

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2012	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025			
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: September 4, 5, 6 and 7, 2012.</p> <p>Facility Number: 000835 Provider Number: 15G317 AIM Number: 100243660</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 9/11/12 by Tim Shebel, 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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 11 incident/investigative reports reviewed affecting clients #4 and #6, the facility neglected to implement its policies and procedures to prevent client to client abuse and conduct thorough investigations.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/4/12 at 12:32 PM.</p> <p>1. On 3/31/12 at 4:45 PM, former client #8 entered the kitchen and struck client #6 on the face and arm. Client #6 called the police and client #8 was arrested on a probation violation.</p> <p>2. On 5/28/12 at 8:00 PM, the Clinical Supervisor (CS) received a call from client #5's mother, alleging while on the phone with client #5 she overheard staff #7 yelling and cussing at client #6. Client #5's mother indicated staff #7 stated, "You're stupid and I said to shut the fu-- up and go to your room." The facility did not substantiate verbal abuse. The investigation indicated, "Investigation was completed with witness statements</p>	W0149	<p>W149: Facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of clients.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Quality Assurance department, Operations Manager-East have been inserviced on completing a through investigation, including investigating allegations that are received during client interviews (Attachment A). Staff will continue to receive monthly and Annual training on client Behavior Support Plans, Abuse and Neglect (Attachment B). <p>How we will identify others:</p> <p>Executive Director will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical</p>	09/20/2012			

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	<p>revealing that there was no corroboration that staff was verbally abusive. Witness statements further reveal that staff was loud but not rude or abusive, staff was loud in an attempt to override [client #6's] screaming so that [client #6] could hear staff. Witness statements further revealed that [client #6] was screaming and yelling during this time.</p> <p>During the investigation, client #5 indicated staff #7 told client #6 to "shut the fu-- up" a couple of times and "yelled at her for at least a good 30 minutes." Client #5 also indicated an hour later staff #7 "yelled at her again for about an hour."</p> <p>During the investigation, client #6 indicated staff #7 told her, "she wishes she could kill me if I was on the street or she got fired. I don't like [staff #7]. She really scares me a lot. She is hateful, mean and disrespectful and I don't want her around me."</p> <p>During the investigation, client #3 indicated, "...they (the staff) call her a dumb blonde, that's what they call her when they are fed up with her...". Client #3 indicated, "They call her a dumb blonde right to her face...". Client #3 indicated she heard staff #3 say this to client #6 one time. The facility did not investigate client #3's allegations of</p>		<p>Supervisors will review client on client aggression to ensure that BSP has been followed and all safeguards have been implemented.</p> <p>Measures to be put in place: Investigation Committee will review all investigations to ensure that the circumstances of incident, including interventions, BSP implementation, and client safeguards were implemented, and that all allegations have been investigated. Abuse/Neglect training will continue to be performed monthly and annually.</p> <p>Monitoring of Corrective Action: Operations Manager will review monthly staff meeting agendas to ensure that training is being documented. Executive Director will review all investigations, including witness statements to ensure that all allegations have been investigated.</p>				

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	<p>verbal abuse by staff #3.</p> <p>During the investigation, Client #1 indicated she heard someone (indicated she was not sure which staff) tell client #6 to "shut up." Client #1 indicated, "... [client #6] don't (sic) listen to the staff usually they have to push her on her back to get her to go to her room, half the staff not all of them. They (the staff) also will hold the door to keep her in her room...". Client #1's allegation of staff pushing client #6 to her room and holding the door closed was not investigated.</p> <p>3. On 8/7/12 at 6:45 AM, client #4's sister arrived to the group home to take her to an appointment. Client #4 had two appointments and her sister wanted to take her to both appointments. Client #4 complained, as soon as her sister arrived, of vomiting through the night; client #4 had not indicated there were any issues until her sister arrived. Third shift staff (staff #5) assured client #4's sister client #4 had not vomited at night. Staff #5 indicated client #4 coughed a few times, administered Pepto Bismol at 12:45 AM and then slept through the night. Client #4 and her sister left the group home and then notified the group home at 8:45 AM client #4 was being admitted to the hospital for vomiting. Client #4's sister called again "a few hours later" and</p>		<p>Completion Date: 9-19-2012</p>				

