

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G243	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/11/2011
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 408 N REED ST SOUTH WHITLEY, IN46787
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W0000	<p>This visit was for the investigation of complaint #IN00097560.</p> <p>Complaint #IN00097560: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W149, W153 and W157.</p> <p>Dates of survey: October 6, 7, and 11, 2011.</p> <p>Facility number: 000766 Provider number: 15G243 AIM number: 100243280</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/31/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C) and four additional clients (clients D, E, F, and G), the facility neglected to implement their</p>	W0149	The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. IDT will meet and	11/12/2011

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>abuse, neglect, and mistreatment policy and procedure to prevent client A's identified physically aggressive behaviors and neglected to take immediate sufficient action to protect clients from client A during his behavioral episodes.</p> <p>Findings include:</p> <p>During observation and interview on 10/6/11 from 3:30pm until 5:30pm, clients A, B, D, E, F, and G were observed at the group home and client C was on a therapeutic leave from the facility. At 3:30pm, client A greeted the surveyor with a smile, arm wave, invited the surveyor to supper, and into the group home. At 3:45pm, client A was observed to walk room to room throughout the group home, talked to himself about "anxiety," and stated he was "going to kill the b----." At 3:45pm, client E stated on 10/5/11 client A "yelled" at client E and stated he was "afraid, he ain't hit me yet." From 3:45pm until 3:55pm, Direct Care Staff (DCS) #1 was observed to stand between client A and other clients in the group home. During this time client A yelled loudly "I've had it. I'm done with that b----!" Client A was then observed to extend his middle finger multiple times toward staff and other clients who sat unresponsive. At 3:55pm, client A was told by the House Manager (HM) "pills will help you." At 4pm, the HM stated client A "has done this (yelling profanities, extending client A's middle finger, and physical threats toward others). [Client A] usually hits staff." At 4:05pm, DCS #1 was inside client A's shared bedroom with the door closed with client A who continued to yell and make verbal threats toward others. At 4:09pm, client A was inside his bedroom with DCS #1 yelling profane words and stated "B----, F--- you!" At 4:35pm DCS #1 and client A walked into the kitchen/dining area where clients B, D, E, F, and G</p>		<p>review current Behavior Support Plan, as well as behavior data for Client A, to determine if any changes need to be made to the plan. Residential and Day Service staff trained on offering internal and external counseling to all clients. All clients have been offered the opportunity for external counseling. QMRP will review BSP's monthly to determine if any changes need to be made and to ensure they are specific to the client's needs. QMRP will review behavior data monthly to determine if any changes need to be made to the plan and to ensure safety of all clients. QMRP will ensure that internal/external counseling is being offered to all clients in the home. Whenever there is peer to peer aggression, the IDT will meet to discuss the incident. The ABC (Antecedent Behavior and Consequence) form will be discussed and the IDT will determine if any changes need to be made in client's plan.</p>		

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	<p>were preparing supper. At 4:35pm, client A began to talk rapidly to himself, DCS #1 redirected client A to go to the medication room, and client A refused then went back to his bedroom and slammed the door. At 4:40pm, client A came out of his bedroom and went into the hallway bathroom. Client A slammed the door closed and DCS #1 stood at the closed door. Client A could be heard inside the bathroom talking and yelling profanities and hitting the walls. At 4:45pm, client A exited the bathroom, talked loudly to himself, and cussed non stop. At 4:45pm, client F stated "yes, (I am) afraid of [clients A and B], they might hit me." Client F indicated he told staff when he became afraid. From 4:45pm until 5:15pm, client A was observed to stay inside his bedroom with DCS #1 and client A yelled and cussed. At 5:15pm, client A exited his bedroom, gave the HM and clients at the dining room table his middle finger three times and yelled "F--- you!" Client A hit the bathroom door with his fist with a boom and the bathroom door vibrated on its hinges. At 5:15pm, client B stated "yes, (he was) afraid sometimes."</p> <p>Confidential Interview #1 (CI #1) stated he "had been hit by [client A]" in the Spring of 2011. CI #1 stated client A "walks around the house with his fists and yells. [Client A] targets everyone." CI #1 stated if client B "defends himself [client B] gets sent out (to the psychiatric hospital) or gets his tokens taken away."</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 8/1/11 through 10/7/11 were reviewed on 10/7/11 at 10:55am and did not indicate BDDS reports for client to client physical aggression.</p> <p>On 10/7/11 at 10:55am, the facility's non</p>						

