

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G244	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9160 E 300 N CHURUBUSCO, IN 46723
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 24, 25, 26, and 27, 2012.</p> <p>Facility number: 000767 Provider number: 15G244 AIM number: 100243300</p> <p>Surveyor: Susan Reichert, Medical Surveyor III, Team Leader</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 8/3/12 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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W0120	<p><b>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</b></p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on record review and interview, the facility failed to ensure vocational skills were assessed for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3 was interviewed on 7/25/12 at 7:30 AM. Client #4 indicated he had a janitorial job in the past and that the workshop job coach had assisted him until he was independent. He indicated he had the job until he moved into the group home and transportation became an issue. He indicated he preferred to work at a job in the community rather than at the workshop where he was currently employed.</p> <p>Client #3's record was reviewed on 7/25/12 at 12:55 PM. Client #3's Comprehensive Functional Assessment, dated 8/1/11, included an assessment of vocation skills which indicated client #3 was independent in the areas assessed. A note at the bottom of the assessment indicated "Individual assessment scores indicating independence in all areas is to be referred to Vocational Workshop for evaluation. A vocational assessment completed by staff at client #3's workshop was dated 7/27/10. There was no evidence of client #3's work history and no evidence of an updated vocational assessment from client #4's workshop in the record.</p> <p>During interview with workshop staff #1 and #2 on 7/25/12 at 10:35 AM, they indicated they were unaware of client #3's janitorial job and indicated he lacked motivation to complete work at the work</p>	W0120	The facility will ensure that outside services meet the needs of each client. The facility will ensure vocational skills are assessed. A vocational assessment will be completed by the workshop for client #3 by 8/24/12. A meeting has been scheduled for 8/20/12 with ResCare's Quality Coordinator, the Director of Supported Group Living and the Director of the Workshop (outside services) to ensure clients are receiving services that meet their needs. QMRP will complete monthly observations at the workshop. Client #3 has been referred to Vocational Rehabilitation and has been assigned a counselor.	08/24/2012			

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	shop.  The Director of Supported Group Living was interviewed on 7/27/12 at 1:23 PM and indicated there was not an updated assessment from client #3's workshop.  9-3-1(a)				

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W0249	<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, record review, and interview, for 2 of 4 sampled clients, the facility failed to implement objectives as written in their ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>1. Observations were completed in the group home on 7/24/12 from 4:20 PM until 6:22 PM and again on 7/25/12 from 6:15 AM until 8:30 AM. During the observations, client #4 paced between a loveseat and the enclosed front porch except when he ate his meals and returned his plates to the kitchen counter. During the meal, client #4 was given full glasses of liquid which he drank rapidly. Staff dished the food into his plate and prompted him to put his hands down while eating his meals. Clients were asked to wash hands prior to the meals, but client #4 didn't respond to the request. During the evening observation, client #4 took the house manager's hand and took</p>	W0249	The facility will ensure that as soon as the interdisciplinary team has formulated a client's individual program plan, each client will 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. Client #2 and client #4's goals and objectives will be reviewed and revised as needed by 8/24/12. Staff will be retrained on those goals and objectives by 8/24/12. Staff will be retrained on active treatment by 8/24/12. QMRP and House Manger will observe and complete weekly active habilitation observations to ensure these goals and objectives are being completed and remain appropriate.	08/24/2012			

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	<p>him into the pantry and the medication room to look into the cupboards. The house manager asked client #4 what he wanted, but did not use a communication board with client #4. During the morning observation, client #4 took staff #9 by the hand to move her from the loveseat and asked him what he wanted. Staff #9 did not use a communication book with client #4. During the observations, client #4 used the restroom without closing the door and didn't wash his hand after using the restroom. Staff were in an adjacent room and not present when client #4 used the restroom. Client #4 was not prompted to assist with meal preparation, to complete a chore or engage in leisure activities during the observations.</p> <p>Client #4's record was reviewed on 7/25/12 at 12:05 PM. Client #4's ISP dated 10/21/11 indicated he had objectives to wash his hands before meals, help with chore of choice, point to a picture in a gestural book, shut bedroom door for privacy, and gather utensils to cook. A June 2012 data sheet included the special instructions client #4 was to be given half glasses of beverages.</p> <p>The Director of Supported Group Living was interviewed on 7/26/12 at 3:11 PM. She indicated client #4's dining goal should be implemented as written, and</p>						

