STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G236	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	5990 E 500 N CHURUBUSCO, IN 46723

(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
W000000	This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00149563. Complaint #IN00149563: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W104, W120, W149, W153, W154, W157, W159, W227, W249, W260, W263, and W331. Dates of Survey: June 9, 10, 11, 12, 13, 16 and 17, 2014. Facility number: 000759 Provider number: 15G236 AIM number: 100243290 Surveyor: Susan Reichert, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/26/14 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based upon observation, interview and record review, for 4 of 4 sampled clients (clients A, B, C and D), and for 4 additional clients (clients E, F, G and H), the governing body failed to ensure the group home was maintained in good condition. Findings include: Observations were completed at the group home on 6/9/14 from 6:55 PM until 8:00 PM, and on 6/11/14 from 6:40	W000104	The governing body will exercise general policy, budget, and operating direction over the facility. Any food returned to the refrigerator or freezer will be placed in a sealed container/zip lock and dated. The refrigerator door, the five gallon bucket, debris in the window sills, sticky residue under the chair, cigarette butts and ashes have been cleaned and/or removed. The metal table has been removed until a top has been made for it. Lawn chairs have been removed from the home to the patio. All staff will be trained on cleanliness within the home. The window sills will be added to the	07/17/2014

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	AM until 8:15 AM. There were cigarette butts and ashes on the floor of the front porch. There was a 5 gallon bucket with a funnel underneath the sink containing a clear liquid. There was dried food on the bottom of the refrigerator door, unsealed bologna in a refrigerator drawer and a gray and yellow striped bath towel under the dish drainer on the counter next to the sink. The freezer contained unsealed potato wedges and chicken. There were white marks on the kitchen cabinet drawers, and debris in the window sills of client E and H's bedroom. There was a sticky residue under the chair client E sat on during meals. There was a metal table without a top outside their window, and a lawn chair in the medication administration office and in the living room used by clients A, B, C, D, E, F, G and H. Staff #9 was interviewed on 6/9/14 at 7:15 PM and was unable to identify the liquid in the 5 gallon bucket under the sink in the kitchen. The Supported Group Living Manager (SGLM) was interviewed on 6/13/14 at 1:56 PM and indicated the group home staff were to maintain the cleanliness of the home and to ensure foods were sealed in the refrigerator and freezer. She indicated the table top was to be replaced.		cleaning duty checklist. The RM and QIDP will complete weekly active habilitation observations which will include reviewing the cleaning duty list.	

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	This federal tag relates to complaint #IN00149563. 9-3-1(a)			
W000120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, interview and record review for 1 of 4 sampled clients (A), and for 2 additional clients (clients E and F), the facility failed to ensure the outside services/workshop met the training needs and promoted dignity of clients. Findings include: During the 6/10/14 workshop observation period between 10:36 AM and 12:10 PM, client A walked around the room without an activity, then walked out of the	W000120	The facility will assure that outside services meet the needs of each client. The workshop staff will receive training on providing meaningful activities, meeting training needs and promoting dignity of clients. The RM and QIDP will complete weekly day program observations. A member of the operations team will complete weekly day program observations.	07/17/2014

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	classroom after workshop staff #1 offered client A a musical instrument and client A declined to pick it up. A cartoon movie played on the TV, but the clients did not look at it. Client E slept or walked around the classroom with her right shoe in her hand. Client E attempted to leave the classroom, but was redirected and declined the offer of a ball activity. Client E's right sock was dirty. Client E's shoe was placed on her foot at 11:30 AM by workshop staff #1. Client F was sleeping at the beginning of the observation, but awakened and screamed when client A touched her head. Client F then colored a picture and was offered a musical instrument which she shook a couple of times, and later wiped the saliva from her mouth with her hand without direction to use a tissue or wash her hands. No other activities were offered. Workshop staff #1 called to client A, as she walked around the area outside of the classroom, but client A did not come back into the room. At 11:30 AM workshop staff #1 told client E her "feeder" was here so she could eat lunch. Client F's bowl of canned pasta was placed on a plastic tray. Client F's pasta fell on the tray and the table, and client F ate the food from the tray and table without redirection from workshop staff #3 and #4. Workshop staff #1 was interviewed on			