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	<p>reportable incident/accident reports for the period from 8/1/11 through 10/7/11 were reviewed and indicated the following reports:</p> <p>-A report for an incident on 9/21/11 at 3:50pm, indicated clients A and G had ridden on the facility van to the workshop in a nearby town. The report indicated "during van ride, [client A] hit [client G] on right side of face near temple area." The report indicated no injury was noted. The report indicated "Plan of improvement/prevention/resolution: Continue to follow [client A's] BSP (Behavior Support Plan) for physical aggression." No corrective action was documented.</p> <p>-A report for an incident on 8/21/11 at 7:45pm, indicated clients A and F "were arguing and [client A] hit [client F]" on the back of his head and no injury was noted. The report indicated "Plan of improvement/prevention/resolution: Counseled [client F] on not interacting with [client A] when [client A] is upset. Continue to follow [client A's] BSP for physical aggression." No corrective action was documented.</p> <p>On 10/7/11 at 10:55am, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The facility</p>				

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	<p>policy indicated the facility would investigate allegations of abuse, neglect, and mistreatment of clients. The facility policy indicated the facility would take corrective action during investigations when the facility determined corrective action systematically would protect the clients from abuse/neglect. The facility neglected to ensure implementation of their policy and procedures to prohibit abuse, neglect, and mistreatment.</p> <p>On 10/7/11 at 10:55am, a review of the facility's 7/2007 "Operations Standard. Reporting concerns and Investigating abuse/neglect/exploitation," indicated "ResCare Northern Region Indiana staff actively advocate for the rights and safety of all individuals...ResCare strictly prohibits abuse/neglect/exploitation...."</p> <p>On 10/7/11 at 9/12/11 at 11:20am, an interview with the Site Director (SD) and the QMRP (Qualified Mental Retardation Professional) was completed. The SD indicated the facility did not have documented oversight of the implementation of the agency's policy and procedure for abuse, neglect, mistreatment. The SD and the QMRP both indicated no documented corrective measures were implemented and none were available for review for client A, F, and G's incident reports. The QMRP and the SD both indicated client A's 3/18/11 BSP identified behaviors of verbal aggression, physical aggression, property destruction, suicidal thoughts, and threats to harm others. The QMRP indicated the last review of client A's BSP was documented on 6/21/11 and no changes had been documented.</p> <p>This federal tag relates to complaint #IN00097560.</p> <p>9-3-2(a)</p>						

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W0153	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review, and interview, for 2 of 2 incidents of client to client physical aggression (clients A, G, and F), the facility failed to immediately report to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 8/1/11 through 10/7/11 were reviewed on 10/7/11 at 10:55am and did not indicate BDDS reports for client to client physical aggression.</p> <p>On 10/7/11 at 10:55am, the facility's non reportable incident/accident reports for the period from 8/1/11 through 10/7/11 were reviewed and indicated the following reports: -A report for an incident on 9/21/11 at 3:50pm, indicated clients A and G had ridden on the facility van to the workshop in a nearby town. The report indicated</p>	W0153	<p>The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Incidents of client to client physical aggression will be reported to the administrator, BDDS (Bureau of Developmental Disability Service) and APS (Adult Protective Services). The facilities internal incident reporting form has been modified to include immediate notification to the administrator. Staff will be retrained on reporting procedure. QMRP, Director of Supported Group Living and Licensing & Compliance Coordinator will monitor internal incident reports to assure that all incidents that are contained in tag 153 are reported appropriately.</p>	11/12/2011

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	<p>"during van ride, [client A] hit [client G] on right side of face near temple area." The report indicated no injury was noted. The report indicated "Plan of improvement/prevention/resolution: Continue to follow [client A's] BSP (Behavior Support Plan) for physical aggression."</p> <p>-A report for an incident on 8/21/11 at 7:45pm, indicated clients A and F "were arguing and [client A] hit [client F]" on the back of his head and no injury was noted. The report indicated "Plan of improvement/prevention/resolution: Counseled [client F] on not interacting with [client A] when [client A] is upset. Continue to follow [client A's] BSP for physical aggression."</p> <p>On 10/7/11 at 9/12/11 at 11:20am, an interview with the Site Director (SD) and the QMRP (Qualified Mental Retardation Professional) was completed. The SD indicated the facility did not have documented reporting for the two incidents of client to client physical aggression. The SD indicated the facility followed the BDDS reporting policy and procedure.</p> <p>This federal tag relates to complaint #IN00097560.</p>				

