

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/19/2014
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 7, 8, 9, 12 and 19, 2014</p> <p>Facility Number: 000857 Provider Number: 15G341 AIMS Number: 100243690</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/28/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure a full and complete accounting of the clients' funds and expenditures.</p> <p>Findings include:</p>	W000140	<p><b>W 140</b></p> <p><b>CORRECTION:</b> <i>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Specifically, for Clients #1 - #4, personal financial ledgers have been updated by the Residential Manager</i></p>	06/18/2014

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>Client #1's, #2's, #3's and #4's COH (Cash On Hand) ledgers for April 2014 were reviewed with QIDP (Qualified Intellectual Disabilities Professional) #2 on 5/8/14 at 1 PM.</p> <p>The ledgers indicated on 4/30/14: Client #1 had a balance of \$18.07. Client #2 had a balance of \$4.06. Client #3 had a balance of \$13.27. Client #4 had a balance of \$11.49.</p> <p>Client #1's, #2's, #3's and #4's COH for May was reviewed with the RM (Residential Manager) on 5/8/14 at 3 PM. The RM indicated there were no written ledgers for the transactions for May for clients #1, #2, #3 and #4. The RM produced a zippered pouch for each client.</p> <p>Client #1's pouch contained \$19.10, a receipt for a withdrawal from his bank account on 5/2/14 for \$15.00 and receipts for purchases dated May 2014 for \$4.58, \$3.00, \$3.75, \$1.06 and \$1.06. Review of client #1's money and receipts indicated client #1 should have a balance of \$19.62, a difference of \$.52 cents.</p> <p>Client #2's pouch contained \$7.77, a receipt for a withdrawal from his bank account on 5/2/14 for \$20.00 and on 5/7/14 for \$25.00 and receipts for purchases dated May 2014 for \$10.31,</p>		<p>and reviewed by the QIDP and certified as accurate per facility protocol. An audit of facility finances indicated this deficient practice also affected Clients #5 - #8 and their records have been corrected and updated as well. The Residential Manager has received additional training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p><b>PREVENTION:</b> The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team will include audits of client finances as part of an ongoing facility audit process. Operations Team audits will occur on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days to assure the facility provides a full and complete accounting of clients' personal finances. After three months the Operations</p>	

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	<p>\$3.75, \$2.12, \$15.96 and \$1.81. Review of client #2's money and receipts indicated client #2 should have a balance of \$15.11. The RM stated client #2 received \$5.00 "this week" to take to the day program leaving client #2 with a balance of \$10.11, a difference of \$2.34.</p> <p>Client #3's pouch contained \$22.18, a receipt for a withdrawal from his bank account on 5/2/14 for \$10.00 and on 5/7/14 for \$20.00 and receipts for purchases dated May 2014 for \$10.18, \$3.75, \$1.06, \$1.06, \$1.06 and \$1.25. Review of client #3's money and receipts indicated client #3 should have a balance of \$24.91. The RM stated client #3 received \$1.25 "last Thursday and today" to take to the day program leaving client #2 with a balance of \$22.41, a difference of \$.23 cents.</p> <p>Client #4's pouch contained \$17.68, a receipt for a withdrawal from his bank account on 5/2/14 for \$15.00 and receipts for purchases dated May 2014 for \$3.75 and \$1.06. Review of client #4's money and receipts indicated client #4 should have a balance of \$27.87, a difference of \$10.19.</p> <p>During interview with the RM on 5/8/14 at 4 PM, the RM stated she had "I've only been in the home for a week. I haven't</p>		<p>Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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W000154	<p>had time to write it all down."</p> <p>Interview with the CS (Clinical Supervisor) on 5/8/14 at 3 PM indicated the COH ledgers were to be maintained and the balances in the clients' COH should match the amount on the ledgers without discrepancy.</p> <p>9-3-2(a)</p> <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 3 incidents of client to client abuse reviewed, the facility failed to ensure all allegations of client to client abuse were thoroughly investigated for client #6.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 5/8/14 at 11 AM. The facility BDDS (Bureau of Developmental Disabilities Services) records indicated: __ On 12/17/13 client #6 was hit by a peer while at the day program. The investigative record indicated two staff were interviewed. The investigative</p>	W000154	<p><b>CORRECTION:</b> <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, the QIDP will provide retraining to day service supervisory staff on the components of a thorough investigation, specifically that all potential witnesses must be interviewed and all relevant documents reviewed.</i></p> <p><b>PREVENTION:</b> The QIDP will turn in copies of completed investigations, including those conducted by outside services, to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor</p>	06/18/2014

