STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G565	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	5011 ALLISONVILLE RD INDIANAPOLIS, IN 46205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for the post certification revisit (PCR) to the extended annual recertification and state licensure survey completed on 6/13/13. Dates of Survey: 7/31/13 and 8/1/13 Facility Number: 001079 Provider Number: 15G565 AIMS Number: 100245500 Surveyor: Keith Briner, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/9/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure clients #2 and #4's ISPs (Individual Support Plans)/ BSPs (Behavior Support Plans) included the needed supports and services regarding how staff was to assist the clients during transportation. The QIDP failed to ensure client #4's CFA (Comprehensive Functional Assessment) was reviewed annually. The QIDP failed to ensure client #4's ISP was reviewed annually. Findings include: 1. The QIDP failed to ensure clients #2 and #4's ISPs/ BSPs included the needed supports and services regarding how staff was to assist the clients during transportation. Please see W240. 2. The QIDP failed to ensure client #4's CFA (Comprehensive Functional Assessment) was reviewed annually. Please see W259. 3. The QIDP failed to ensure client #4's	W000159	**CORRECTION:** ***Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.*** **Specifically, the QIDP will receive additional training to improve integration, coordination, and monitoring of Client #1 - #6's active treatment programs. The training will focus on: 1. The need to incorporate interdisciplinary team decisions into formal support documents including but not limited to Behavior Support Plans 2. Assuring that Comprehensive Functional Assessments are updated no less than annually. 3. Assuring that Individual Support Plans are updated no less than annually.** **PREVENTION: Members of the Operations Team will conduct twice monthly audits of facility support documents and conduct active treatment observations for the next 90 days. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the**	08/31/2013

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	ISP was reviewed annually. Please see W260. This deficiency was cited on 6/13/13. The facility failed to implement a systemic plan of correction to prevent reoccurrence. 9-3-3(a)		**administrative presence in the home to no less than monthly observations designed to assure that the QIDP integrates, coordinates and monitors, the active treatment program effectively. Administrative staff will provide guidance, mentorship and corrective measures as needed. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team**	

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W000240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure clients #2 and #4's ISPs (Individual Support Plans)/BSPs (Behavior Support Plans) included needed supports and services regarding how staff was to assist the clients during transportation. Findings include: 1. The facility's IRs (Incident Reports), BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/31/13 at 1:15 PM. The review indicated the following: --BDDS report dated 3/12/13 indicated on 3/11/13, "[Client #2] was upset when [CS #1 (Clinical Supervisor)] picked her upon (sic) from [client #2's] [day service provider], [client #2] started yelling and screaming on the van. Upon arrival at [client #7's] [day service provider] [client #2] started yelling again. Housemate [client #7] got on the van [client #2] started yelling at [client #7] (sic) [CS #1] observed [client #2] hit and kick [client #7] on the left leg. [CS #1] immediately	W000240	CORRECTION: The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, the Clinical Supervisor responsible for Quality Assurance will provide the QIDP with hands-on assistance to assure that programs developed to provide appropriate supports for staff to assist Client #2 and Client #4 during transportation are incorporated into the Behavior Support Plans. Staff will be trained on proper implementation of these strategies. PREVENTION: The Clinical Supervisor Responsible for Quality Assurance will provide QIDP with training and assistance to assure IDT decisions are developed into formal support documents. Members of the Operations Assurance Team will continue conduct active treatment observations, including spot checks at the onset and end of daily transport from various locations for the next 30 days and twice monthly for an additional 30 days. ADDENDUM: Spot Checks will occur weekly for the next 30 days. After two months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing	08/31/2013