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	<p>reported client #4 had a UTI (urinary tract infection) and that was why she was vomiting. Client #4's sister made a comment that the group home had neglected to do anything for her sister for 30 days of her vomiting. The sister reported that they (hospital) thought she was dehydrated and they administered an IV for fluids. The facility did not conduct an investigation of client #4's allegation of neglect.</p> <p>A review of the facility's Abuse, Neglect, Exploitation Operation Standard, dated 7/18/11, was conducted on 9/4/12 at 12:25 PM. The policy indicated, "CASC (Community Alternatives South Central) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Community Alternatives South Central, local, state and federal guidelines. Although CASC staff are instructed and encouraged to use the internal reporting system outlined below, any staff has the right to contact Adult Protective Services directly, should they suspect abuse/neglect/exploitation/mistreatment.</p>			

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	<p>ResCare strictly prohibits abuse/neglect/exploitation/mistreatment. All employees receive training upon hire regarding definitions/causes of different types of abuse/neglect/exploitation/mistreatment, how to identify abuse/neglect/exploitation/mistreatment, how to report abuse/neglect/exploitation/mistreatment, and what to expect from an investigation. The Executive Director or designee will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse or neglect by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. All investigations will be completed within 5 business days of the reported incident. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome</p>						

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	<p>of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, director of SL or SGL, and a Human Resources representative. After investigation, any allegations that are substantiated as abuse/neglect/exploitation/mistreatment will be reported to ResCare's Critical Incident by a member of the investigative team. A Critical Incident Report will be submitted via website. If the allegation is substantiated, the staff person accused will be terminated from employment. Any staff person who is discovered withholding information about alleged or observed abuse/neglect/exploitation/mistreatment toward an individual will be subject to disciplinary action up to and including suspension or termination. Any individual who has been a victim of substantiated abuse/neglect/exploitation/mistreatment will be offered formal or informal counseling, as determined to be appropriate for the individual by the Interdisciplinary Team."</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 9/4/12 at 2:12 PM. The QAC indicated staff calling client #6 a dumb blonde was</p>			

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	<p>not investigated. The QAC indicated the facility did not investigate the allegation staff held client #6's door shut and client #1 had false allegations in her plan.</p> <p>An interview with the Operations Manager (OM) was conducted on 9/4/12 at 1:57 PM. The OM indicated the facility did not consider client #4's sister's comments as an allegation. The OM indicated client #4 was taken to all of her appointments. The OM indicated the group home (Director of Nursing, OM, group home nurse, Clinical Supervisor and the lead staff) met with the client #4's sister on 8/7/12 to discuss her concerns. The OM indicated it was explained to the sister there were no signs of vomiting, showed her all the doctor's appointment forms and explained everything had been done the way it was supposed to be done. The OM indicated client #4 had not vomited on 8/7/12 prior to her sister arriving. The OM indicated the facility did not conduct an investigation into client #4's sister's allegation of neglect. The OM indicated staff calling client #6 should have been followed up on during the investigation.</p> <p>9-3-2(a)</p>						

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 11 incident/investigative reports reviewed affecting clients #4 and #6, the facility failed to conduct thorough investigations.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 9/4/12 at 12:32 PM.</p> <p>1. On 5/28/12 at 8:00 PM, the Clinical Supervisor (CS) received a call from client #5's mother, alleging while on the phone with client #5 she overheard staff #7 yelling and cussing at client #6. Client #5's mother indicated staff #7 stated, "You're stupid and I said to shut the fu-- up and go to your room." The facility did not substantiated verbal abuse. Staff #7 worked at the facility on 9/4/12 during the evening observations from 3:49 PM to 5:35 PM.</p> <p>During the investigation, client #5 indicated staff #7 told client #6 to "shut the fu-- up" a couple of times and "yelled at her for at least a good 30 minutes." Client #5 also indicated an hour later staff #7 "yelled at her again for about an hour."</p>	W0154	<p>W154: The facility will have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Quality Assurance department, Operations Manager-East have been inserviced on completing a thorough investigation, including investigating allegations that are received during client interviews (Attachment A). Staff will continue to receive monthly and Annual training on client Behavior Support Plans, Abuse and Neglect (Attachment B). <p>How we will identify others:</p> <p>Executive Director will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical Supervisors will review client on client aggression</p>	09/20/2012			

