

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G493		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/01/2012	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 4160 N CAMPBELL AVE INDIANAPOLIS, IN 46220			
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W0000	<p>This visit was for the investigation of complaint #IN00116288.</p> <p>Complaint #IN00116288: Substantiated, federal and state deficiencies related to the allegation are cited at: W104, W149, W159 and W189.</p> <p>Dates of Survey 9/24/12, 9/25/12 and 10/1/12.</p> <p>Facility Number: 001007 Provider Number: 15G493 AIMS Number: 100245090</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/4/12 by Tim Shebel, 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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W0104	<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 record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the governing body failed to exercise general policy and operating direction over the facility to ensure facility staff were trained prior to working with the clients.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/25/12 at 8:15 AM. The review included the following:</p> <p>-BDDS report dated 9/9/12 indicated on 9/8/12, "[Client A] and [FC I (Former Client)] were getting into the van to leave on an outing. [Client A] began yelling at [FC I] and [FC I] told [client A] to shut up. [Client A] entered [FC I]'s personal space and hit him in the face and [FC I] hit [client A] back in the face. Before staff could separate the two they hit each other in the face several times. After separating [client A] and [FC I], staff performed a physical assessment and noted that [client</p>	W0104	<p><b>CORRECTION:</b> <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the agency assured that staff #2 and Staff #3 completed on-the-job training checklists and received client-specific training from supervisory staff. PREVENTION:</i> The agency has directed each facility to develop client-specific training packets for use with new employees and veteran employees who are new to the facility. Employees will receive face to face training on the contents of these training packets for all clients prior to being scheduled without supervisory staff present in the home. The Staff Development Coordinator will maintain a training data base to track and monitor training at the facility and members of the Operations and Quality Assurance teams will monitor active sessions at the facility as needed but no less than monthly to assure training is effective. <b>Responsible Parties:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>	10/31/2012			

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	<p>A]'s mouth and nose were bleeding and her right eye was swollen. Staff performed first aid and transported [client A] to the [hospital] ER for evaluation. ER personnel examined [client A] and determined that she had sustained a hairline fracture of her nose."</p> <p>-investigation dated 9/14/12 indicated the following written interview with PD #1 (Program Director) on 9/14/12 at 10:45 AM, "Who worked at SGL (unknown) Campbell on Saturday, 9/8/12? [Staff #1], [staff #2], [staff #3] and [staff #4] were on duty when [FC I] hit [client A] on 9/8/12 and [staff #1] told them not to have [client A] and [FC I] sitting next to each other. How long had [staff #2] and [staff #3] been out of orientation and working at Campbell? It was [staff #3]'s third week and I'm not for sure how long... it might have been [staff #2]'s second or third week. Have you completed and turned in [staff #2] and [staff #3]'s On the Job (OTJ) training checklists? They haven't completed their OJT checklists. What training have you provided to [staff #2] and [staff #3]? I really haven't trained with them. [HM #1] has trained with them on the weekends. [Staff #3] was at the IDT (Interdisciplinary Team) meeting we had where I had instructed them to review the ISP's (Individual Support Plan) and BSP's</p>						

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	<p>(Behavior Support Plan). [Staff #1] and [staff #5] aren't supervisors but they are experienced and have been training with them on the weekends. Have you completed and turned in [HM #1's] OJT checklist? [HM #1] hasn't completed his OJT checklist yet. We have reviewed a lot of the stuff that is on it. It just isn't all documented yet. Tell me about the community outing on 9/8/12: [Staff #2] and [staff #3] had authorization form [HM #1] to take the individuals out to eat, but not to go to the mall after and that is where everything happened. That is where [FC I] punched [client A] in the nose on the van. They said [client A] started to yell and have her behaviors in the mall because she didn't want to walk back to the van. Do you believe [staff #2] and [staff #3] were adequately trained to take the individuals out into the community on Saturday, 9/8/12? On the 8th, I think [staff #2] and [staff #3] were adequately trained for the outing, not to go by themselves but they had [staff #4] who was a long term employee and they had guidance from [staff #1]."</p> <p>Interview with AS (Administrative Staff) on 9/27/12 at 1:04 PM indicated staff #2 and staff #3 were not trained prior to working with clients A, B, C, D, E, F, G and H. AS #1 indicated staff should be trained prior to working with client A, B,</p>						

