

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
---	--

(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
W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: June 3, 4, 5, 8, and 9, 2015.</p> <p>Facility number: 000738 Provider number: 15G212 AIM number: 100243260</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction over the group home by failing to ensure the home where 3 of 3 sampled clients (clients #1, #2 and #3), and 3 of 3 additional clients (clients #4, #5 and #6) lived was well maintained.</p> <p>Findings include:</p>	W 0104	<p>W104 Governing body. The governing body must exercise general policy, budget and operating direction over the facility. Living room furniture has been ordered to replace the worn furniture in the home. The patio door glass will be replaced. Client # 1 has received a new chest of drawers. In order to prevent recurrence, the Residential Manager and QIDP will complete a</p>	07/06/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
---	--

(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
	<p>On 6/4/15 from 3:57 P.M. through 6:07 P.M. observations were conducted at the group home where clients #1, #2, #3, #4, #5 and #6 lived. In the living room the gray striped sofa and chair had rips in the cushions and the fabric on the front edge of the cushions was worn and tattered. The sofa had a ten inch rip on the back right cushion. The chair was torn under the seat and the front of the seat cushion was torn at the edge. The fabric on the arms looked darker in color than the rest of the fabric. The blue recliner had worn fabric on the front cushion and the fabric was torn on the left side by the handle. There were also rips in the fabric at the corners of the back of the chair. The patio doors which were glass had the glass of the right panel missing and the door was covered with wood (plywood). Client #1's chest of drawers had the top of the five drawers missing and a missing knob on two of the other drawers.</p> <p>An interview was conducted with client #1 on 6/4/15 at 5:52 P.M. Client #1 stated, "Yeah, it's torn (sofa), I want new furniture."</p> <p>An interview was conducted with Direct Care Staff (DCS) #2 on 6/4/15 at 5:58 P.M. DCS #2 stated, "We are supposed to get new furniture. Yes, it (sofa and chairs definitely has wear and tear."</p>		<p>monthly environmental checklist which will be reviewed by the Clinical Supervisor. The Clinical Supervisor will be in the home at least monthly and document the condition of the home and furnishings and forward that information to the Program Manager.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
---	--

(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
	An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 6/9/15 at 3:47 P.M. The QIDP stated, "I am almost sure we put it in the budget to replace the furniture this year. Yes, it should be replaced." 9-3-1(a)			