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	<p>During the investigation, client #6 indicated staff #7 told her, "she wishes she could kill me if I was on the street or she got fired. I don't like [staff #7]. She really scares me a lot. She is hateful, mean and disrespectful and I don't want her around me."</p> <p>During the investigation, client #3 indicated, "...they (the staff) call her a dumb blonde, that's what they call her when they are fed up with her...". Client #3 indicated, "They call her a dumb blonde right to her face...". Client #3 indicated she heard staff #3 say this to client #6 one time. The facility did not investigate client #3's allegations of verbal abuse by staff #3.</p> <p>During the investigation, Client #1 indicated she heard someone (indicated she was not sure which staff) tell client #6 to "shut up." Client #1 indicated, "... [client #6] don't (sic) listen to the staff usually they have to push her on her back to get her to go to her room, half the staff not all of them. They (the staff) also will hold the door to keep her in her room...". Client #1's allegation of staff pushing client #6 to her room and holding the door closed was not investigated.</p> <p>2. On 8/7/12 at 6:45 AM, client #4's</p>		<p>to ensure that BSP has been followed and all safeguards have been implemented.</p> <p>Measures to be put in place: Investigation Committee will review all investigations to ensure that the circumstances of incident, including interventions, BSP implementation, and client safeguards were implemented, and that all allegations have been investigated. Abuse/Neglect training will continue to be performed monthly and annually.</p> <p>Monitoring of Corrective Action: Operations Manager will review monthly staff meeting agendas to ensure that training is being documented. Executive Director will review all investigations, including witness statements to ensure that all allegations have been investigated.</p> <p>Completion Date:</p>				

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	<p>sister arrived to the group home to take her to an appointment. Client #4 had two appointments and her sister wanted to take her to both appointments. Client #4 complained, as soon as her sister arrived, of vomiting through the night; client #4 had not indicated there were any issues until her sister arrived. Third shift staff (staff #5) assured client #4's sister client #4 had not vomited at night. Staff #5 indicated client #4 coughed a few times, administered Pepto Bismol at 12:45 AM and then slept through the night. Client #4 and her sister left the group home and then notified the group home at 8:45 AM client #4 was being admitted to the hospital for vomiting. Client #4's sister called again "a few hours later" and reported client #4 had a UTI (urinary tract infection) and that was why she was vomiting. Client #4's sister made a comment that the group home had neglected to do anything for her sister for 30 days of her vomiting. The sister reported that they (hospital) thought she was dehydrated and they administered an IV for fluids. The facility did not conduct an investigation of client #4's allegation of neglect.</p> <p>An interview with the Quality Assurance Coordinator (QAC) was conducted on 9/4/12 at 2:12 PM. The QAC indicated staff calling client #6 a dumb blonde was</p>		9-19-2012	

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	<p>not investigated. The QAC indicated the facility did not investigate the allegation staff held client #6's door shut and client #1 had false allegations in her plan.</p> <p>An interview with the Operations Manager (OM) was conducted on 9/4/12 at 1:57 PM. The OM indicated the facility did not consider client #4's sister's comments as an allegation. The OM indicated client #4 was taken to all of her appointments. The OM indicated the group home (Director of Nursing, OM, group home nurse, Clinical Supervisor and the lead staff) met with the client #4's sister on 8/7/12 to discuss her concerns. The OM indicated it was explained to the sister there were no signs of vomiting, showed her all the doctor's appointment forms and explained everything had been done the way it was supposed to be done. The OM indicated client #4 had not vomited on 8/7/12 prior to her sister arriving. The OM indicated the facility did not conduct an investigation into client #4's sister's allegation of neglect. The OM indicated staff calling client #6 should have been followed up on during the investigation.</p> <p>9-3-2(a)</p>						

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W0198	<p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample (#5), the facility failed to ensure client #5 was in need of and received active treatment services.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/4/12 from 3:49 PM to 5:35 PM and 9/5/12 from 5:50 AM to 7:00 AM. On 9/4/12 at 4:46 PM, client #5 put away her clothes independently and then took a shower independently. After exiting the shower, client #5 independently started washing dishes prior to eating her dinner. During her med pass on 9/5/12 at 6:16 AM, client #5 knew all her medications and their purpose, and was able to identify the physician who prescribed each medication. During an observation at the workshop on 9/5/12 from 8:34 AM to 9:51 AM, client #5 stayed on-task and completed her job of weighing (to ensure appropriate quantity) and packaging boxes of screws independently. Client #5 went to break and returned without issue or delay.</p>	W0198	<p>W198: Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> IDT has been held and Client #5 has been referred to BDDS for alternate placement and 7 month extension is being requested from ISDH to secure appropriate placement (Attachment C). <p>How we will identify others:</p> <p>Clinical Supervisors will review Comprehensive Functional Assessments and ensure that clients are in need of active treatment.</p> <p>Measures to be put in place:</p> <p>Program Manager and Executive Director will review client packets before admission to ensure that clients are in need of active</p>	09/20/2012			