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W000186	<p>record did not include the dialogue of the staff interviews. The investigative record indicated no client interviews.</p> <p>__ On 2/14/14 client #6 was hit by a peer while at the day program. The investigative record indicated two staff were interviewed. The investigative record did not include the dialogue of the staff interviews. The investigative record indicated no client interviews.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/9/14 at 3 PM indicated all client to client allegations of abuse were to be thoroughly investigated. The QIDP indicated the client to client abuse for client #6 happened at the day program and the investigation was conducted by the day program manager.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p>		<p>will follow-up with the QIDP as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Operations Team</p>	

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	<p>Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4) and 2 additional clients (#6 and #7), the facility failed to provide sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/7/14 between 3:55 PM and 6:30 PM, on 5/8/14 between 6 AM and 7:30 AM and on 5/9/14 between 4 PM and 6:30 PM. During all observation periods:</p> <p>__ Client #1 did not self motivate and/or participate in activities without verbal prompting. Client #1 required staff assistance with all ADLS (Adult Daily Living Skills) and 1:1 (one staff to one client) assistance while eating. There were alarms on the front and back doors and on the fire/exit door in client #1's bedroom.</p> <p>__ Client #4 ambulated with a slow unsteady gait while holding onto a wheeled walker, wearing a gait belt and 1:1 hands on assistance.</p> <p>__ Client #6 was a tall thin young man with upper and lower extremity contractures. Client #6 ambulated independently with large awkward steps and quick movements. Client #6 required staff assistance with all of his ADLS and 1:1 assistance while eating. Client #6 did not self motivate and/or participate in activities without verbal and physical prompting from the staff. Client #6 would yell out at times and pound on his chest with his fists. During the evening</p>	W000186	<p><b>CORRECTION:</b> <i>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the operation has determined that the facility was not staffing the home up to its currently budgeted hours. Therefore the facility will hire additional staff to assure that the facility provides appropriate staffing levels on all shifts. Until the staffing shortage is resolved with permanent employees, the governing body is supplying staff from other facilities to fill gaps in the staffing matrix –paying mileage and arranging for overnight accommodations as needed. All fill-in staff receive client-specific training on each individual prior to working a shift at the facility. The QIDP will receive additional training to assure that the facility's staffing matrix includes the utilization of all available staffing resources and submits formal requests for additional budgeted hours as needed.</i></p> <p><b>PREVENTION:</b> The Clinical Supervisor will submit schedule revisions to the Program Manager for approval prior to implementation. Additionally, the governing body has developed Recruitment and Retention Committee comprised of supervisory, administrative and direct support staff to devise</p>	06/18/2014