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	C, D, E, F, G and/or H.  This federal tag relates to complaint #IN00116288.  9-3-1(a)				

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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. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the facility neglected to implement its policy and procedures to ensure facility staff were trained prior to working with the clients.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/25/12 at 8:15 AM. The review included the following:</p> <p>-BDDS report dated 9/9/12 indicated on 9/8/12, "[Client A] and [FC I (Former Client)] were getting into the van to leave on an outing. [Client A] began yelling at [FC I] and [FC I] told [client A] to shut up. [Client A] entered [FC I]'s personal space and hit him in the face and [FC I] hit [client A] back in the face. Before staff could separate the two they hit each other in the face several times. After separating [client A] and [FC I], staff performed a physical assessment and noted that [client A]'s mouth and nose were bleeding and</p>	W0149	<p><b>CORRECTION:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, staff #2 and Staff #3 have completed on-the-job training checklists and received client-specific training from supervisory staff. <b>PREVENTION:</b> The facility is developing client-specific training packets for use with new employees and veteran employees who are new to the facility. Employees will receive face to face training on the contents of these training packets for all clients prior to being scheduled without supervisory staff present in the home. The staff Development Coordinator will maintain a training data base to track and monitor training at the facility and members of the Operations and Quality Assurance teams will monitor active sessions at the facility as needed but no less than monthly to assure training is effective. <b>Responsible Parties:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>	10/31/2012	

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	<p>her right eye was swollen. Staff performed first aid and transported [client A] to the [hospital] ER for evaluation. ER personnel examined [client A] and determined that she had sustained a hairline fracture of her nose."</p> <p>-investigation dated 9/14/12 indicated the following written interview with PD #1 (Program Director) on 9/14/12 at 10:45 AM, "Who worked at SGL (unknown) Campbell on Saturday, 9/8/12? [Staff #1], [staff #2], [staff #3] and [staff #4] were on duty when [FC I] hit [client A] on 9/8/12 and [staff #1] told them not to have [client A] and [FC I] sitting next to each other. How long had [staff #2] and [staff #3] been out of orientation and working at Campbell? It was [staff #3]'s third week and I'm not for sure how long... it might have been [staff #2]'s second or third week. Have you completed and turned in [staff #2] and [staff #3]'s On the Job (OTJ) training checklists? They haven't completed their OJT checklists. What training have you provided to [staff #2] and [staff #3]? I really haven't trained with them. [HM #1] has trained with them on the weekends. [Staff #3] was at the IDT (Interdisciplinary Team) meeting we had where I had instructed them to review the ISP's (Individual Support Plan) and BSP's (Behavior Support Plan). [Staff #1] and</p>			

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	<p>[staff #5] aren't supervisors but they are experienced and have been training with them on the weekends. Have you completed and turned in [HM #1's] OJT checklist? [HM #1] hasn't completed his OJT checklist yet. We have reviewed a lot of the stuff that is on it. It just isn't all documented yet. Tell me about the community outing on 9/8/12: [Staff #2] and [staff #3] had authorization form [HM #1] to take the individuals out to eat, but not to go to the mall after and that is where everything happened. That is where [FC I] punched [client A] in the nose on the van. They said [client A] started to yell and have her behaviors in the mall because she didn't want to walk back to the van. Do you believe [staff #2] and [staff #3] were adequately trained to take the individuals out into the community on Saturday, 9/8/12? On the 8th, I think [staff #2] and [staff #3] were adequately trained for the outing, not to go by themselves but they had [staff #4] who was a long term employee and they had guidance from [staff #1]."</p> <p>Interview with AS (Administrative Staff) on 9/27/12 at 1:04 PM indicated staff #2 and staff #3 were not trained prior to working with clients A, B, C, D, E, F, G and H. AS #1 indicated staff should be trained prior to working with client A, B, C, D, E, F, G and/or H. AS #1 indicated</p>						