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	<p>On 9/5/12 at 6:38 AM, client #5 asked to speak to the surveyor. Client #5 indicated she wanted to move out of the group home. Client #5 indicated had had gone at least one year without property destruction. Client #5 indicated she knew all her medications, and just had a goal written for her to pass her own 4:00 PM medications. Client #5 indicated she could write her own checks, was trying to find a job with the assistance of a job coach, and just received her driver's license after passing the written and driving tests.</p> <p>On 9/5/12 at 8:48 AM, client #5 asked to speak to the surveyor during observations at the workshop. Client #5 indicated she had alone time in the community with no issues. She indicated she went to the library and the community center and when out shopping, went to get items independently. Client #5 indicated she was able to cook, clean, perform first aid, knew when to call 911, laundry, budget her money (but did not always do so), and worked in the community.</p> <p>On 9/5/12 at 9:33 AM, client #5 asked to speak to the surveyor during observations at the workshop. Client #5 was working independently. Client #5 indicated she knew all her medications, side effects and purpose of her medications. She</p>		<p>treatment and that Level of Care has been received, per BDDS guidelines.</p> <p>Monitoring of Corrective Action: Executive Director will review all proposed placements to ensure that client is need of Active Treatment.</p> <p>Completion Date: 9-19-2012</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2012	
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	<p>indicated she had been working on budgeting her money, bringing back receipts, recognizing first aid care for headache and stomach aches. Client #5 indicated she was able to follow a recipe and double or half the recipe as needed. She indicated she passed her written and driving tests to get her license.</p> <p>A review of client #5's record was conducted on 9/5/12 at 11:53 AM. Her Individual Support Plan (ISP), dated 8/16/12, indicated, "[Client #5] is able to form full, complete sentences and follow conversation. She can follow and understand multiple-step instructions. [Client #5] is able to ambulate independently. [Client #5] received a certificate of completion in the spring of 2008 and is now taking GED (General Education Development) classes. [Client #5] is able to choose leisure activities independently, but requires structure for completing leisure time activities and participating in group activities." Her ISP indicated her strengths as, "[Client #5] has good table manners. [Client #5] is able to toilet independently. Personal hygiene is fair. [Client #5] is ambulatory. [Client #5] dresses herself appropriately and takes care of clothing with little assistance. [Client #5] is able to ride in a vehicle safely. [Client #5] is able to cross the street safely and is aware of possible</p>						

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	dangers. [Client #5] is able to use the phone appropriately. [Client #5] is able to look after personal health (changing wet clothes, etc), knows address. [Client #5] knows dangers of electrical. [Client #5] has no difficulty seeing. [Client #5] has no difficulty with hearing. [Client #5] has good motor development. [Client #5] can go shopping with slight supervision, can go to several shops and specify different items, can endorse her check. [Client #5] has good language development and comprehension. [Client #5] has good social language development. [Client #5] can tell time and has good concept of time, (days of week, month, mornings, afternoons, etc). [Client #5] keeps her room clean with prompting. [Client #5] does well with setting / clearing table. [Client #5] works well, is productive, careful, and accurate. [Client #5] is able to initiate most activities herself. [Client #5] has interest in hobbies. [Client #5] is generally dependable in taking care of belongings and performing activities. [Client #5] takes personal responsibility following instructions, and reporting if a problem arises. [Client #5] is willing to help if asked. Has consideration for others, has awareness for others, and interact and participates with others appropriately. [Client #5] is able to care for menstruation needs independently.						