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W0157	<p>9-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review, and interview, for 2 of 2 incident reports of client to client physical aggression (clients A, B, C, D, E, F, and G), the facility failed to take immediate sufficient action to protect clients from client A during his behavioral episodes.</p> <p>Findings include:</p> <p>During observation and interview on 10/6/11 from 3:30pm until 5:30pm, clients A, B, D, E, F, and G were observed at the group home and client C was on a therapeutic leave from the facility. At 3:30pm, client A greeted the surveyor with a smile, arm wave, invited the surveyor to supper, and into the group home. At 3:45pm, client A was observed to walk room to room throughout the group home, talked to himself about "anxiety," and stated he was "going to kill the b----." At 3:45pm, client E stated on 10/5/11 client A "yelled" at client E and stated he was "afraid, he ain't hit me yet." From 3:45pm until 3:55pm, Direct Care Staff (DCS) #1 was observed to stand between client A and other clients in the group home. During this time client A</p>	W0157	<p>The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. IDT will meet and review current Behavior Support Plan, as well as behavior data for Client A, to determine if any changes need to be made to the plan. Residential and Day Service staff trained on offering internal and external counseling to all clients. All clients have been offered the opportunity for external counseling. QMRP will review BSP's monthly to determine if any changes need to be made and to ensure they are specific to the client's needs. QMRP will review behavior data monthly to determine if any changes need to be made to the plan and to ensure safety of all clients. QMRP will ensure that internal/external counseling is being offered to all clients in the home. Whenever there is peer to peer aggression, the IDT will meet to discuss the incident. The ABC (Antecedent Behavior and Consequence) form will be discussed and the IDT will determine if any changes need to be made in client's plan.</p>	11/12/2011	

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	<p>yelled loudly "I've had it. I'm done with that b----!" Client A was then observed to extend his middle finger multiple times toward staff and other clients who sat unresponsive. At 3:55pm, client A was told by the House Manager (HM) "pills will help you." At 4pm, the HM stated client A "has done this (made physical threats toward others, yelled, and used profanity). [Client A] usually hits staff." At 4:05pm, DCS #1 was inside client A's shared bedroom with the door closed with client A who continued to yell and make verbal threats toward others. At 4:09pm, client A was inside his bedroom with DCS #1 yelling profane words and stated "B----, F--- you!" At 4:35pm DCS #1 and client A walked into the kitchen/dining area where clients B, D, E, F, and G were preparing supper. At 4:35pm, client A began to talk rapidly to himself, DCS #1 redirected client A to go to the medication room, and client A refused then went back to his bedroom and slammed the door. At 4:40pm, client A came out of his bedroom and went into the hallway bathroom. Client A slammed the door closed and DCS #1 stood at the closed door. Client A could be heard inside the bathroom talking and yelling profanities and hitting the walls. At 4:45pm, client A exited the bathroom, talked loudly to himself, and cussed non stop. At 4:45pm, client F stated "yes, (I am) afraid of [clients A and</p>			

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	<p>B], they might hit me." Client F indicated he told staff when he became afraid.</p> <p>From 4:45pm until 5:15pm, client A was observed to stay inside his bedroom with DCS #1 and client A yelled and cussed. At 5:15pm, client A exited his bedroom, gave the HM and clients at the dining room table his middle finger three times and yelled "F--- you!" Client A hit the bathroom door with his fist with a boom and the bathroom door vibrated on its hinges. At 5:15pm, client B stated "yes, (he was) afraid sometimes."</p> <p>Confidential Interview #1 (CI #1) stated he "had been hit by [client A]" in the Spring of 2011. CI #1 stated client A "walks around the house with his fists and yells. [Client A] targets everyone." CI #1 stated if client B "defends himself [client B] gets sent out (to the psychiatric hospital) or gets his tokens taken away."</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 8/1/11 through 10/7/11 were reviewed on 10/7/11 at 10:55am and did not indicate BDDS reports for client to client physical aggression.</p> <p>On 10/7/11 at 10:55am, the facility's non reportable incident/accident reports for the period from 8/1/11 through 10/7/11 were reviewed and indicated the</p>				

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	<p>following reports.</p> <p>-A report for an incident on 9/21/11 at 3:50pm, indicated clients A and G had ridden on the facility van to the workshop in a nearby town. The report indicated "during van ride, [client A] hit [client G] on right side of face near temple area." The report indicated no injury was noted. The report indicated "Plan of improvement/prevention/resolution: Continue to follow [client A's] BSP (Behavior Support Plan) for physical aggression." No corrective action was documented.</p> <p>-A report for an incident on 8/21/11 at 7:45pm, indicated clients A and F "were arguing and [client A] hit [client F]" on the back of his head and no injury was noted. The report indicated "Plan of improvement/prevention/resolution: Counseled [client F] on not interacting with [client A] when [client A] is upset. Continue to follow [client A's] BSP for physical aggression." No corrective action was documented.</p> <p>On 10/7/11 at 9/12/11 at 11:20am, an interview with the Site Director (SD) and the QMRP (Qualified Mental Retardation Professional) was completed. The SD and the QMRP both indicated no documented corrective measures were implemented and none were available for review for</p>				

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	<p>client A, F, and G's incident reports. The QMRP and the SD both indicated client A's 3/18/11 BSP identified behaviors of verbal aggression, physical aggression, property destruction, suicidal thoughts, and threats to harm others. The QMRP indicated the last review of client A's BSP was documented on 6/21/11 and no documented changes were available for review.</p> <p>This federal tag relates to complaint #IN00097560.</p> <p>9-3-2(a)</p>				