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	pulled the van over and rearranged [client #2] seat (sic) away from [client #7]. [Client #2] became upset again trying to kick and hit [client #7] (sic) [CS #1] gentle blocked (sic) the kick from [client #2] trying to kick [client #7]. [CS #1] attempted to drive but [client #2] kept getting out of her seating (sic) trying to hit and kick [client #7]." -BDDS report dated 4/17/13 indicated on 4/16/13, "[Client #2] got upset while riding on the van to day program because one of her housemates was not going to the day program. [Client #2] started yelling and screaming then took her frustration out on [client #7] by hitting her on top of her helmet." -BDDS report dated 5/3/13 indicated on 4/29/13, "[Client #2] was upset, yelling and screaming and before staff could redirect hit housemate [client #7] on top of her helmet." -BDDS report dated 5/8/13 indicated on 5/7/13, "Staff was assisting [client #7] onto the van. [Client #2] without displaying precursor behavior starting (sic) yelling, screaming and calling housemates [client #7] unprofessional names then hit her on the top of her helmet."		gradually the administrative presence in the home to no less than monthly observations designed to assure that assure training programs and interventions are in place to support health, safety and dignity. These observations will include interviews with direct support staff to assess and address as needed competency and knowledge of updated behavior supports. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	-BDDS report dated 5/15/13 indicated on 5/13/13, "As staff was picking up [client #2] (sic) was yelling and screaming she did not want to go. Workshop staff assisted [client #2] onto the van, [client #2] became aggressive toward other housemates by swinging at them but did not make actual contact. Staff attempted to drive off but [client #2] was still yelling and screaming and hitting on the van window, that staff (sic) stopped the van. For the safety of [client #2] day service staff assisted [client #2] off the van then called [CS #1] to transport [client #2] home." -IR dated 5/17/13 indicated, "As [staff #7] was assisting [client #7] onto the van at [day services] [client #2] reached up and hit [client #7] on top of her head." Client #2's record was reviewed on 8/1/13 at 9:33 AM. Client #2's PN's dated 3/1/13 through 7/31/13 indicated the following: -PN (Progress Note) dated 3/31/13 indicated, "[Client #2] also went over to the [group home] to have dinner. On our way going [client #2] tried to jump out of the van and staff immediately pull over and talk to her." -PN dated 4/16/13 indicated, "[Client #2] went on the van ride for transport. [Client			

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	#2] hit another housemate, she didn't go to work." -PN dated 5/16/13 indicated, "[Client #2] began to have a behavior when staff came to pick her up from day service to go to [doctor's] office. [Client #2] got on the van in an uproar. Staff tried redirecting her but she continued to be loud and hitting on consumers and staff. When [client #2] got to [doctor's] office [client #2] was still loud and trying to hit [client #7]. Staff could not calm her down. The [doctor] then refused to see her and denied her of being seen in the near future. When [client #2] and staff returned to the van [client #2] was still in an uproar. [Client #2] then got on the van and reached back and tried to hit [client #7]." Client #2's IDT (Interdisciplinary Team) note dated 5/15/13 recommended client #2 sit in the first/front seat of the van to keep client #2 away from her peers while on the van. Client #2's 5/15/13 IDT note did not indicate discussion or recommendation regarding preventing client #2 being physically aggressive toward the driver of the van or attempts to vacate the van while in motion. Client #2's ISP dated 7/27/12 did not indicate how staff were to address client #2's attempts to vacate the facility van while in			

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	motion. Client #2's 7/27/12 ISP did not indicate how client #2's staff were to arrange client #2's environment while on the facility van during transportation to ensure client #2 did not physically aggress toward the driver of the van or peers. Client #2's BSP dated 7/27/12 did not indicate how staff were to address client #2's attempts to vacate the facility van while in motion. The 7/27/12 BSP did not indicate how staff were to arrange client #'2's environment while on the facility van during transportation to ensure client #2 did not physically aggress toward the driver of the van or peers. 2. The facility's IRs (Incident Reports), BDDS reports and investigations were reviewed on 7/31/13 at 1:15 PM. The review indicated the following: -BDDS report dated 1/4/13 indicated on 1/3/13, "[Client #4] had an outburst while on the van. [Client #4] pinched [FC #1's (Former Client)] thumb, took her fist and was pounding on [client #3's] feet and also hit [client #5's] left leg." -BDDS report dated 3/11/13 indicated on 3/7/13 client #4 was "... upset when she arrived at [day services] to pick up [client #7]. [Staff #2] was trying to lift [client #7's] wheelchair on to van. [Client #4] was yelling profanities at [client #7] and			

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	grabbing at her legs while still on the lift. [Staff #2] did an one person assist as written in BSP (Behavior Support Plan) trying to prevent [client #4] from attacking housemate [client #7]." -BDDS report dated 3/13/13 indicated on 3/12/13, "While riding home from day service without displaying precursor behavior, [client #4] began yelling, using profanity and opening and closing the van door. Staff pulled over and [client #4] exited the vehicle. A passing police car pulled over to assist. [Client #4] attempted to walk into traffic and the police prevented her from doing so. Additional staff arrived to assist but [client #4] remained non-cooperative and refused to get into either vehicle. The police handcuffed [client #4] and she transported via (sic) to emergency room for psychiatric evaluation. [Client #4] was evaluated and released to residential staff with no recommendations. [Client #4] remained agitated but agreed to leave and return home with no further problems." -IR dated 3/22/13 indicated while CS #1 was transporting clients #7 and #4, "[Client #4] was upset from missing a doctor appointment (sic) was screaming and hitting (sic) dashboard. When [CS #1] to on (sic) interstate driving [client #4] was grabbing at steering wheel and			