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	<p>staff #2 and staff #3 did not keep client A and FC I separated during the van ride and had them seated next to each other.</p> <p>The facility's policy and procedures were reviewed on 10/1/12 at 12:51 PM. The facility's 9/14/07 policy and procedure entitled Abuse, Neglect, Exploitation operating standard 1.26 indicated, "Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being..." Program intervention neglect is defined as, "failure to provide good and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>This federal tag relates to complaint #IN00116288.</p> <p>9-3-2(a)</p>			

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the QMRP (Qualified Mental Retardation Professional) failed to ensure facility staff were trained prior to working with clients.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/25/12 at 8:15 AM. The review included the following:</p> <p>-BDDS report dated 9/9/12 indicated on 9/8/12, "[Client A] and [FC I (Former Client)] were getting into the van to leave on an outing. [Client A] began yelling at [FC I] and [FC I] told [client A] to shut up. [Client A] entered [FC I]'s personal space and hit him in the face and [FC I] hit [client A] back in the face. Before staff could separate the two they hit each other in the face several times. After separating [client A] and [FC I], staff performed a physical assessment and noted that [client A]'s mouth and nose were bleeding and</p>	W0159	<p><b>CORRECTION:</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, the QDDPD has been replaced. The new qualified person is receiving daily face to face monitoring by the Clinical Supervisor during the initial training period. During this orientation phase, the QDDPD is receiving training including, but not limited to the importance of initial and ongoing direct support staff training. <b>PREVENTION:</b> Members of the Operations and Quality Assurance Teams will conduct periodic audits of facility support documents and conduct active treatment observations, as needed but no less than monthly, on an ongoing basis to assure the QDDPD integrates, coordinates and monitors, the active treatment program effectively and will provide guidance, mentorship and corrective measures as needed. <b>RESPONSIBLE PARTIES:</b> QDDPD, Operations Team, Quality Assurance Team</p>	10/31/2012			

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	<p>her right eye was swollen. Staff performed first aid and transported [client A] to the [hospital] ER for evaluation. ER personnel examined [client A] and determined that she had sustained a hairline fracture of her nose."</p> <p>-investigation dated 9/14/12 indicated the following written interview with PD #1 (Program Director) on 9/14/12 at 10:45 AM, "Who worked at SGL (unknown) Campbell on Saturday, 9/8/12? [Staff #1], [staff #2], [staff #3] and [staff #4] were on duty when [FC I] hit [client A] on 9/8/12 and [staff #1] told them not to have [client A] and [FC I] sitting next to each other. How long had [staff #2] and [staff #3] been out of orientation and working at Campbell? It was [staff #3]'s third week and I'm not for sure how long... it might have been [staff #2]'s second or third week. Have you completed and turned in [staff #2] and [staff #3]'s On the Job (OTJ) training checklists? They haven't completed their OJT checklists. What training have you provided to [staff #2] and [staff #3]? I really haven't trained with them. [HM #1] has trained with them on the weekends. [Staff #3] was at the IDT (Interdisciplinary Team) meeting we had where I had instructed them to review the ISP's (Individual Support Plan) and BSP's (Behavior Support Plan). [Staff #1] and</p>			

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	<p>[staff #5] aren't supervisors but they are experienced and have been training with them on the weekends. Have you completed and turned in [HM #1's] OJT checklist? [HM #1] hasn't completed his OJT checklist yet. We have reviewed a lot of the stuff that is on it. It just isn't all documented yet. Tell me about the community outing on 9/8/12: [Staff #2] and [staff #3] had authorization form [HM #1] to take the individuals out to eat, but not to go to the mall after and that is where everything happened. That is where [FC I] punched [client A] in the nose on the van. They said [client A] started to yell and have her behaviors in the mall because she didn't want to walk back to the van. Do you believe [staff #2] and [staff #3] were adequately trained to take the individuals out into the community on Saturday, 9/8/12? On the 8th, I think [staff #2] and [staff #3] were adequately trained for the outing, not to go by themselves but they had [staff #4] who was a long term employee and they had guidance from [staff #1]."</p> <p>Interview with AS (Administrative Staff) on 9/27/12 at 1:04 PM indicated staff #2 and staff #3 were not trained prior to working with clients A, B, C, D, E, F, G and H. AS #1 indicated staff should be trained prior to working with client A, B, C, D, E, F, G and/or H. AS #1 indicated</p>			