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	<p>observation period on 5/7/14 client #6 was stopped twice by the staff when reaching for an electric box fan and a fan on a pedestal. The fans were on.</p> <p>__Client #7 wore a padded helmet and sucked his thumb. Client #7 did not self motivate and/or participate in activities without verbal prompting.</p> <p>During the observation period on 5/9/14 there were two staff and eight clients. One staff began the evening medication pass and the other began the evening meal. From 4 PM until time for the evening meal at 6 PM:</p> <p>__Client #1 sat in a recliner in the living room, awake, his head down on his chest and not engaged in any activities.</p> <p>__Client #4 sat at the dining room table with coloring books and crayons on the table in front of him. Client #4 was not coloring or actively using the items in front of him.</p> <p>__Client #6 walked back and forth in the living room and dining room, pounded his chest, made loud noises and sorted through the movies. Client #6 was not engaged in any activities.</p> <p>__Client #7 sat on the couch, walked into the kitchen and dining room a few times and sucked his thumb off and on throughout the observation period. Client #7 was not involved in any activities. During this observation period client #7 scratched his face with his fingernails.</p> <p>__At 6 PM the clients were called to the dining room table for the evening meal. Staff #1 sat down beside client #1 and began helping client #1 to fill his plate. Staff #3 left</p>		<p>strategies for development of a stable employee base at all levels of the operation. The Operations Team will monitor weekly staffing hour reports and a Clinical Supervisor will perform daily checks of facility time and attendance records to assure actual staffing matches the weekly staff schedule for the next 30 days. After one month, the Clinical Supervisor will continue to perform periodic spot checks of attendance records to assure ongoing compliance. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>the table to get client #6's large handle fork. Client #6 picked up the large spoon in the bowl of mashed potatoes and placed a large mound of mashed potatoes on his plate. Staff #3 returned to the dining room, took client #6's plate to the kitchen, dumped the plate and returned with a clean plate. Staff #3 refilled client #3's plate with food and sat down beside client #6 to assist him with his meal. Client #4 filled his own plate and began eating, taking large bites and extra portions.</p> <p>__ At 6:15 PM client #8 was in the kitchen by himself standing at the stove frying eggs. The QIDP (Qualified Intellectual Disabilities Professional) stated, "Here [client #8] why don't you let me help you with those" and took over preparing the eggs for client #8. The QIDP stated client #8 "should be" supervised when using the stove.</p> <p>During interview with the RM (Residential Manager) on 5/7/14 at 3:55 PM, the RM: __ Indicated she was just getting ready to leave for the day leaving two staff to care for the eight clients. __ Stated she "normally" left the group home every evening around 5 PM. __ Stated the group home was short staffed and there were "supposed to be three staff here in the evening, but I'm having to make do with two." __ Indicated she had just started working at the group home on 5/1/14 and was new to the company as well as several other staff.</p> <p>During interview with staff #3 on 5/9/14 at</p>						

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	<p>6:30 PM, staff #3:            __ Stated, "Usually there are three of us (staff) but lately there is only two. It's really hard to watch everyone, give medications and fix supper with only two staff."            __ Indicated clients #1 and #6 required one staff with them throughout their meals because of dining issues.            __ Stated, "We can't turn our back on them (clients #1 and #6) while they are eating or they'll stuff their face."            __ Stated client #4 required staff assistance while eating to make sure he took small bites and slowed down, "but with only two staff, that doesn't always happen."            __ Indicated client #4 required hands on staff assistance whenever he was ambulating due to falls.</p> <p>CI (Confidential Interview) #1:            __ Stated the facility was "under staffed."            __ Indicated the staff would stay at the facility long enough to get trained and then would take a higher paying job at another group home.            __ Indicated the staff are all new and just learning the clients needs.            __ Stated client #1 had a 1:1 staff and "was doing great but he (the staff) left and now he (client #1) just sits there in that recliner and does nothing most of the time. He's lost weight and seems really sad most of the time."            __ Stated client #6 was "like watching a toddler. He is always into something and has to be watched constantly."</p>			
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	<p>During interview with the QIDP on 5/9/14 at 6:15 PM, the QIDP:</p> <p>__ Stated client #8 did not use the stove independently and "the staff should have been watching him."</p> <p>__ Stated she was short one staff, "there's usually three staff in the evening, but I'm down one" and "they're trying to hire more staff."</p> <p>__ Indicated client #4 required staff assistance 1:1 whenever ambulating due to a history of falls and a history of seizures.</p> <p>__ Indicated client #4 required supervision while eating due to dining issues, taking too large of bites and eating too fast.</p> <p>__ Indicated clients #1 and #6 required 1:1 staff supervision whenever eating.</p> <p>__ Stated, "We had a staff that came in from 1 pm to 9 pm and worked just with [client #1] but he left us. [Client #1] has been lost since then."</p> <p>__ Indicated alarms were on the front and back doors and client #1's exit door in his bedroom due to client #1's history of going AWOL (Absent Without Leave).</p> <p>The facility staffing schedules for March, April and May 2014 were reviewed on 5/9/14 at 6:30 PM with the QIDP. The QIDP stated "normal staffing" for the evening shift was three staff plus the RM. The QIDP indicated she has had to work with "only two staff" on the evening shift "several times over the past few weeks."</p> <p>9-3-3(a)</p>			