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	6/10/14 at 11:00 AM in regards to client E and stated, "She will wander. It's an issue." When asked about clients E, G and A's objectives, she stated, "I try to keep them stimulated." She indicated client E refused to wear her right shoe and stated, "I think it hurts her. It's the first thing she does (when she arrives) is take her shoe off." She indicated the group home staff were aware client E refused to wear her shoe and that no other footwear was offered. She indicated client E had an objective to wear her shoe. She stated client A "likes to wander around. Once she leaves, it's difficult to get her to come back in (to the classroom). She's younger and it's what she likes to do." She indicated client A liked to wander from room to room and stated client A would "tear things up." She indicated client A liked to tear up magazines and play ball. Workshop staff #3 and #4 were interviewed on 6/10/14 at 12:10 PM and indicated it was acceptable for client F to eat from the tray and the table as it was sanitized. Client A's workshop goals dated 11/23/13 were reviewed on 6/10/14 at 12:20 PM and indicated "I will interact appropriately with my peers given one verbal prompt" and "I will stay in my			

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	designated area with two verbal prompts or less." Client E's workshop goals dated 7/1/13 were reviewed on 6/10/14 at 12:21 PM and indicated "I will use pictures to communicate my wants and needs," and "I will wear my shoes throughout the day." Client F's workshop goals dated 9/7/13 were reviewed on 6/10/14 at 12:22 PM and indicated "I will engage in activities with my peers with two verbal prompts," and "I will interact appropriately with my peers." The Manager of Supported Group Living (MSGL) was interviewed on 6/13/14 at 1:56 PM and indicated clients A, E and F should be offered meaningful activity and client E's staff who assisted her with eating should not be referred to as a "feeder." She indicated client F should not eat food from a tray or the table. This federal tag relates to complaint #IN00149563. 9-3-1(a)			

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W000149	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, the facility neglected to implement policy and procedures to protect 1 of 4 sampled clients (client A), and 1 additional client (client H) by failing to timely report 2 of 4 allegations of abuse/neglect to the administrator and/or to the Bureau of Developmental Disabilities Services, failed to document a thorough investigation into 1 of 4 allegations of abuse/neglect, and failed to implement effective corrective action to address allegations of abuse/neglect. Findings include: The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/10/14 at 3:10 PM and included the	W000149	The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Per BQIS incident reporting and management policy, a report is to be made within 24 hours of initial discovery of a reportable incident. On 11/26/13, it was reported that on 11/22/13, the verbal interaction with client H was inappropriate. The agency reported it to BQIS within the required 24 hours of initial discovery. The person who reported this was a trainee and since this incident, all trainees are provided with phone numbers of administrators to call immediately if they suspect abuse/neglect while training in the home. The facility will ensure that all reports are submitted to BQIS within 24 hours of the initial discovery. The Program Manager will review daily reportable incidents to ensure they are reported in a	07/17/2014

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	following: 1. A BDDS report dated 11/26/13 indicated it was reported on 11/27/13 that staff #12's verbal interaction on 11/22/13 with client H was "inappropriate." The report indicated staff #12 was suspending immediately pending results of an internal investigation and client H was offered emotional support. The report indicated "no abuse or neglect was substantiated." The investigation "did determine that [staff #12] needs training with regard to her approach to ensure she is consistent with agency policy and procedures...The QIDP (Qualified Intellectual Disabilities Professional) and Residential Manager (RM) will complete weekly observations at various shifts and times to ensure abuse is not occurring in the home." 2. A BDDS report dated 1/1/14 indicated it was reported to the Supported Group Living Manager (SGLM) that staff #13 was "verbally inappropriate" with client A. "It was also reported that [staff #13] may have pulled [client A's] hair." The report indicated staff #13 was suspended immediately and client A was offered emotional support. A follow up report dated 1/9/14 indicated the allegation was not substantiated. Staff #13 received training on "using appropriate tone of		timely manner. The facility will assure a thorough investigation includes interviewing clients who may have witnessed any incident that has been reported as an allegation of abuse/neglect. A new QIDP has been placed in the home and will complete weekly active habilitation observations. The Program Manger of Supported Group Living will review all investigations. The Clinical Supervisor will complete monthly observations to ensure policies and procedures are being followed to keep consumers from abuse/neglect.	