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	<p>indicated if client #4 was to have a half glass of liquid, he should have received a half a glass rather than a full glass. She indicated client #4 was given sanitizer to use prior to meals since he refused to wash his hands.</p> <p>2. Observations were completed in the group home on 7/25/12 from 6:15 AM until 8:30 AM. After the completion of breakfast, client #2 sat on the sofa without activity or prompting to activity from 7:35 AM until he left for day services at 8:30 AM.</p> <p>Client #2's record was reviewed on 7/25/12 at 1:55 PM. His ISP dated 2/15/12 included goals to repeat 3-4 word phrases, help with meal preparation, perform a domestic chore, sort dirty clothes, wash face after meals, separate coins, recite address, identify safety sign.</p> <p>The Licensing and Compliance staff was interviewed on 7/25/12 at 2:25 PM and indicated clients goals should be implemented.</p> <p>9-3-4(a)</p>			

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure consent from his health care representative (HCR) was obtained for 1 of 4 sampled clients (client #1) for a behavior plan which included restrictive interventions (psychotropic medications).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 7/25/12 at 1:40 PM. Client #1's record indicated he had a HCR and a 11/17/12 informed consent assessment indicated he required the assistance of a HCR. Client #1's Behavior Support Plan approval sheet was signed on 11/14/11 by client #1 and by the facility's HRC (Human Rights Committee) on 11/22/11. The plan included the use of Zyprexa (anti-psychotic), Zoloft (anti-depressant), Risperdal (anti-psychotic), and Geodon (anti-psychotic). There was no evidence of approval by client #1's HCR.</p> <p>The Supported Group Living Director was interviewed on 7/25/12 at 4:10 PM and indicated there was no evidence of</p>	W0263	The facility will ensure that consent from health care representative (HCR) will be obtained for a behavior plan which includes restrictive interventions (Psychotropic medications). The human rights committee (HRC) will ensure that these programs are conducted only with the written informed consent of the client, parents or legal guardian. The QMRP will be retrained by 8/24/12 on obtaining guardian/HCR approval prior to presenting to the HRC. The QMRP will review plans, at least once monthly and obtain approval from HCR/guardian before obtaining HRC approval.	08/24/2012	

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	consent for client #1's BSP, and based upon the assessment, client #1 required the assistance of a health care representative to make decisions about medications.  9-3-4(a)				

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #4) to use age appropriate or respectful language to address him by his first name.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 7/24/12 from 4:20 PM until 6:22 PM and again on 7/25/12 from 6:15 AM until 8:30 AM. During the observations, client #4 was addressed by staff #1, #8, #9 and the house manager by a shortened version of his given first name ending in "y," or when given directives was addressed by his full first and last name. There were no other clients in the home with a similar name. The House manager indicated client #4 would take staff's hands to indicate his wants and needs.</p> <p>Client #4's record was reviewed on 7/25/12 at 12:55 PM and failed to include evidence client #4 wanted to be called a nickname or by his first and last name during everyday conversation. His most recent Comprehensive Speech/Language Evaluation dated 1/12/04 indicated client</p>	W0268	The facility will ensure that policies and procedures will promote the growth, development and independence of all clients. Staff will be retrained by 8/24/12 on appropriate and respectful language to address clients by first name (given name) unless otherwise indicated in the individual support plan. The QMRP and House Manager will complete weekly active habilitation observations and monitor that all individuals are being addressed by their given or preferred name.	08/24/2012			

