

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 07/23/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 5990 E 500 N CHURUBUSCO, IN 46723
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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>Dates of Survey: July 18, 19, 20 and 23, 2012.</p> <p>Facility number: 000759 Provider number: 15G236 AIM number: 100243290</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/27/12 by Ruth Shackelford, 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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W0149	<p>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.</p> <p>Based on record review and interview, the facility neglected to implement written policy and procedures to protect 1 of 4 sampled clients (client #1) from abuse by staff, and failed to report 1 of 1 allegation of abuse involving client #1 to a law enforcement agency.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 7/18/12 at 12:45 PM. A report dated 4/25/12 indicated on 4/25/12 the Director of Supported Group Living received a phone call from a nurse at client #1's physician's office stating that staff #15 was "rough" with client #1 while at an appointment at his office. The report indicated the allegation of verbal and physical abuse was substantiated, staff #15 was terminated from the company, and client #1 had not sustained injuries from the incident.</p> <p>The investigation into the incident dated 4/25/12 was reviewed on 7/18/12 at 3:01 PM. The investigation indicated witness</p>	W0149	The facility will ensure that written policies are followed in order to prohibit mistreatment, neglect or abuse of the clients. All staff will be retrained on the abuse, neglect and mistreatment policy on 8/17/12. Staff will be retrained on Client 1's behavior support plan on 8/17/12. Monthly advocacy meetings will include consumer discussion on who to talk with/tell if someone harms them (physically, emotionally or verbally). The House Manager and QMRP will complete weekly observations to ensure consumers are engaged in active treatment and that staff are interacting appropriately with consumers.	08/17/2012			

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	<p>statements confirmed staff #15 was "yelling unnecessary (sic) and using excessive force when assisting [client #1]" at the physician's office and based upon the findings of the investigation, staff #15 "was termed from ResCare for abuse/neglect. ResCare policy 7.1A1."</p> <p>The Director of Supported Group Living was interviewed on 7/18/12 at 3:01 PM and indicated staff #1 had been terminated for abuse in violation of the agency's policy.</p> <p>The ResCare Northern Region Indiana OPERATIONS STANDARD dated 4/12 was reviewed on 7/18/12 at 3:15 PM and indicated in part, "ResCare Northern Region Indiana staff actively advocate for the rights and safety of all individuals...ResCare strictly prohibits abuse/neglect/exploitation/mistreatment...".</p> <p>9-3-2(a)</p>				