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	voice and word choice. The QIDP and RM will complete random observations to ensure policies and procedures are being followed and to keep consumers free from abuse and neglect." A BDDS report dated 3/24/14 and reported 3/26/14 indicated on 3/24/14 it was reported to the SGLM that staff #13 used an inappropriate interaction with client A and staff #13 was suspended immediately. The report indicated an investigation was completed and determined to be unsubstantiated. "Based upon staff statements, no inappropriate redirection was used. [Client A] was assessed and received no injuries from this redirection. The behavior that [client A] was exhibiting is addressed in her BSP (Behavior Support Plan)." A follow up report dated 4/1/14 indicated "After interviewing all staff on shift at the time, it was determined the redirection used was an appropriate technique and therefore, unsubstantiated. Staff making the allegation stated that [staff #13] dragged [client A] to the bathroom. Based on the statements, [staff #13] stood behind [client A] to keep her from falling and walked with her backwards to the bathroom. It was determined [client A] was not dragged." Investigations into the incidents were			

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	reviewed on 6/10/14 at 3:51 PM and indicated the following: 1. An investigation into the incident on 11/22/13 of staff #12's verbal interaction with client H was inappropriate indicated a conclusion "no abuse or neglect was substantiated," staff #12 "needs training with regard to her approach to ensure she is consistent with agency policy and procedures...The QIDP and RM will complete weekly observations at various shifts and times to ensure abuse is not occurring in the home." 2. An investigation into the incident on 1/1/14 that staff #13 was verbally inappropriate with client A indicated a conclusion "The peer review committee was unable to substantiate that [staff #13] pulled [client A's] hair...The peer review committee was able to substantiate that [staff #13] may have used an inappropriate tone of voice and poor word choice." Staff #13 "will receive training on using appropriate tone of voice and word choice. The QIDP and RM will complete random observations to ensure policies and procedures are being followed and to keep consumers free from abuse and neglect." 3. An investigation into the incident on 3/24/14 that staff #13 used inappropriate			

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	redirection with client A indicated staff #8 witnessed staff #13 "dragged her to the bathroom with feet dragging on the floor." A conclusion indicated "Based on the verbal statements of the staff present who were eye witnesses to the incident, we were unable to determine any proof of [staff #13] dragging [client A] across the floor...it was determined that [staff #13] stood behind [client A] to keep her from falling and that [staff A] walked backwards while staff remained behind her...." There was no evidence any potential client witnesses were interviewed in regards to the incidents on 1/1/14 or on 3/24/14. The facility's Active Habilitation Observation records were reviewed on 6/13/14 at 2:59 PM and failed to provide evidence of observations by the QIDP or the SGLM to ensure staff displayed appropriate staff to client interactions. There was evidence of the RM visiting the home on a weekly basis. The SGLM was interviewed on 6/13/14 at 1:56 PM and indicated allegations of abuse and neglect were to be reported within 24 hours to the BDDS office and there was no additional evidence of QIDP or SGLM observations in the group			

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	home. She indicated there had been turnover of QIDP staff resulting in missing observation paperwork and she did not have documentation she had visited the home for observations in the past year. She indicated staff #12 and #13 had been trained regarding appropriate interactions with clients after the incidents on 11/22/13 and on 1/1/14, but there had not been other corrective actions taken to monitor staff to client interactions. The facility's Operations Standard Reporting Abuse/Neglect/Exploitation/Mistreatment dated 6/11 was reviewed on 6/10/14 at 10:10 AM and indicated in part, "ResCare strictly prohibits abuse/neglect/exploitation/mistreatment." All incident reports are used as a basis for examining individual safety, are tracked through a database and reviewed by ResCare Northern Region Indiana management team, support team and safety committee. The database allows for examination of trends in incidents per home, individual, location, type of injury, etc. The safety committee will make recommendations to the management team to improve the quality of services provided to individual (sic)....." The policy indicated administrative staff were to report any incidents of potential			

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	abuse/neglect/exploitation/mistreatment to BDDS within 24 hours. This federal tag relates to complaint #IN00149563. 9-3-2(a)			
W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS 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			