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W000249	<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, interview and record review for 2 of 4 sample clients (#1 and #4) and 2 additional clients (#6 and #7), the facility failed to ensure the staff implemented the clients' program plans when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/7/14 between 3:55 PM and 6:30 PM, on 5/8/14 between 6 AM and 7:30 AM and on 5/9/14 between 4 PM and 6:30 PM.</p> <p>During all observation periods:          ___ Client #1 did not self motivate and/or participate in activities without verbal and physical prompting from the staff. Client #1 required staff assistance with all ADLS (Adult Daily Living Skills) and 1:1 (one staff to one client) assistance while eating.          ___ Client #4 ambulated with a slow</p>	W000249	<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, all direct support staff will be retrained regarding the need to provide consistent and continuous active treatment for Clients #1 – 7 including but not limited to the need to train toward learning objectives per the implementation schedule and to provide choices of activities in which to participate at frequent intervals.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be expected to observe no less than one morning and one evening active treatment session per week and the Residential Manager will be</p>	06/18/2014
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	<p>unsteady gait while holding onto a wheeled walker, wearing a gait belt and 1:1 hands on assistance from the staff.</p> <p>__ Client #6 was a tall thin young man with upper and lower extremity contractures. Client #6 ambulated independently with large awkward steps and quick movements. Client #6 required staff assistance with all of his ADLS and 1:1 assistance from staff while eating. Client #6 did not self motivate and/or participate in activities without verbal and physical prompting from the staff. Periodically client #6 would yell out and pound his chest with his fists.</p> <p>__ Client #7 wore a padded helmet and sucked his thumb periodically throughout all observation periods. Client #7 did not self motivate and/or participate in activities without verbal prompting.</p> <p>During the observation period on 5/9/14 there were two staff and eight clients.</p> <p>__ At 4 PM one staff began the evening medication pass and the other staff began the evening meal preparation. From 4 PM until 6 PM, except to get up for medications:</p> <p>Client #1 sat in a recliner in the living room, awake, his head down on his chest and not engaged in any activities.</p> <p>Client #4 sat at the dining room table with coloring books and crayons</p>		<p>required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train toward learning objectives per the implementation schedule and provide choices of activities in which to participate at frequent intervals. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days to assure continuous active treatment occurs. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>on the table in front of him. Client #4 was not actively using the items in front of him. The staff did not remove client #4's gait belt while sitting at the table.</p> <p>Client #6 walked back and forth in the living room and dining room, pounded his chest, made loud noises and rummaged through the DVDs on a shelf knocking several onto the floor. Client #6 was not engaged in activities or training objectives during this observation period. The staff did not redirect client #6 when pounding on his chest.</p> <p>Client #7 sat on the couch, walked into the kitchen and dining room a few times and sucked his thumb periodically and scratched his face with his fingernail. Client #7 was not engaged in activities or training objectives during this observation period. The staff did not redirect client #7 when sucking his thumb and/or provide client #7 with leisure time activities and/or choices.</p> <p>__ During the evening meal client #4 took extra portions and large bites of food. Staff #1 and #3 did not redirect client #4 to take smaller bites of food and/or provide training on appropriate size portions while eating his meal.</p>			

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	<p>__ During this time period, the staff were not actively directing client #1's, #4's, #6's and #7's leisure time activities and/or offering training opportunity.</p> <p>The facility's reportable records were reviewed on 5/8/14 at 11 AM. A 6/28/13 Incident/Accident (I/A) report indicated "Dark purple 4 cm (centimeter) x 7 cm bruise was found on [client #4's] left side of belly during his daily shower." The report indicated "It was concluded the cause of the bruise was due to the clasp of his gait belt causing the bruise to his stomach area. Staff are being trained to remove his gait belt once he gets into a comfortable position per High Risk Health Plan instructions."</p> <p>Client #1's record was reviewed on 5/8/14 at 1 PM. Client #1's ISP (Individual Support Plan) of 8/16/13 indicated the following training objectives:</p> <ul style="list-style-type: none"> <li>· To clearly communicate his needs, wants, emotions, feelings and experiences to others using pictures, signs, gestures and words.</li> <li>· To communicate six concept signs to others.</li> <li>· To choose an activity from his picture schedule.</li> <li>· To lay his utensil down between</li> </ul>						