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	<p>#4 did not understand most spoken communication, required the use of gestures and sign language to communicate, and staff should use gestures plus verbalization to enhance his comprehension.</p> <p>The Licensing and Compliance staff was interviewed on 7/26/12 at 11:50 AM and indicated clients should be called by their first names and not a nick name unless they indicate another preference. She indicated there was no evidence client #4 preferred to be called anything other than his given first name.</p> <p>9-3-5(a)</p>			

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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.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure the use of psychotropic medication was incorporated into the client's Individual Program Plan.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 7/25/12 at 12:55 PM. Client #3's 6/21/12 psychiatric review indicated client #3 had been prescribed Trazadone (anti-depressant) 50 mg (milligrams) was prescribed to address client #3's lack of sleeping at night. Trazadone. A HRC approval sheet dated 6/21/12 indicated the HRC had approved the use of the Trazadone. There was no evidence of a plan to address the use of Trazadone or a plan to reduce the need of the medication.</p> <p>The Director of Supported Living was interviewed on 7/26/12 at 1:23 PM. She indicated the use of the medication was new for client #3 and a plan was not evident in the record. She indicated she</p>	W0312	<p>The facility will ensure that drugs used for control of inappropriate behavior 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. Trazodone will be added to client #3's medication reduction plan by 8/24/12. QMRP will be trained by 8/24/12 on including new medications in the plan and on the medication reduction plan. The human rights committee will require evidence of a plan to address the use of a psychotropic medication prior to approval. The QMRP will review plans at least once monthly and obtain approval from HCR/guardian before</p>	08/24/2012			

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	<p>would attempt to find additional evidence of a plan for client #3's use of Trazadone and the normal process followed by the agency was to revise the plan to include the use of a psychotropic medication for the HRC to review prior to it's approval.</p> <p>The Director of Supported Living indicated on 7/27/12 via e-mail at 11:19 AM there was no evidence of a plan to address the use of client #3's Trazadone.</p> <p>9-3-5(a)</p>		obtaining human rights committee approval.		

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 1 of 4 sampled clients (client #4), the facility failed to encourage hand washing.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 7/24/12 from 4:20 PM until 6:22 PM. At 5:45 PM, client #4 used the restroom while leaving the door open during the observation. Staff were occupied in an adjacent area of the home assisting other clients. After using the restroom, client #4 exited without washing his hands. Client #4 prepared to get on the van to go to a local restaurant at 6:10 PM and had red substance under his thumb and nail of his right hand.</p> <p>Staff #8 was interviewed on 7/24/12 at 6:10 PM. She indicated client #4 washed his hands, but indicated he rubbed his hands together once or twice and did not wash thoroughly, and did not wash under his nails. She was uncertain of the cause of the red stain under client #4's nail or whether there was a nail brush available to use to clean his nails.</p> <p>Observations were completed at the group home on 7/25/12 from 6:15 AM until 8:30 AM. At 7:25 AM, client #4 used the restroom, then exited the restroom without washing his hands while staff were in an adjacent part of the house. At 7:50 AM, client #4 used the bathroom while leaving the door open. Staff were in an adjacent area of the home. Client #4 exited the restroom, leaving a bowl movement in the toilet without washing his hands.</p>	W0455	<p>The facility will ensure that there is an active program for the prevention, control and investigation of infection and communicable diseases. Staff will be retrained by 8/24/12 on the importance of hand washing for all clients and that if the client refuses hand washing; they will be offered hand sanitizer. Goals and objectives will be reviewed and revised as needed. Staff will be retrained on those goals and objectives by 8/24/12. Staff will be retrained on active treatment by 8/24/12. QMRP and House Manger will observe and complete weekly active habilitation observations to ensure these goals and objectives are being completed and remain appropriate.</p>	08/24/2012			

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	<p>A 8:25 AM, client #4's thumb and index finger on his right hand had a red substance under the nails as he prepared to get on the van for day services. Client #4 boarded the van without washing his hands.</p> <p>The house manager was interviewed on 7/25/12 at 8:30 AM. He indicated client #4 was supposed to wash his hands before meals and medication administration.</p> <p>9-3-6(a)</p>				