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	through established procedures. Based on record review and interview for 1 of 4 sampled clients (client A) and for 1 additional client (client H), the facility failed to timely report 2 of 4 allegations of abuse and neglect to the Bureau of Developmental Disabilities Services in accordance with state law. Findings include: The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/10/14 at 3:10 PM and included the following: 1. A BDDS report dated 11/26/13 indicated it was reported on 11/27/13 that staff #12's verbal interaction on 11/22/13 with client H was "inappropriate." 2. A BDDS report indicated on 3/24/14 it was reported to the SGLM (Supported Group Living Manager) that staff #13 used an inappropriate interaction with client A and staff #13 was suspended immediately. The report indicated the incident was reported to the BDDS office on 3/26/14. The SGLM was interviewed on 6/13/14 at 1:56 PM and indicated allegations of	W000153	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. The person who reported this was a trainee and since this incident, all trainees are provided with phone numbers of administrators to call immediately if they suspect abuse/neglect while training in the home. The facility will ensure that all reports are submitted to BQIS within 24 hours of the initial discovery. The Program Manager will review daily reportable incidents to ensure they are reported in a timely manner.	07/17/2014

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	abuse and neglect were to be reported within 24 hours to the BDDS office. The SGLM was interviewed again on 6/17/14 at 1:00 PM and indicated staff who reported the incident on 11/26/13 to the administrator was still in training and uncertain of what to do when she witnessed the incident on 11/22/13 and reported it to her trainer in the human resource department on 11/26/13. This federal tag relates to complaint #IN00149563. 9-3-2(a)			
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to document a thorough investigation into 1 of 4 allegations of abuse/neglect.	W000154	The facility will have evidence that all alleged violations are thoroughly investigated. The facility will assure a thorough investigation includes interviewing clients who may have witnessed	07/17/2014

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	5990 E 500 N CHURUBUSCO, IN 46723

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	Findings include: The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/10/14 at 3:10 PM and included the following: A BDDS report dated 1/1/14 indicated it was reported to the Supported Group Living Manager (SGLM) that staff #13 was "verbally inappropriate" with client A. "It was also reported that [staff #13] may have pulled [client A's] hair." An investigation into the incident was reviewed on 6/10/14 at 3:51 PM and indicated the following: An investigation into the incident on 1/1/14 that staff #13 was verbally inappropriate with client A indicated a conclusion "The peer review committee was unable to substantiate that [staff #13] pulled [client A's] hair...The peer review committee was able to substantiate that [staff #13] may have used an inappropriate tone of voice and poor word choice." Staff #13 "will receive training on using appropriate tone of voice and word choice. The QIDP (Qualified Intellectual Disabilities Professional) and RM (Residential		any incident that has been reported as an allegation of abuse/neglect. The Program Manger of Supported Group Living will review all investigations to assure any potential client witness is interviewed.	

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	Manager) will complete random observations to ensure policies and procedures are being followed and to keep consumers free from abuse and neglect." There was no evidence any potential client witnesses were interviewed in regards to the incident on 1/1/14. The SGLM was interviewed on 6/11/14 at 1:00 PM and indicated she was unsure why clients had not been interviewed as part of the investigation of the allegation of abuse and neglect involving client A on 1/1/14. This federal tag relates to complaint #IN00149563. 9-3-2(a)			
W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for	W000157	The facility will ensure that if the alleged violation is verified, appropriate corrective action must be	07/17/2014

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	1 of 4 sampled clients (client A) and for 1 additional client (client H), the facility failed to implement effective corrective action to address allegations of abuse/neglect. Findings include: The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/10/14 at 3:10 PM and included the following: 1. A BDDS report dated 11/26/13 indicated it was reported on 11/27/13 that staff #12's verbal interaction on 11/22/13 with client H was "inappropriate." The report indicated staff #12 was suspending immediately pending results of an internal investigation and client H was offered emotional support. The report indicated "no abuse or neglect was substantiated." The investigation "did determine that [staff #12] needs training with regard to her approach to ensure she is consistent with agency policy and procedures...The QIDP (Qualified Intellectual Disabilities Professional) and Residential Manager (RM) will complete weekly observations at various shifts and times to ensure abuse is not occurring in the home."		taken. A new QIDP has been placed in the home. The RM and QIDP will complete weekly active habilitation observations. The Clinical Supervisor will complete monthly observations to ensure policies and procedures are being followed to keep consumers from abuse/neglect.	