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	attempting to change gears. As soon as possible [CS #1] pulled over on shoulder for safety. [CS #1] finally got [client #4] calmed down and finished transport." -IR dated 5/23/13 indicated, "[Client #4] was upset because she didn't want to go on the PM transport. [Client #4] began coloring on herself with her markers and when staff tried to take her markers she began throwing them. [Client #5] asked [client #4] to stop throwing her markers and [client #4] threw the markers at [client #5's] face. [Client #5] then threw her phone at (sic) back at [client #4]." Client #4's record was reviewed on 8/1/13 at 9:46 AM. Client #4's PN's from 5/1/13 through 7/31/13 were reviewed. Client #4's PN's indicated the following: -5/13/13, "[Client #4] had behavior on the van during morning transportation. [Client #4] began saying [client #1] was looking (sic) staring at her and [client #7's] head was turned in the opposite direction. [Client #4] then began to kick and pull on [client #7's] wheelchair. [Staff #8] called [CS #1 (Clinical Supervisor] and was able to calm [client #4] down." -5/13/13, "[Client #4] had another behavior today when [staff #8] took [client #6] another consumer to dental			

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	appointment. For no apparent reason [client #4] fell out on the floor in the middle of the doctor office. [Client #4] wouldn't tell staff what was wrong. [Client #4] just continued to kick, scream and bang her head on the wall. Doctor's office employee helped out to calm [client #4] down but the issue wasn't resolved until security came." -5/21/13, "[Client #4] began to have a behavior about her boyfriend. [Boyfriend] and [client #4] have broken up and she just happened to see him in passing at [day service] when [boyfriend] walked by the van without speaking to her she fell out of her seat and began to have a behavior saying [expletive] this and [expletive] him." -5/21/13, "[Client #4] went on the PM transport and had a behavior because she wanted to call her mom. [Client #4] took her seatbelt off and laid on the floor of the van. [Staff #8] had to pull over until the [RM #1 (Resident Manager)] came and removed [client #4] from the van." Client #4's ISP dated 7/1/12 did not indicate how staff were to address client #4's attempts to vacate the facility van while in motion. The 7/1/12 ISP did not indicate how staff were to arrange client #4's environment while on the facility van			

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	during transportation to ensure client #4 did not attack the driver of the van or peers. Client #4's BSP dated 7/1/12 did not indicate how staff were to address client #4's attempts to vacate the facility van while in motion. The 7/1/12 BSP did not indicate how staff were to arrange client #4's environment while on the facility van during transportation to ensure client #4 did not attack the driver of the van or peers. QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed on 8/1/13 at 10:10 AM. QIDP #1 indicated client #2's BSP and ISP should be updated to include the 5/15/13 IDT recommendations, as well as, address client #2's attempts to vacate and aggression toward the driver of the van. QIDP #1 indicated client #4's IDT had met and recommended client #4 only be transported with 2 staff present and seated away from peers. QIDP #1 indicated client #4's ISP/BSP should be updated to include the IDT (unknown date) recommendations for client #4 while in the facility van. This deficiency was cited on 6/13/13. The facility failed to implement a systemic plan of correction to prevent reoccurrence.			

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W000259	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's CFA (Comprehensive Functional Assessment) was reviewed annually. Findings include: Client #4's record was reviewed on 8/1/13 at 9:46 AM. Client #4's CFA was dated 6/26/12. Client #4's record did not indicate documentation of an annual review of client #4's 6/26/12 CFA. Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 8/1/13 at 10:10 AM indicated client #4's CFA had not been updated/reviewed since 6/26/12. QIDP #1 indicated client #4's CFA should be reviewed/updated annually. 9-3-4(a)	W000259	**CORRECTION:** *At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.* Specifically, the team has completed an updated Comprehensive Consent Assessments for Client #4. **PREVENTION:** Professional staff will be retrained regarding the need to include an annually updated Comprehensive Functional Assessment included in each individual's record. Members of the Operations Team will review assessment data during routine visits to the facility which will occur no less than monthly as part of the agency's formal internal audit process. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	08/31/2013

