure he had an Individualized Support Plan (ISP), dietary assessment, vocational assessment, comprehensive functional assessment (CFA) and a sensorimotor assessment completed within 30 days of admission.</p> <p>Findings include:</p> <p>On 12-20-12 at 11:15 a.m. a record review for client #3 was conducted. The client roster dated 12-18-12 indicated client #3 was admitted to the facility on 11-3-12. Client #3 had no ISP, dietary, vocational, CFA, or physical therapy assessments available for review.</p> <p>On 12-20-12 at 12:15 p.m. an interview with the clinical supervisor (CS) indicated client #3 did not have an ISP completed and available for review. The CS indicated client #3 did not have a CFA, dietary, vocational or physical therapy assessment available for review.</p> <p>On 12 -20-12 at 12:25 p.m. an interview</p>	W0210	<p><b>CORRECTION:</b> <i>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, the team will assure that a Physical Therapy assessment for Client #3 is completed.</i></p> <p><b>PREVENTION:</b> Professional staff will be retrained regarding assessment requirements for new admissions to the facility. The QDDP and Team Lead will be provided with a tracking system to assure that all required assessments are completed within 30 days of admission. Members of the Operations, Quality Assurance and/or Health Services Teams will review assessment data during and after the initial assessment period to assure assessments occur as needed and required.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>	01/20/2013			

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	<p>with the facility nurse indicated there was a miscommunication and client #3 had not received a physical therapy assessment. The facility nurse indicated the dietician only comes every 3 months and client #3's dietary needs had not yet been assessed.</p> <p>9-3-4(a)</p>				

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W0242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4), to ensure he had a toileting goal per his physicians orders (PO) and comprehensive functional assessment (CFA).</p> <p>Findings include:</p> <p>On 12-19-12 at 8:50 a.m. a record review for client #4 was conducted. The PO dated 12-1-12 indicated client #4 had diagnoses which included, but were not limited to, severe mental retardation, obsessive compulsive disorder, urinary incontinence, and insomnia. The CFA dated 3-19-12 indicated client #4 needed assistance with personal hygiene/toileting skills. The Individualized Support Plan did not include an objective to assist client #4 with his urinary incontinency.</p> <p>On 12-20-12 at 12:45 p.m., an interview with the clinical supervisor indicated</p>	W0242	<p><b>CORRECTION:</b></p> <p><i>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Specifically, the interdisciplinary team will develop a measurable toileting objective for Client #4</i></p> <p><b>PREVENTION:</b></p> <p>The QDDPD will receive training on the need to develop appropriate training programs for assessed needs. The Operations and Quality Assurance Teams will conduct active treatment observations and review assessment and support documents on an ongoing basis but no less than monthly to assure training programs meet the needs of all clients.</p> <p><b>RESPONSIBLE PARTIES:</b></p>	01/20/2013			

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	client #4 had a goal to wash his hands but did not have a toileting goal to assist him with his skill deficits.  9-3-4(a)		QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team		

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2, and #4), to ensure their medication administration objectives were implemented per their Individualized Support Plans (ISP) and 1 additional client (client #6), to ensure his Behavior Support Plan was implemented as written.</p> <p>Findings include:</p> <p>1. On 12-19-12 from 6:30 a.m. until 8:00 a.m., an observation at the home of clients #1, #2, and #4 was conducted. At 6:42 a.m. client #2 was administered his Advair inhaler for asthma, fluticasone propionate spray for allergic rhinitis, and omeprazole for acid reflux. Direct care staff (DCS) #8 punched client #2's medications for him and did not prompt him to state why he took his omeprazole. At 6:45 a.m. client #1 was administered his Lorazepam (benzodiazepine used for seizures or anxiety), Lamotrigine (anticonvulsant), Quetiapine (atypical</p>	W0249	<p><b>CORRECTION:</b></p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</i></p> <p>Specifically, direct support staff will be retrained on implementation of Client #1, #2 and #4's medication education objectives and staff will be retrained regarding proper implementation of Client #6's reactive behavior intervention strategies.</p> <p><b>PREVENTION:</b></p> <p>Supervisory staff will monitor active treatment on all shifts no less than weekly to assure staff implement medication education objectives and implement behavior supports as written in each client's plan. Additionally, members of the Operations and Quality Assurance Teams will</p>	01/20/2013			