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	<p>bites of food, to pace his bites and to take a drink between bites.</p> <ul style="list-style-type: none"> <li>· To learn pedestrian safety.</li> <li>· To correctly match the coins to buy a pop.</li> <li>· To hold the lid down on the can opener until the lid was released.</li> <li>· To exercise every day for 50 minutes.</li> <li>· To push the correct order of phone numbers on a phone.</li> </ul> <p>Client #4's record was reviewed on 5/8/14 at 4 PM. Client #4's ISP of 7/26/13 indicated the following training objectives:</p> <ul style="list-style-type: none"> <li>· To make eye contact when talking with someone.</li> <li>· To verbally express his wants and needs to others.</li> <li>· To correctly sequence all parts of an activity until completed.</li> <li>· To take small bites while eating.</li> <li>· To spell the name of the town he lives out loud before printing it.</li> <li>· To correctly count nickels and dimes up to \$1.00.</li> <li>· To participate in a chosen meal prep task.</li> <li>· To complete his laundry on the weekend.</li> <li>· To call his family members.</li> <li>· To unlock his bedroom door with his key.</li> </ul>			

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	<p>Client #4's ISP indicated "[Client #4] requires verbal prompts to take small bites of food when he is eating meals or snacks. He sometimes takes too big of bites onto his spoon while eating. [Client #4] has never choked on food yet, but taking too big of bites could lead to [client #4] choking. Choking is not a risk anyone wants to take." The ISP indicated "He (client #4) does not like being told what to do in general, preferring to be left alone or having others do things for him."</p> <p>Client #6's record was reviewed on 5/8/14 at 3 PM. Client #6's BSP (Behavior Support Plan) of 4/10/14 indicated client #6 had targeted behaviors of, not all inclusive, hitting his chest, yelling, jumping up and down on the floor and turning dials and knobs on appliances. The BSP indicated when client #6 was hitting his chest the staff were to "Gently block any attempts of [client #6] hitting himself on any area of his body parts, including his chest to protect [client #6] from hurting himself.... Verbally redirect [client #6] to stop and hold onto his left hand...." The BSP indicated the staff were to verbally redirect client #6 when yelling.</p> <p>Client #7's record was reviewed on 5/8/14 at 2 PM. Client #7's BSP of 5/24/13 indicated client #7 had targeted</p>			

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	<p>behaviors of, not all inclusive, sucking his thumb. The BSP indicated when client #7 sucked his thumb the staff were to "wash his hands with antibacterial soap.... Verbally redirect [client #7] to carry something or hold on to something in his hand so that he will not be able to put his thumb in his mouth. Return training to replacement behavior learning by teaching [client #4] to problem solve situation as arise in his life."</p> <p>CI (Confidential Interview) #1 stated client #1 had a 1:1 staff and "was doing great but he (the staff) left and now he (client #1) just sits there in that recliner and does nothing. He's lost weight and seems really sad most of the time."</p> <p>During interview with staff #3 on 5/9/14 at 6:30 PM, staff #3 stated client #4 required staff assistance while eating to make sure he took small bites and slowed down, "but with only two staff, that doesn't always happen." Staff #3 stated, "Usually there are three of us (staff) but lately there is only two. It's really hard to watch everyone, give medications and fix supper with only two staff."</p> <p>During interview with the QIDP on 5/9/14 at 6:15 PM, the QIDP: __ Indicated client #1 did not self motivate and required verbal and physical</p>						

