

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  05/29/2014
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: May 20, 21, 22, 23, 27, 28 and 29, 2014.</p> <p>Facility number: 000738 Provider number: 15G212 AIM number: 100243260</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the</p>			

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>right to file complaints, and the right to due process.</p> <p>Based upon record review and interview for 1 of 4 sampled clients (client #4), the facility failed to address her identified need to obtain assistance in making informed consent to her behavior support program which included medications to control her behavior.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 5/27/14 at 2:28 PM. A Lifestyle Plan dated 3/10/14 indicated client #4 had a guardian assigned to her in the past, but the guardianship had been dissolved. Client #4 "currently is an emancipated adult, but could use a health care representative." A Behavior Support Plan (BSP) dated 2/10/14 and signed by client #4 on 10/14/13 indicated target behaviors of verbal aggression (foul language), non-compliance (refusal to follow directions), stealing (taking others property), and lying. The plan included the use of Prozac (depression) 20 mg (milligrams) daily, Geodon 160 mg daily (psychosis), Lamictal 50 mg daily, and Trazodone 200 mg daily (psychosis). There was no evidence client #4 had a health care representative or advocate to assist her in making decisions.</p>	W000125	<p>The facility will ensure the rights of all clients. The facility will allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. An informed consent assessment has been completed. On 6/2/14, client #4 selected a health care representative. No other clients were affected by this deficient practice. The QIDP and Clinical Supervisor will review client informed consent assessments annually to ensure they are being completed.</p>	06/28/2014

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W000218	<p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 5/28/14 at 11:15 AM and indicated there had not been steps taken to secure assistance for client #4 to make informed decisions.</p> <p>The Program Manager of Supported Group Living was interviewed on 5/29/14 at 4:40 PM and indicated client #4 would benefit from a health care representative to assist her in making informed decisions about medications and treatment plans.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based upon record review and interview for 1 of 4 sampled clients (client #4), the facility failed to assess her needs in regards to sensorimotor skills.</p> <p>Findings include:</p>	W000218	The facility will ensure that the comprehensive functional assessment will include sensorimotor development. A sensorimotor evaluation has been scheduled for client #4. All new admissions will receive assessments in regards to sensorimotor skills as ordered by	06/28/2014

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	<p>Client #4's record was reviewed on 5/27/14 at 2:28 PM. Client #4's record indicated she had received the services of an occupational therapist with the last date of service on 2/13/14 which "addressed attention and focus to activity this session." There was no indication of client #4 having been discharged from therapy. Client #4's record did not include an evaluation of her needs in sensorimotor skills since her admission on 2/10/14.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 5/28/14 at 11:15 AM and indicated client #4 had not demonstrated the need for a sensorimotor evaluation, and it had not been completed.</p> <p>9-3-4(a)</p>		<p>physician. The QIDP and Clinical Supervisor will review all new admission sensorimotor needs and physicians orders.</p>				