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	2. A BDDS report dated 1/1/14 indicated it was reported to the Supported Group Living Manager (SGLM) that staff #13 was "verbally inappropriate" with client A. "It was also reported that [staff #13] may have pulled [client A's] hair." The report indicated staff #13 was suspended immediately and client A was offered emotional support. A follow up report dated 1/9/14 indicated the allegation was not substantiated. Staff #13 received training on "using appropriate tone of voice and word choice. The QIDP and RM will complete random observations to ensure policies and procedures are being followed and to keep consumers free from abuse and neglect." A BDDS report dated 3/24/14 and reported 3/26/14 indicated on 3/24/14 it was reported to the SGLM that staff #13 used an inappropriate interaction with client A and staff #13 was suspended immediately. The report indicated an investigation was completed and determined to be unsubstantiated. "Based upon staff statements, no inappropriate redirection was used. [Client A] was assessed and received no injuries from this redirection. The behavior that [client A] was exhibiting is addressed in her BSP (Behavior Support Plan)." A follow up report dated 4/1/14 indicated "After interviewing all staff on shift at the time,			

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	it was determined the redirection used was an appropriate technique and therefore, unsubstantiated. Staff making the allegation stated that [staff #13] dragged [client A] to the bathroom. Based on the statements, [staff #13] stood behind [client A] to keep her from falling and walked with her backwards to the bathroom. It was determined [client A] was not dragged." Investigations into the incidents were reviewed on 6/10/14 at 3:51 PM and indicated the following: 1. An investigation into the incident on 11/22/13 of staff #12's verbal interaction with client H was inappropriate indicated a conclusion "no abuse or neglect was substantiated," staff #12 "needs training with regard to her approach to ensure she is consistent with agency policy and procedures...The QIDP and RM will complete weekly observations at various shifts and times to ensure abuse is not occurring in the home." 2. An investigation into the incident on 1/1/14 that staff #13 was verbally inappropriate with client A indicated a conclusion "The peer review committee was unable to substantiate that [staff #13] pulled [client A's] hair...The peer review committee was able to substantiate that			

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	[staff #13] may have used an inappropriate tone of voice and poor word choice." Staff #13 "will receive training on using appropriate tone of voice and word choice. The QIDP and RM will complete random observations to ensure policies and procedures are being followed and to keep consumers free from abuse and neglect." 3. An investigation into the incident on 3/24/14 that staff #13 used inappropriate redirection with client A indicated staff #8 witnessed staff #13 "dragged her to the bathroom with feet dragging on the floor." A conclusion indicated "Based on the verbal statements of the staff present who were eye witnesses to the incident, we were unable to determine any proof of [staff #13] dragging [client A] across the floor...it was determined that [staff #13] stood behind [client A] to keep her from falling and that [staff A] walked backwards while staff remained behind her...." The facility's Active Habilitation Observation records were reviewed on 6/13/14 at 2:59 PM and failed to provide evidence of observations by the QIDP or the SGLM to ensure staff displayed appropriate staff to client interactions. There was evidence of the RM visiting the home on a weekly basis.			

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	The SGLM was interviewed on 6/13/14 at 1:56 PM and indicated there was no additional evidence of QIDP or SGLM observations in the group home. She indicated there had been turnover of QIDP staff resulting in missing observation paperwork and she did not have documentation she had visited the home for observations in the past year. She indicated staff #12 and #13 had been trained regarding appropriate interactions with clients after the incidents on 11/22/13 and on 1/1/14, but there had not been other corrective actions taken to monitor staff to client interactions. This federal tag relates to complaint #IN00149563. 9-3-2(a)			
W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL			