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W000252	<p>prompting from the staff to engage into activity.</p> <p>__ Stated, "We had a staff that came in from 1 pm to 9 pm and worked just with [client #1] but he left us. [Client #1] has been lost since then."</p> <p>__ Indicated the staff were to remove client #4's gait belt when client #4 was sitting because the gait belt pinched client #4's abdomen and had caused bruising in the past.</p> <p>__ Indicated client #4 required supervision while eating because of a history of taking large bites of food.</p> <p>__ Indicated the staff were to redirect client #6 when pounding on his chest and client #7 when sucking his thumb.</p> <p>__ Indicated the staff were to provide the clients with training objectives and/or choices of leisure time activities and were to follow and implement the clients' program plans throughout the day.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and</p>	W000252	<b>CORRECTION:</b> <i>Data relative to accomplishment of the criteria specified in client</i>	06/18/2014

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	<p>#4), the facility failed to ensure the staff documented the clients' program data as directed.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's and #4's DCS (Data Collection Sheets) for May 2014 were reviewed on 5/9/14 at 2 PM.</p> <p>1. Client #1's record was reviewed on 5/8/14 at 1 PM. Client #1's ISP (Individual Support Plan) of 8/16/13 indicated client #1 had the following objectives:</p> <p>__To "wash/rinse his hands..." The methodology sheet indicated this goal was to be implemented "daily anytime [client #1] needs to wash, rinse and dry his hands for sanitization and hygiene purposes." The DCS indicated no documentation for this objective being offered and/or refused May 2, 3 and 4, 2014.</p> <p>__To "thoroughly brush his teeth..." The methodology sheet indicated this goal was to be implemented "daily anytime [client #1] is brushing his teeth." The DCS indicated no documentation for this objective being offered and/or refused from May 1 through May 6, 2014.</p> <p>__To "lay down his utensil in order to chew then take a drink..." The methodology sheet indicated this goal</p>		<p><i>individual program plan objectives must be documented in measurable terms.</i> Specifically for Clients #1 - #4 and 4 additional clients, #5 - #8, facility direct support staff will be retrained regarding the need to document program data as directed.</p> <p><b>PREVENTION:</b> The QIDP will be retrained regarding the need to track and monitor progress on all client learning objectives. Members of the Operations Team will conduct active treatment observations and reviews of support documents at the facility on a weekly basis for the next 60 days and after two months, for an additional 30 days, no less than bi-monthly to observe staff – client interactions and review documentation, providing coaching and follow-up as needed. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>was to be implemented "daily when [client #1] is eating a meal or a snack." The DCS indicated no documentation for this objective being offered and/or refused May 2 and 3, 2014.</p> <p>__ "Anytime [client #1 is eating a meal or snack with his non-eating hand in his lap and 2 verbal prompts per bite to shake off some food so there is only a single 1/2 inch cube bite on his 'junior spoon/fork' at a time...." The methodology sheet indicated this goal was to be implemented "daily when [client #1] is eating a meal or a snack." The DCS indicated no documentation for this objective being offered and/or refused May 2 and 3, 2014.</p> <p>__ "Given anytime [client #1] is integrated into the community whether on a sidewalk or in a parking lot with the question - 'Is it safe to walk or do we need to stop?' with 10 verbal repetitions of the question and pointing both ways for him to look in both directions, [client #1] will STOP-LOOK-LISTEN both ways before crossing the street...." The methodology sheet indicated this goal was to be implemented "daily anytime [client #1] is crossing the street or is walking through a parking lot. The DCS indicated no documentation for this objective being offered and/or refused from May 1 through May 8, 2014.</p> <p>__ To "push the correct order of the 2</p>			

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	<p>numbers on the phone...." The methodology sheet indicated this goal was to be implemented "at least 5 times weekly in order to learn his phone number." The DCS indicated no documentation for this objective being offered and/or refused from May 1 through May 8, 2014.</p> <p>2. Client #2's record was reviewed on 5/8/14 at 2 PM. Client #2's ISP of 11/1/13 indicated client #2 had the following objectives:</p> <p>__To "thoroughly shave his face/neck area...." The methodology sheet indicated this goal was to be implemented daily. The DCS indicated no documentation for this objective being offered and/or refused May 6, 2014.</p> <p>__To "correctly state the reason for taking his (client #2's) Topamax (for weight reduction and behaviors)." The methodology sheet indicated this goal was to be implemented daily. The DCS indicated no documentation for this objective being offered and/or refused May 2, 3 and 6, 2014.</p> <p>__To "brush all his teeth/gum areas for 1 minute plus 30 seconds..." The methodology sheet indicated this goal was to be implemented daily. The DCS indicated no documentation for this objective being offered and/or refused May 2, 3, 4, 5, 6 and 7, 2014.</p>			