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	<p>[Client #5] is able to regulate water without assistance. [Client #5] is able to use a key without assistance. [Client #5] responds to fire drill independently. [Client #5] is able to use cleaning substances safely. [Client #5] is able to report to med area, wash hands, getting her own drink, cleaning medication area, and obtaining med cup, capable of placing meds in own mouth swallowing meds, throwing away cup, and returning book to proper place. [Client #5] is able to identify medication by container, and stating what the meds are for. [Client #5] is registered to vote."</p> <p>Client #5's Comprehensive Functional Assessment (CFA), dated 8/16/12, indicated she was able to use a table knife for cutting or spreading, order a complete meal, drink without spilling, toilet independently, can shower independently but requires prompts to do so, brush teeth with prompts, know difference between work and dress shoes, can use washer and dryer without assistance (prompts needed to accomplish and stay on task), completely dress and undress herself including tying her shoes, cross street safely, go to school/work unattended, show awareness of possible dangers, use a telephone book, pay telephone, answer telephone, buy stamps from post office, simple first aid, knows address, where to</p>						

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025			
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	<p>obtain a doctor or dentist assistance, take care of own money with assistance, use banking facilities independently, maintain banking account with assistance, fill out deposit and withdrawal slips, spend money with planning, shopping with slight supervision, carries appropriate identification, can endorse a check, write understandable and complete letters or stories, communicate effectively, read, recognize various signs, count, perform division and multiplication, simple addition and subtraction, tell time, know days of the week, months, years, set table, use microwave, make a complete meal, cook eggs, pancakes, unload dishwasher, use small appliances, stay at workstation, pay attention to purposeful activities for more than 15 minutes, organize leisure time, shows interest in others, and shows consideration for others.</p> <p>An interview with staff #3 was conducted on 9/6/12 at 9:03 AM. Staff #3 indicated client #5 had on-going issues with her hygiene even though she had the skills to complete the tasks independently. Staff #3 indicated this issue had improved over the past 12 months. Staff #3 indicated client #5 had issues with budgeting her money. Staff #3 indicated she thought client #5 would be successful in another setting. Staff #3 indicated client #5 possessed the skills to do most tasks</p>						

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	<p>independently the issue was client #5 doing the tasks. Staff #3 indicated client #5 had been in the community by herself without incident. Staff #3 indicated client #5 had worked in the community previously with support. Staff #3 indicated client #5 used to refuse to go to the workshop however this had improved.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 9/5/12 at 11:00 AM. The CS indicated client #5 was working on cleaning (has the skills but needs reminders), hygiene (improved) and money management. The CS indicated client #5 had issues with wanting to spend all of her money at one time. The CS indicated client #5 could cook independently. The CS indicated client #5 could write checks, knows her medications, purpose and side effects, could read and write, has a driver's license. On 9/6/12 at 10:47 AM, the CS indicated during the past year client #5 had time alone in the community at the library and community center without issue.</p> <p>9-3-4(a)</p>			

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 5 of 7 clients who attended an outside services day program (#1, #2, #3, #4 and #5), the facility failed to ensure the day program had the clients' current program plans.</p> <p>Findings include:</p> <p>A review of the clients' plan at the day program was conducted on 9/5/12 at 9:43 AM.</p> <p>-Client #1: Her Individual Support Plan (ISP) was dated 6/22/10. Her Behavior Support Plan (BSP) was dated June 2010.</p> <p>-Client #2: Her ISP and BSP were dated 6/14/10.</p> <p>-Client #3: There were no plans for review.</p> <p>-Client #4: There were no plans for review.</p> <p>-Client #5: Her ISP and BSP were dated 8/25/10.</p> <p>A review of client #1's record at the group home was conducted on 9/6/12 at 10:35 AM. Her ISP and BSP were dated 6/22/12.</p>	W0248	<p>W248: A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Clinical Supervisor has been inserviced on the Annual ISP receipt form (Attachment D). · Workshop Program Manager has been inserviced on the Annual ISP receipt form (Attachment E). <p>How we will identify others:</p> <p>Workshop ISP's have been reviewed to ensure that all client's current ISP's are at the workshop (Attachment E).</p>	09/20/2012			

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	<p>A review of client #2's record at the group home was conducted on 9/5/12 at 12:34 PM. Her ISP and BSP were dated 6/8/12.</p> <p>A review of client #3's record at the group home was conducted on 9/6/12 at 10:08 AM. Her ISP and BSP were dated 6/19/12.</p> <p>A review of client #4's record at the group home was conducted on 9/6/12 at 9:16 AM. Her ISP was dated 6/19/12 and BSP were dated 5/14/12.</p> <p>A review of client #5's record at the group home was conducted on 9/5/12 at 11:53 AM. Her ISP and BSP were dated 8/16/12.</p> <p>An interview with the Clinicial Supervisor (CS) was conducted on 9/5/12 at 11:24 AM. The CS indicated it was her responsibility to ensure the day program had the current plans. The CS indicated the day program should have the clients current plans.</p> <p>9-3-4(a)</p>		<p>Measures to be put in place: Day Training observation form has been revised to include a random check of client ISP's weekly (Attachment F).</p> <p>Monitoring of Corrective Action: A monthly meeting will be held at workshop and observations will be reviewed including client ISP's. Operations Manager will review workshop observations to ensure that random checks are completed.</p> <p>Completion Date: 9-19-2012</p>				