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	<p>QMRP/PD #1 was responsible for ensuring staff and HM #1 were trained prior to working with the clients.</p> <p>This federal tag relates to complaint #IN00116288.</p> <p>9-3-3(a)</p>			

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the facility failed to ensure facility staff were trained prior to working with the clients.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/25/12 at 8:15 AM. The review included the following:</p> <p>-BDDS report dated 9/9/12 indicated on 9/8/12, "[Client A] and [FC I (Former Client)] were getting into the van to leave on an outing. [Client A] began yelling at [FC I] and [FC I] told [client A] to shut up. [Client A] entered [FC I]'s personal space and hit him in the face and [FC I] hit [client A] back in the face. Before staff could separate the two they hit each other in the face several times. After separating [client A] and [FC I], staff performed a physical assessment and noted that [client</p>			W0189	<p><b>CORRECTION:</b> <i>The facility must provide each employee with, initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Specifically, staff #2 and Staff #3 have completed on-the-job training checklists and received client-specific training from supervisory staff. PREVENTION:</i> The facility is developing client-specific training packets for use with new employees and veteran employees who are new to the facility. Employees will receive face to face training on the contents of these training packets for all clients prior to being scheduled without supervisory staff present in the home. The staff Development Coordinator will maintain a training data base to track and monitor training at the facility and members of the Operations and Quality Assurance teams will monitor active treatment sessions at the facility as needed but no less than monthly to assure training is effective. <b>Responsible Parties:</b> QDDPD, Support Associates, Operations Team, Quality Assurance Team</p>		10/31/2012

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	<p>A]'s mouth and nose were bleeding and her right eye was swollen. Staff performed first aid and transported [client A] to the [hospital] ER for evaluation. ER personnel examined [client A] and determined that she had sustained a hairline fracture of her nose."</p> <p>-investigation dated 9/14/12 indicated the following written interview with PD #1 (Program Director) on 9/14/12 at 10:45 AM, "Who worked at SGL (unknown) Campbell on Saturday, 9/8/12? [Staff #1], [staff #2], [staff #3] and [staff #4] were on duty when [FC I] hit [client A] on 9/8/12 and [staff #1] told them not to have [client A] and [FC I] sitting next to each other. How long had [staff #2] and [staff #3] been out of orientation and working at Campbell? It was [staff #3]'s third week and I'm not for sure how long... it might have been [staff #2]'s second or third week. Have you completed and turned in [staff #2] and [staff #3]'s On the Job (OTJ) training checklists? They haven't completed their OJT checklists. What training have you provided to [staff #2] and [staff #3]? I really haven't trained with them. [HM #1] has trained with them on the weekends. [Staff #3] was at the IDT (Interdisciplinary Team) meeting we had where I had instructed them to review the ISP's (Individual Support Plan) and BSP's</p>			

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	<p>(Behavior Support Plan). [Staff #1] and [staff #5] aren't supervisors but they are experienced and have been training with them on the weekends. Have you completed and turned in [HM #1's] OJT checklist? [HM #1] hasn't completed his OJT checklist yet. We have reviewed a lot of the stuff that is on it. It just isn't all documented yet. Tell me about the community outing on 9/8/12: [Staff #2] and [staff #3] had authorization form [HM #1] to take the individuals out to eat, but not to go to the mall after and that is where everything happened. That is where [FC I] punched [client A] in the nose on the van. They said [client A] started to yell and have her behaviors in the mall because she didn't want to walk back to the van. Do you believe [staff #2] and [staff #3] were adequately trained to take the individuals out into the community on Saturday, 9/8/12? On the 8th, I think [staff #2] and [staff #3] were adequately trained for the outing, not to go by themselves but they had [staff #4] who was a long term employee and they had guidance from [staff #1]."</p> <p>Interview with AS (Administrative Staff) on 9/27/12 at 1:04 PM indicated staff #2 and staff #3 were not trained prior to working with clients A, B, C, D, E, F, G and H. AS #1 indicated staff should be trained prior to working with client A, B,</p>			

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	C, D, E, F, G and/or H.  This federal tag relates to complaint #IN00116288.  9-3-3(a)				