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	Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the Qualified Intellectual Disabilities Professional (QIDP) failed for 4 of 4 sampled clients (clients A, B, C and D), and for 4 additional clients (clients E, F, G and H) to monitor staff to client interactions, failed to document periodic reviews of client progress for 4 of 4 sampled clients (clients A, B, C and D), and failed for 1 of 4 sampled clients (client C) to update her ISP (Individual Support Plan) on an annual basis. Findings include: 1. The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/10/14 at 3:10 PM and included the following: a) A BDDS report dated 11/26/13 indicated it was reported on 11/27/13 that staff #12's verbal interaction on 11/22/13 with client H was "inappropriate." The report indicated staff #12 was suspending immediately pending results of an internal investigation and client H was offered emotional support. The report indicated "no abuse or neglect was	W000159	The facility will ensure that each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. A new QIDP has been placed in the home and will complete weekly active habilitation observations to ensure staff displays appropriate staff to client interactions. The QIDP will complete monthly reviews of all ISP objectives for all clients. A meeting was held 4/15/14to address client C's annual ISP. The ISP will be updated and placed in program book. The Clinical Supervisor will complete a monthly audit to ensure that the QIDP has completed the monthly reviews and that all ISP's are up to date.	07/17/2014

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	substantiated." The investigation "did determine that [staff #12] needs training with regard to her approach to ensure she is consistent with agency policy and procedures...The QIDP (Qualified Intellectual Disabilities Professional) and Residential Manager (RM) will complete weekly observations at various shifts and times to ensure abuse is not occurring in the home." b) A BDDS report dated 1/1/14 indicated it was reported to the Supported Group Living Manager (SGLM) that staff #13 was "verbally inappropriate" with client A. "It was also reported that [staff #13] may have pulled [client A's] hair." The report indicated staff #13 was suspended immediately and client A was offered emotional support. A follow up report dated 1/9/14 indicated the allegation was not substantiated. Staff #13 received training on "using appropriate tone of voice and word choice. The QIDP and RM will complete random observations to ensure policies and procedures are being followed and to keep consumers free from abuse and neglect." c) BDDS report dated 3/24/14 and reported 3/26/14 indicated on 3/24/14 it was reported to the SGLM that staff #13 used an inappropriate interaction with client A and staff #13 was suspended			

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	immediately. The report indicated an investigation was completed and determined to be unsubstantiated. "Based upon staff statements, no inappropriate redirection was used. [Client A] was assessed and received no injuries from this redirection. The behavior that [client A] was exhibiting is addressed in her BSP (Behavior Support Plan)." A follow up report dated 4/1/14 indicated "After interviewing all staff on shift at the time, it was determined the redirection used was an appropriate technique and therefore, unsubstantiated. Staff making the allegation stated that [staff #13] dragged [client A] to the bathroom. Based on the statements, [staff #13] stood behind [client A] to keep her from falling and walked with her backwards to the bathroom. It was determined [client A] was not dragged." The facility's Active Habilitation Observation records were reviewed on 6/13/14 at 2:59 PM and failed to provide evidence of observations by the QIDP to ensure staff displayed appropriate staff to client interactions. 2. Client A's records were reviewed on 6/13/14 at 11:15 AM. Client A's ISP dated 11/7/13 indicated objectives to brush her teeth, use a spoon during meals, wash her hands and arms, hand			

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	money to cashier and stay out of the kitchen during meal preparation, and keep hands to self while riding in a vehicle. There was no evidence of QIDP reviews of her ISP objectives from 6/30/13 until 3/14. Client B's records were reviewed on 6/12/14 at 3:00 PM. Client B's ISP dated 7/23/13 indicated objectives to brush teeth, document medication administration, put away clothing, prepare a meal using a new recipe, prepare a weekly budget, slow down while drinking fluids, and attend workshop daily. There was no evidence of QIDP reviews of her ISP objectives from 6/30/13 until 3/14. Client C's records were reviewed on 6/13/14 at 12:58 PM. Client C's ISP dated 4/26/13 indicated objectives to brush her gums, apply lotion to body and face, apply deodorant, acknowledge when someone was speaking to her, use an "inside voice" when speaking to others, keep hands to self, participate in a social event weekly, use proper cooking safety skills, ask for receipt after purchase, and fold and put away laundry. There was no evidence of QIDP reviews of her ISP objectives from 6/30/13 until 3/14 or that her ISP had been updated since 4/26/13.			

