

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
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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
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: 10/15/12, 10/16/12 and 10/18/12.</p> <p>Facility Number: 000844 Provider Number: 15G326 AIMS Number: 100243650</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/19/12 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise budgeting and operating direction over the facility to ensure the facility was maintained in a clean and safe manner.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/16/12 from 6:00 AM through 8:00 AM. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed in the home. The group home kitchen and right/west hallway did not have floor covering. The floor was exposed foundation/concrete and was void of any covering such as carpet, linoleum, hardwood or tile.</p> <p>The group homes maintenance request schedule was reviewed on 10/16/12 at 12:00 PM. The maintenance request schedule indicated the clinical supervisor (CS) #1 had initiated requests for flooring beginning January 2012 and consecutively through October 2012.</p> <p>CS #1 was interviewed on 10/16/12 at 12:00 PM. CS #1 indicated the kitchen and the right/west hallway flooring needed to be repaired. CS #1 indicated the flooring was exposed concrete. CS #1 indicated she had completed maintenance requests regarding the flooring since January 2012 and then monthly thereafter.</p> <p>9-3-1(a)</p>	W0104	<p>W104: The governing body will exercise general policy, budget, and operating direction over facility.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Properties Manager, Program Manager have been inserviced on following up on Maintenance requests (Attachment A). Executive Director has requested measurements and instillation of flooring (Attachment B). <p>How we will identify others:</p> <p>Program Manager will review Maintenance requests to ensure that all flooring needed has been installed.</p> <p>Measures to be put in place:</p> <p>Environmental Service</p>	11/17/2012			

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			<p>workers will perform quarterly checklists (Attachment C) to ensure that needed flooring has been installed.</p> <p>Monitoring of Corrective Action: Program Manager will review maintenance requests and follow up on flooring requests to ensure that flooring is installed as needed (Attachment D).</p> <p>Completion Date: 11-17-2012</p>		