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W000260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's ISP (Individual Support Plan) was reviewed annually. Findings include: Client #4's record was reviewed on 8/1/13 at 9:46 AM. Client #4's ISP was dated 7/1/12. Client #4's record did not indicate documentation of an annual review of client #4's 7/1/12 ISP Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 8/1/13 at 10:10 AM indicated client #4's ISP had not been updated/reviewed since 7/1/12. QIDP #1 indicated client #4's ISP should be reviewed/updated annually. 9-3-4(a)	W000260	**CORRECTION:** *At least annually, the individual program plan must be revised, as appropriate.* Specifically, Cliwent #4's ISPs will be revised. **PREVENTION:** The QIDP has been retrained regarding the fact that Individual Support Plans need to be modified no less than annually. Members of the Operations Team will monitor facility support documents as needed but no less than monthly to assure all ISPs are current. The Program Manager has developed a system to track quarterly and annual meeting due dates and will provide follow-up and oversight to assure updates occur as scheduled. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	08/31/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G565	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/01/2013

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W000331	483.460(c) NURSING SERVICES 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 (#3), the facility failed to ensure nursing services met the needs of client #3 in regard to rectal health. Findings include: The facility's IRs (Incident Reports), BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/31/13 at 1:15 PM. The review indicated the following: -IR dated 7/26/13 indicated, "On 7/26/13 at 11:15 AM [staff #1] notified [PM (Program Manager) #1] that consumer [client #3] had just had a bowel movement and that it was of small, pebble like consistency. [Staff #1] also stated [client #3] has a mass slightly larger than a golf ball protruding form her rectum." The 7/26/13 IR indicated the facility nurse was notified of client #3's rectal mass. The 7/26/13 IR indicated the facility nurse's instructions were, "Consumer [client #3] has a history of hemorrhoids. No bleeding present. Staff can leave it alone or gently push it back in."	W000331	CORRECTION: The facility must provide clients with nursing services in accordance with their needs. Specifically, Client #4 has been referred to a proctologist and the nursing team will use the doctor's recommendations to develop a comprehensive plan that addresses Client #3's rectal health. ADEDENDUM: The governing body has hired a new manager to oversee nursing services. The Nurse Manager will review all incident reports and medical documentation from the facility for the next 90 days, providing coaching and hands-on oversight s necessary to assure that all clients' medical needs are addressed as appropriate. PREVENTION: Staff will be retrained regarding the need to communicate medical concerns to nursing staff as they arise and to complete appropriate documentation to assure the medical needs are detected and addressed in a timely manner. The nursing team will conduct weekly round table meetings to review current and emerging medical needs for all individuals receiving supports and the Nurse Manager has developed a checklist for all nursing staff to improve monitoring and follow-up. Members of the Operations Team including the Nurse Manager will	08/31/2013

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	Client #3's record was reviewed on 8/1/13 at 8:55 AM. Client #3's QNAs (Quarterly Nursing Assessments) dated 1/1/12 through 12/31/12 did not indicate documentation of client #3 having had hemorrhoids or protruding masses from her rectum. Client #3's QNA dated 1/1/13 through 7/31/13 did not indicate documentation of client #3 having had hemorrhoids or protruding masses from her rectum. Client #3's PO (Physicians Order) forms dated 6/19/13 did not include hemorrhoids as a diagnosis for client #3. Client #3's HSA (Health Supports Addendum) dated 3/29/13 indicated, "[Client #3] is not developmentally capable of expressing the signs and symptoms of injury and illness in an adaptive manner that can be understood easily by others. Staff must monitor her closely in the event that she is injured or sick and does not realize it." Client #3's record did not indicate documentation of a nursing assessment regarding the 7/27/13 "mass slightly larger than a golf ball protruding from her rectum." Client #3's record did not indicate documentation of a nursing care plan to assess if client #3 was in pain, how staff were to monitor client #3's rectal/anal area, when to notify nursing staff of changes in client #3's rectal area or comfort measures for pain.		review medical charts and incident documentation on an ongoing basis, conducting on-site audits no less than monthly to assure all clients receive an appropriate level of care. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Nursing Team	

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	Nurse #1 was interviewed on 8/1/13 at 10:22 AM. Nurse #1 indicated she had received the 7/27/13 report regarding client #3's rectal protrusion. Nurse #1 stated, "[Client #3] has a history of hemorrhoids." Nurse #1 indicated she had not completed an assessment of client #3's rectal protrusion. Nurse #1 indicated she had not developed a care plan regarding how staff should monitor client #3 for hemorrhoids or rectal protrusions. Nurse #1 indicated client #3 had not been offered suppositories, creams or sitz baths or other nursing measures for pain management regarding hemorrhoids or rectal protrusions. Nurse #1 stated she had not trained facility staff regarding how to "push back in" a rectal mass. 9-3-6(a)			