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	Client D's records were reviewed on 6/12/14 at 3:35 PM. Client D's ISP dated 2/7/14 indicated objectives to redirect her conversation due to repetitive speaking, help take out the trash, wear protective helmet when angry, request receipt when making a purchase, use mouthwash, use the phone appropriately, wash hands before meals, wear a seat belt, attend a social event monthly, and chew and swallow food after each bite. There was no evidence of QIDP reviews of her ISP objectives from 6/30/13 until 3/14. The SGLM was interviewed on 6/13/14 at 1:56 PM and indicated there was no additional evidence of QIDP observations in the group home. She indicated there had been turnover of QIDP staff resulting in missing observation and QIDP reviews. She indicated there was no evidence client C's ISP had been updated since 4/26/13. This federal tag relates to complaint #IN00149563. 9-3-3(a)			

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W000227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based upon observation, record review and interview, the facility failed to address the identified needs for 1 of 4 sampled clients (client D) in regards to property destruction. Findings include: During observations on 6/11/14 from 6:40 AM until 8:15 AM, Client D had 10 empty DVD cases and 5 empty CD cases in her room. The Residential Manager was interviewed on 6/11/14 at 7:40 AM and indicated client D would break her CDs, DVDs and CD players. She stated "We tried to work with her not to break them, and even tried an MP3 player," but indicated the staff had not been successful in preventing client D from breaking her items.	W000227	The facility will ensure the individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required. Client D's BSP will be reviewed and revised to include property destruction. The RM and QIDP will complete weekly active habilitation observations to ensure that client D's BSP is being followed.	07/17/2014

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	Client D's record was reviewed on 6/12/14 at 3:35 PM. Client D's ISP (Individual Support Plan dated 2/7/14 and her BSP (Behavior Support Plan) dated 2/7/14 did not address property destruction. The Manager of Supported Group Living (MSGL) was interviewed on 6/13/14 at 1:56 PM and indicated client D's plans did not address property destruction. This federal tag relates to complaint #IN00149563. 9-3-4(a)			
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based upon observation, interview and record review, the facility failed for 1 of	W000249	The facility will ensure that as soon as the interdisciplinary team	07/17/2014

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	4 sampled clients (client B) to implement her objective to increase skills in self administration of medication. Findings include: During observations on 6/11/14 from 6:40 AM until 8:15 AM, client B received her medications at 7:00 AM. Staff #9 punched out client B's pills from a bubble pack which contained her medications of Diltiazem (hypertension), Divalproex (schizo-affective disorder), Furosemide (hypertension), Gabapentin (pain), and Quetiapine (anti-psychotic). Client B took her medication without documenting the administration of her pills. Client B's June, 2014 Medication Administration Record (medication administration record) was reviewed on 6/11/14 at 7:58 AM and indicated client B had an objective to document her medication administration at 8:00 PM daily. The methodology indicated client B had demonstrated competency in punching out her medications from the bubble pack. The Residential Manager (RM) was interviewed on 6/11/14 at 8:00 AM and indicated client B's goal for medication administration was implemented at 8:00		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. Staff will be retrained on client B's medication administration goal and implementing the goal at every opportunity. The RM and QIDP will complete weekly active habilitation observations to include med pass observations for client B.	

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	PM. The Manager of Supported Group Living (MSGL) was interviewed on 6/13/14 at 1:56 PM and indicated client B's medication administration objective should be implemented at every opportunity and client B should be encouraged to administer her medications as capable. This federal tag relates to complaint #IN00149563. 9-3-4(a)			
W000260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based upon record review and interview, the facility failed for 1 of 4 sampled clients (client C) to ensure her Individual	W000260	The facility will ensure that at least annually, the individual plan will be revised as appropriate. A	07/17/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G236	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 06/17/2014
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	Support Plan (ISP) was updated on an annual basis. Findings include: Client C's record was reviewed on 6/13/14 at 12:58 PM. Her ISP dated 4/26/13 included objectives to brush her gums, apply lotion to body and face, apply deodorant, acknowledge when someone was speaking to her, use an "inside voice" when speaking to others, keep hands to self, participate in a social event weekly, use proper cooking safety skills, ask for receipt after purchase, and fold and put away laundry. There was no evidence client C's ISP had been updated since 4/26/13. The Manager of Supported Group Living (MSGL) was interviewed on 6/13/14 at 1:56 PM and indicated client C's plan had not been updated since 4/26/13 though a meeting had been held to update her plan. This federal tag relates to complaint #IN00149563. 9-3-4(a)		meeting was held 4/15/14 to address client #C's annual ISP. The ISP will be updated and placed in program book. The Clinical Supervisor will complete a monthly audit to ensure that the QIDP has completed the monthly reviews and that all ISP's are up to date.	
W000263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these			