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025		
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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 4 of 4 clients in the sample (#2, #3, #4 and #5), the facility failed to ensure there was a specific plan of reduction for each psychotropic medication.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 9/5/12 at 12:34 PM. Her Behavior Support Plan (BSP), dated 6/8/12, indicated she took a psychotropic medication (Abilify). The plan of reduction indicated, "When he (sic) has achieved overall objective of 10 episodes per month a medication may be reduced per psychiatrist recommendation, and IDT (interdisciplinary team) consensus." There was no documentation in the BSP or the record indicating the specific amount of reduction to be implemented when the criteria for reduction was achieved.</p> <p>A review of client #3's record was conducted on 9/6/12 at 10:08 AM. Her BSP, dated 6/19/12, indicated she took a</p>	W0312	<p>W312: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Clinical Supervisors have been inserviced on the addition of medication reduction of up to 10% may be implemented per psychiatric recommendation when client has reached their overall objective of reduction of behaviors (Attachment D). <p>How we will identify others:</p> <p>Clinical Supervisors will review medication reduction</p>	09/20/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2012	
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	<p>psychotropic medication (Risperdal). The plan of reduction indicated, "When [client #3] has achieved overall objective of 20 episodes per month, Risperdal may be reduced per psychiatric recommendation and IDT consensus." There was no documentation in the BSP or the record indicating the specific amount of reduction to be implemented when the criteria for reduction was achieved.</p> <p>A review of client #4's record was conducted on 9/6/12 at 9:16 AM. Her BSP, dated 5/14/12, indicated she took a psychotropic medication (Geodon). The plan of reduction indicated, "When [client #4] has achieved overall objective of 30 episodes per month medication may be reduced per psychiatric recommendation and IDT consensus." There was no documentation in the BSP or the record indicating the specific amount of reduction to be implemented when the criteria for reduction was achieved.</p> <p>A review of client #5's record was conducted on 9/5/12 at 11:53 AM. Her BSP, dated 8/16/12, indicated she took psychotropic medications (Saphris, Geodon, and Benztropine). The plan of reduction indicated, "When she has achieved overall objective of 20 episodes per month her Saphris may be reduced per psychiatrist recommendation, IDT</p>		<p>plans to ensure that reductions are included for each medication.</p> <p>Measures to be put in place: Medication Reduction plans will be written to include a reduction of up to 10% after overall objective is reached and with psychiatric consultation and recommendation.</p> <p>Monitoring of Corrective Action: Operations Manager will review medication reduction plans to ensure that reductions are being implemented as needed.</p> <p>Completion Date: 9-19-2012</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025
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	<p>consensus, and Health Care Rep approval." The plan indicated, "When she has achieved overall objective of 20 episodes per month her Benzotropine may be reduced per psychiatrist recommendation, IDT consensus, and Health Care Rep approval." The plan indicated, "When she has achieved overall objective of 20 episodes per month her Geodon may be reduced per psychiatrist recommendation, IDT consensus, and Health Care Rep approval." There was no documentation in the BSP or the record indicating the specific amount of reduction to be implemented when the criteria for reduction was achieved. There was no documentation indicating which medication would be targeted first for reduction.</p> <p>An interview with the Operations Manager (OM) was conducted on 9/7/12 at 12:27 PM. The OM indicated the criteria should indicate the number of episodes and the statement "or less." The OM indicated the amount of reduction would be up to the psychiatrist as well as which medication to target first if the client took more than one medication. The OM indicated the plans did not indicate a specific amount to reduce each medication and which medication to target first (if on multiple psychotropic medications).</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025
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	9-3-5(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2012	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025			
