

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2011
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN46227
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W0000	This visit was for a fundamental annual recertification and state licensure survey. Survey dates: 11/14/11, 11/15/11, 11/16/11, 11/17/11 and 11/18/11. Facility Number: 000927 Provider Number: 15G413 AIMS Number: 10024440 Surveyor: Keith Briner, Medical Surveyor III	W0000		
W0249	These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-1-11 by C. Neary, Program Coordinator. 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. Based on observation, record review and interview for 1 of 3 sampled clients (#3) plus one additional client (#6), the facility failed to ensure facility staff implemented the clients' training objectives during formal and informal training opportunities. Findings include:	W0249	CORRECTION: <i>As soon as the interdisciplinary team has formulated the 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</i>	12/18/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Observations were conducted at the group home on 11/15/11 from 5:45 AM through 8:15 AM. At 5:55 AM client #3 was prompted by staff #1 to come to the medication administration area. Client #3 reported to the medication administration area and sat down. Staff #1 proceeded to administer client #3's morning medications. Staff #1 did not prompt or encourage client #3 to participate in the medication administration or offer training regarding client #3's medication regime. At 6:15 AM client #6 was prompted by staff #1 to come to the medication administration area. Client #6 reported to the medication administration area and sat down. Staff #1 proceeded to administer client #6's morning medications. Staff #1 did not prompt or encourage client #6 to participate in his medication administration or offer training regarding client #6's medication regime.</p> <p>Client #3's record was reviewed on 11/15/11 at 11:14 AM. Client #3's ISP (Individual Support Plan) dated 9/16/11 indicated client #3 was not independent in medication administration and required additional training and supports.</p> <p>Client #6's ISP dated 2/14/11 was reviewed on 11/18/11 at 9:30 AM. Client</p>		<p><i>program plan.</i> Specifically for clients #3 and #6, all staff have been retrained on the need to implement learning objectives per the implementation schedule, including but not limited to medication education objectives. PREVENTION: Professional staff will provide on the job role model training to direct support staff to assure expectations of continuous active treatment are met. On an ongoing basis, members of the Operations Team will complete periodic observations of active treatment sessions to assure continuous active treatment occurs including but not limited to during the administration of medication. Operations Team members will also provide supplemental staff training as needed. Responsible Parties: QDDPD, Support Associates, Operations Team</p>	

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W0436	<p>#6's ISP indicated client #6 was not independent in medication administration and required additional training and supports.</p> <p>Interview with staff #1 on 11/15/11 at 7:30 AM indicated client #3 and client #6 had medication training objectives. Staff #1 indicated clients should be trained regarding their medication administration.</p> <p>Interview with administrative staff #1 on 11/15/11 at 10:40 AM indicated staff should train clients at every available opportunity. Administrative staff #1 indicated formal and informal training should be occurring during medication administration times.</p> <p>9-3-4(a) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 5 clients with adaptive equipment, the facility failed to ensure client #3 had prescription eyeglasses.</p> <p>Findings include: Observations were conducted at the group</p>	W0436	<p>CORRECTION: <i>The facility must furnish, maintain in good repair and teach clients to use and make informed choices about the use of dentures, eyeglasses hearing and other communication aids, braces and other devices identified by the interdisciplinary team as needed by the client. Specifically for client #3,new</i></p>	12/18/2011			

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	<p>home on 11/14/11 from 5:15 PM through 6:15 PM. At 5:15 PM client #3 was seated in the group home living room watching television. At 5:35 PM client #3 exited the living room area and joined his peers to participate in family style dinning. Client #3 was observed not wearing eyeglasses during the observation period.</p> <p>Observations were conducted at the group home on 11/15/11 from 5:45 AM through 8:15 AM. Client #3 was observed in the group home throughout the observation period. Client #3 was observed not wearing eyeglasses.</p> <p>Client #3's record was reviewed on 11/15/11 at 11:14 AM. Client #3's Vision Progress Summary Form dated 10/14/11 indicated a prescription/recommendation of eyeglasses for use during activities and watching television.</p> <p>Interview with Administrative staff #2 on 11/16/11 at 12:45 PM indicated client #3 did not have a pair of eyeglasses. Administrative staff #2 indicated client #3 should have a pair of eyeglasses available for use as recommended.</p> <p>9-3-7(a)</p>		<p>eyeglasses will be purchased. PREVENTION: Professional staff will be retrained regarding the need to assure broken or lost adaptive equipment is replaced in a timely manner. Members of the Operations Team will review medical appointment documentation and adaptive equipment cleaning documentation to assure all recommended adaptive equipment is in place. Responsible Parties:QDDPD, Support Associates, Operations Team</p>		