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	programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients A and C) to ensure their BSPs (Behavior Support Plans) which included restrictive interventions included informed consent by their health care representative/guardian. Findings include: Client A's records were reviewed on 6/13/14 at 11:15 AM. Client A's record indicated she had a guardian. Client A's BSP dated 11/27/13 included target behaviors of "inappropriate social behavior, physical aggression, running without regard to safety and self injurious behavior. The plan included the use of Clonazepam .5 mg (milligrams) daily, melatonin 3 mg at bedtime and Risperdal 4 mg twice daily to address "behaviors related to Psychotic Disorder." Client A's guardian had signed consent for her plan on 11/8/12. There was no evidence of consent for client A's BSP dated 11/27/13. Client C's records were reviewed on 6/12/14 at 3:35 PM. Client C's record indicated she had a health care	W000263	The facility committee will ensure that programs are conducted only with the written informed consent of the client, parents or legal guardian. Consents have been sent to HCR, POA and/or legal guardians for signature. The QIDP will assure that all consent signatures are obtained. The Clinical Supervisor will complete monthly audits to review and assure that all consents are obtained.	07/17/2014

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	representative to assist her in making decisions. Client C's BSP dated 2/7/14 indicated target behaviors of verbal aggression, self injurious behavior, and taking other's property. The plan included the use of Risperdal, Luvox, Effexor, Ativan, Seroquel, Sertraline, and Trazodone to address intermittent explosive disorder, bipolar disorder, and obsessive compulsive disorder. There was no evidence client C's health care representative had signed consent for her BSP dated 2/7/14. The Manager of Supported Group Living (MSGL) was interviewed on 6/13/14 at 1:56 PM and indicated there were no updated consents for clients A and D. This federal tag relates to complaint #IN00149563. 9-3-4(a)			
W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based upon observation, record review and interview, the facility's nursing	W000331	The facility will provide clients with nursing services in accordance with their needs. Client E's health care risk plan will be updated to address	07/17/2014

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	services failed for 1 additional client (client E) to update her risk plan in regards to foot pain and to address her refusal to wear shoes. Findings include: During observations at the group home on 6/9/14 from 6:55 PM until 8:00 PM, at the day services on 6/10/14 from 10:46 AM until 12:15 PM and on 6/11/14 from 6:40 AM until 7:45 AM, client E walked around for all but brief periods with her right shoe in her hand. Workshop staff #1 was interviewed on 6/10/14 at 11:00 AM. She indicated client E refused to wear her right shoe and stated, "I think it hurts her. It's the first thing she does (when she arrives) is take her shoe off." She indicated the group home staff were aware client E refused to wear her shoe and that no other footwear was offered. She indicated client E had an objective to wear her shoe. Staff #7 was interviewed on 6/11/14 at 7:25 AM and indicated client E did not like to wear her shoes and staff would put them on client E right before they left the house so she would wear them to workshop. Client E's records were reviewed on 6/12/14 at 4:10 PM. Client E had a risk plan for "Potential		the current intervention to manage pain to her foot and refusal to wear shoes. The agency nurse will review risk plan on an as needed basis but at least quarterly.	

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	for altered skin integrity and pain...shoe inserts dated 6/14/13. The plan indicated "Staff will use pain assessment chart at each med (medication) pass to evaluate need for prn (as needed) pain medication (located in MAR (medication administration record)). Client E's 6/14 MAR was reviewed on 6/13/14 at 12:00 PM and indicated client E did not receive medication for her pain. The Manager of Supported Group Living (MSGL) was interviewed on 6/13/14 at 1:56 PM and indicated client E's physician had evaluated her and client E was no longer to receive prn pain medication due to the risk to her kidneys. She indicated client E's risk plan should be updated to address the current interventions to manage client E's pain to her foot, and failed to address client E's refusal to wear shoes. This federal tag relates to complaint #IN00149563. 9-3-6(a)			