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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 3 of 4 clients in the sample (#2, #3 and #5), the nurse failed to ensure:</p> <p>1) client #3's Colace order was clarified, 2) clients #2 and #3 had quarterly nursing assessments, and 3) client #5's hearing was assessed annually.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 9/5/12 from 5:50 AM to 7:00 AM. At 6:09 AM, client #3 received her medications from staff #1 (Risperidone for depression and Cetirizine for seasonal allergies).</p> <p>A review of client #3's record was conducted on 9/6/12 at 10:08 AM. Her current Physician's Orders, dated 8/26/12, there was a third medication ordered for 7:00 AM administration (Colace for constipation). Client #3's record did not contain the original prescription for the Colace. Discharge Instructions from the hospital, dated 8/7/12, indicated in a handwritten note, not signed, "You may take Colace as needed for constipation." A review of the Medication Administration Record (MAR) for August 2012 indicated Colace was administered</p>	W0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective action: · Nurse Manager has been inserviced on the 6 Rights of Medication Administration, including the length of order, correct transcription (Attachment G). · Nursing Coordinator has been inserviced on policy and procedures, including timely nursing assessments, quarterly reviews, and completion of Annual Physical form, including hearing assessment (Attachment H). How we will identify others: Director of Health Services will review Nursing Coordinators quarterly reviews to ensure that all are completed. Measures to be put in place: A weekly Nursing Coordinator checklist has been implemented (Attachment I)</p> <p>Monitoring of Corrective Action: Nurse Manager, Operations Manager, and Quality Assurance will perform periodic service reviews to ensure that all nursing standards, including quarterly reviews, prescription transcriptions, Annual physical with hearing assessments are completed. Completion Date: 9-19-2012</p>	09/20/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025
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	<p>routinely, twice a day at 7:00 and 8:00 PM, starting on 8/8/12 until 8/31/12. In September 2012, Colace was given twice a day on 9/1, 9/2 and 9/3. On 9/4/12, the medication was administered at 7:00 AM and then the medication stopped. On 9/5/12, the group home staff contacted the pharmacy who filled the medication order to obtain the original prescription. The prescription, dated 8/7/12, indicated Colace 100 milligrams by mouth twice a day. The order did not contain a stop date; there were no refills ordered and the amount prescribed was 60 pills.</p> <p>An interview with staff #3 was conducted on 9/5/12 at 11:00 AM. Staff #3 indicated the Director of Nursing wrote the order on the MAR when client #3 returned from the hospital. Staff #3 indicated she thought the medication was to be given until it ran out since there were no refills ordered.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 9/5/12 at 11:00 AM. The CS initially indicated the Colace was ordered as needed based on her review of client #3's record. The CS indicated the medication should not have been given routinely.</p> <p>An interview with the Director of Nursing (DON) was conducted on 9/6/12 at 9:49</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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(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
	<p>AM. The DON indicated there was no stop order for the medication (Colace). On 9/6/12 at 10:25 AM, the DON indicated she missed putting on the MAR the medication was to be given for 30 days. The DON indicated the staff missed contacting her when the medication ran out. The DON indicated she made a transcription error due to not documenting a stop date. The DON indicated the staff did not give the medication after it ran out and it was not to be given.</p> <p>2) A review of client #2's record was conducted on 9/5/12 at 12:34 PM. Client #2's record contained two nursing quarterlies (conducted on 5/10/12 and 8/6/12) for the past 12 months. There was no documentation indicating additional quarterly reviews were conducted.</p> <p>A review of client #3's record was conducted on 9/6/12 at 10:08 AM. Client #3's record contained one partially completed, not dated, nursing quarterly (client #3 moved into the home on 5/21/12).</p> <p>An interview with the CS was conducted on 9/6/12 at 10:42 AM. The CS indicated nursing quarterlies should be conducted every 3 months and in the record for review.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2012	
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	<p>An interview with the Director of Nursing (DON) was conducted on 9/7/12 at 11:01 AM. The DON indicated there should be one year of quarterlies in the client's record. The DON indicated client #3 was due to a quarterly in August 2012. The DON indicated she was not sure why it was not completed.</p> <p>3) A review of client #5's record was conducted on 9/5/12 at 11:53 AM. Client #5's most recent hearing evaluation was conducted on 6/26/08. The form indicated to return in 5 years. Client #5's record did not contain documentation her hearing had been assessed since 6/26/08. Her most recent physical, dated 8/21/12, did not assess her hearing; the section for hearing was blank.</p> <p>An interview with the CS was conducted on 9/6/12 at 10:46 AM. The CS indicated client #5's hearing should be assessed annually during her physical.</p> <p>An interview with the Director of Nursing (DON) was conducted on 9/7/12 at 11:01 AM. The DON indicated client #5's hearing should be assessed during her annual physical.</p> <p>9-3-6(a)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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