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	<p>antipsychotic), Ranitidine (stomach acid), Trazodone (tetracyclic antidepressant), Abilify ( atypical antipsychotic), and Polyethylene Glycol Powder (for constipation), DCS #8 did not know the purpose of the medications client #1 was administered according to interviews during the medication administrtation. DCS #8 punched the medications from the bubble packs, measured the Glycol Powder, and did not prompt client #1 to identify the side effects of his Trazodone. At 6:50 a.m. client #4 was administered his child chew vitamin supplement, atenolol (atrial fibrillation/reason unknown per DCS #8), diltiazem for atrial fibrillation, docusate sodium for constipation, fluvoxamine for depression, and risperidone for depression. DCS #8 did not prompt client #4 to state the name of his psychotropic medication risperidone.</p> <p>On 12-19-12 at 9:30 a.m. a record review for client #1 was conducted. The ISP dated 9-9-12 indicated client #1 had a medication administration goal to identify the side effects of his Trazodone.</p> <p>On 12-20-12 at 11:15 a.m. a record review for client #2 was conducted. The ISP dated 8-24-12 indicated client #2 had a medication administration goal to state the reason why he took his Omeprazole.</p>		<p>perform periodic active treatment observations providing coaching and corrective measures as needed. Administrative level audits will occur as needed but no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>				

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	<p>On 12-19-12 at 8:50 a.m. a record review for client #4 was conducted. The ISP dated 4-9-12 indicated client #4 had a medication administration goal to state the name of his psychotropic medication Risperdal.</p> <p>On 12-20-12 at 12:45 p.m. an interview with the clinical supervisor indicated medication administration goals should be implemented at all times and staff had been trained to implement the goals.</p> <p>2. On 12-18-12 at 11:30 a.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The BDDS reports indicated the following:</p> <p>-A BDDS report dated 11-4-12 for client #6 indicated he had behaviors including property destruction which resulted in direct care staff #15 using an unapproved hold on client #6. The unapproved hold caused client #6 to use his head and face to try to push away from DCS #15 which caused client #6 to have a reddish area on the right side of his face. The investigation dated 11-5-12 indicated DCS #15 placed his arms around client #6's arms while they were at his sides and attempted to move client #6 into a sitting position. Client #6 struggled as he was</p>			
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	<p>being held and his face was against the floor. The conclusion for the investigation indicated DCS #15 used an unapproved physical restraint when intervening with client #6's alleged physical aggression.</p> <p>On 12-20-12 at 11:30 p.m. a record review for client #6 was conducted. The Behavioral Support Plan dated 4-19-12 for client #6 did not indicate when he was physically aggressive for staff to wrap their arms around him but to use blocks and maintain a safe distance between yourself and client #6.</p> <p>On 12-20-12 at 12:45 p.m. an interview with the clinical supervisor (CS) indicated dcs #15 did not follow client #6's behavior support plan when client #6 became physically aggressive. The CS indicated client #6's behavior support plan should be implemented as written.</p> <p>9-3-4(a)</p>				

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W0261	<p><b>483.440(f)(3)</b> <b>PROGRAM MONITORING &amp; CHANGE</b> The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based on record review and interview, the facility failed for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) to ensure the specially constituted committee included a parent/guardian.</p> <p>Findings include:</p> <p>On 12-18-12 at 12:00 p.m. a record review of the Human Rights Committee Roster was conducted. The review indicated there was no family/guardian member on the committee.</p> <p>On 12-20-12 at 12:45 p.m. an interview with the clinical supervisor (CS) indicated there was not a parent/guardian on the committee.</p> <p>On 12-21-12 at 1:00 p.m. an interview with the Quality Assurance Manager indicated the guardian/parent had passed away and they had never replaced her. The QAM indicated there was currently no parent/guardian serving on the</p>	W0261	<p><b>CORRECTION:</b> <i>The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Specifically, the agency will appoint at least one parent or guardian to the Human Rights Committee.</i></p> <p><b>PREVENTION:</b> The Quality Assurance Manager will review the Human Rights Committee roster as needed but no less than quarterly to assure the committee is comprised of appropriate members.</p> <p><b>RESPONSIBLE PARTIES:</b> QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>	01/20/2013			

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