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	<p>3. Client #3's record was reviewed on 5/8/14 at 3 PM. Client #3's ISP of 1/24/14 indicated client #3 had the following objectives:</p> <p>__To "independently demonstrate using at least one of his coping skills...." The methodology sheet indicated this goal was to be implemented "daily anytime you (the staff) work with [client #3]...." The DCS indicated no documentation for this objective being offered and/or refused May 1, 2, 3, 4, 5, 6, and 7, 2014.</p> <p>__To "slow down his pace of eating by counting to 10 between bites...." The methodology sheet indicated this goal was to be implemented "daily when [client #3] is eating a meal or a snack. [Client #3] tends to eat too fast which puts him at risk for choking." The DCS indicated no documentation for this objective being offered and/or refused May 2 and 3, 2014.</p> <p>__To "take sips of fluids while eating (instead of waiting until the end of the meal to drink)...." The methodology sheet indicated this goal was to be implemented "daily when [client #3] is eating a meal or a snack." The DCS indicated no documentation for this objective being offered and/or refused May 3 and 4, 2014.</p> <p>__To state the side effects of Docusate (a stool softener). The methodology sheet</p>			

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	<p>indicated this goal was to be implemented "at least 4 times weekly while [client #3] is taking his morning medications." The DCS indicated no documentation for this objective being offered and/or refused between May 1 and May 9, 2014.</p> <p>__To choose "an approved bedtime snack...." The methodology sheet indicated this goal was to be implemented "at least 5 times weekly while [client #3] is preparing his breakfast." The DCS indicated client #3 was offered this training one time between May 1 and May 9, 2014.</p> <p>__To "independently power walk for 25 minutes of the hour for at least 4 days a week...." The methodology sheet indicated this goal was to be implemented "daily anytime you (the staff) work with [client #3] on the need for weight loss." The DCS indicated client #3 was offered this training one time between May 1 and May 9, 2014.</p> <p>__To "thoroughly clean his bedroom...." The methodology sheet indicated this goal was to be implemented "every Tuesday evening...." The DCS indicated no documentation for this objective being offered and/or refused between May 1 and May 7, 2014.</p> <p>__To "figure the corrected amount of change he should receive from \$.50...." The methodology sheet indicated this</p>						

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	<p>goal was to be implemented "daily anytime you (the staff) work with [client #3] while he is spending his money or when practicing with him on money skills." The DCS indicated no documentation for this objective being offered and/or refused between May 1 and May 8, 2014.</p> <p>4. Client #4's record was reviewed on 5/8/14 at 4 PM. Client #4's ISP of 7/26/13 indicated client #4 had the following objectives:          ___To "make eye contact with the person talking to him...." The methodology sheet indicated this goal was to be implemented "daily during skills training anytime you are communicating with [client #4]." The DCS indicated no documentation for this objective being offered and/or refused May 2, 3, 5 and 6, 2014.          ___To "verbally express his wants/needs to others...." The methodology sheet indicated this goal was to be implemented "daily during skills training anytime you are communicating with [client #4]." The DCS indicated no documentation for this objective being offered and/or refused May 2, 3, 4, 5 and 6, 2014.          ___To "correctly sequence all parts of an activity until completed...." The methodology sheet indicated this goal</p>						

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	<p>was to be implemented "daily anytime [client #4] participates in ADL's (Adult Daily Living Skills)/chores or leisure time activities." The DCS indicated no documentation for this objective being offered and/or refused May 1, 2, 3, 4, 5, 6, 7 and 8, 2014.</p> <p>__ "Given anytime [client #4] is eating a meal or snack with 2 verbal reminders asking him if he needs help with anything, [client #4] will request specific help as needed...." The methodology sheet indicated this goal was to be implemented "daily anytime [client #4] participates in ADL's (Adult Daily Living Skills)/chores or leisure time activities." The DCS indicated no documentation for this objective being offered and/or refused May 2, 3 and 4, 2014.</p> <p>__ To "correctly print his address...." The methodology sheet indicated this goal was to be implemented "daily anytime while training [client #4] on printing his address. The DCS indicated no documentation for this objective being offered and/or refused May 1, 2, 3 and 4, 2014.</p> <p>__ To "thoroughly brush all areas of his teeth/gums - especially paying attention to his gum lines...." The methodology sheet indicated this goal was to be implemented "daily anytime [client #4] is brushing his teeth. The DCS indicated no documentation for this objective being</p>			

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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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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>offered and/or refused May 1, 2, 3 and 4, 2014.</p> <p>__To "wash in correct sequential order beginning with face first ending with his feet..." The methodology sheet indicated this goal was to be implemented "daily anytime [client #4] is taking his daily shower. The DCS indicated no documentation for this objective being offered and/or refused May 1, 2 and 3, 2014.</p> <p>__To "state if he needs to use the restroom..." The methodology sheet indicated this goal was to be implemented "daily anytime you (the staff) are training with [client #4] to tell staff he needs to use the restroom." The DCS indicated no documentation for this objective being offered and/or refused May 1, 2 and 3, 2014.</p> <p>__To "correctly count nickels and dimes together to \$.20 using a worksheet if needed..." The methodology sheet indicated this goal was to be implemented "daily anytime you (the staff) work with [client #4] when he is counting money/change." The DCS indicated no documentation for this objective being offered and/or refused May 1, 2, 3, 4, 5 and 6, 2014.</p> <p>__To "participate in the chosen meal prep task..." The methodology sheet indicated this goal was to be implemented "daily anytime you (the staff) work with [client</p>			

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	<p>#4] when he is assisting with meal preparation." The DCS indicated no documentation for this objective being offered and/or refused May 1, 2, 3, 4, 5, 6 and 7, 2014.</p> <p>__To put his clothes in the dryer. The methodology sheet indicated this goal was to be implemented "on the weekend when [client #4] does his weekly laundry." The DCS indicated no documentation for this objective being offered and/or refused May 1 through May 9, 2014.</p> <p>__To "initiate calling one of his family members to talk..." The methodology sheet indicated this goal was to be implemented "daily so he (client #4) can be more independent with initiating phone usage." The DCS indicated no documentation for this objective being offered and/or refused May 2, 3, 4, 5, 6 and 7, 2014.</p> <p>__To "unlock his bedroom door with his key." The methodology sheet indicated this goal was to be implemented "daily when [client #4] enters his locked bedroom door." The DCS indicated no documentation for this objective being offered and/or refused May 1, 2, 3, 4, 5, 6 and 7, 2014.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/9/14 at 4 PM, the</p>			

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W000323	<p>QIDP indicated the staff were to offer/provide the clients training as indicated in the clients' methodology for the objectives and then were to document on the DCS.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's vision was evaluated annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/8/14 at 2 PM. Client #2's record indicated client #2 wore eyeglasses and client #2's most current vision evaluation was 10/31/12. Client #2's physical examination by the client's physician on 2/13/14 indicated no vision evaluation.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/9/14 at 3 PM indicated the vision evaluation of 10/31/12 to be the most</p>	W000323	<p><b>CORRECTION:</b> <i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, client #2 will receive a visual examination. A record review indicated that this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b> The Health Services Team will work with the Primary Care Physician to develop a plan to assure the visual examination component of the Annual Physical is documented in a clear and understandable manner. In the case of individuals who are developmentally incapable of completing a standard vision screening, the facility will assure that an annual evaluation from an</p>	06/18/2014

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	current evaluation for client #2.  9-3-6(a)		optometrist occurs. Members of the Operations and Health Services Teams will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required.  <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Health Services Team, Quality Assurance Team, Operations Team		