

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G646	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/21/2014
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3715 W GODMAN MUNCIE, IN 47304
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/12, 2/13, 2/14, 2/17, 2/18, 2/19, 2/20, and 2/21/2014.</p> <p>Surveyor: Susan Eakright, QIDP.</p> <p>Facility Number: 001054 Provider Number: 15G646 AIMS Number: 100240210</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/3/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000120	<p>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, record review, and interview of 4 sampled clients (client #2) who attended outside contracted workshop for day services, facility failed to ensure the contracted workshop client #2's identified needs.</p> <p>Findings include:  On 2/18/14 from 9:25am until 11:15am, client #2 was observed at the outside</p>	W000120	<p>The facility will assure that outside services meet the needs of each client. The QIDP met with workshop administration and discussed the need for the Developmental Work Services Assessment and revision to include work skills, work history and work interest. These revisions to the developmental work services assessment have been made for all clients in the home. QIDP or Residential Manager will complete</p>	03/21/2014

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>workshop #2. From 9:25am until 11:15am, client #2 sat in a chair at his workstation, his chin to his chest, and client #2's eyes were closed. From 9:25am until 11:15am, Workshop Staff (WKS) #1 initiated communication between herself and client #2 once when WKS #1 stated "Oh, [client #2] you're awake." At 9:40am, WKS #1 indicated client #2 was asleep and was not working. At 9:40am, WKS #1 indicated client #2 was to have been completing paid work.</p> <p>On 2/19/14 at 9:10am, client #2's record was reviewed. Client #2's 7/12/13 ISP (Individual Support Plan) indicated an objective to maintain or increase his production rate of 6.5% for at least 6 out of 12 months. Client #2's 7/11/13 "Developmental Work Services Assessment (vocational assessment)" indicated "List any behavior/medical concerns that affect day program services: Sleeps, refuses work, (and) loud noises."</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #2 should have been prompted and offered work opportunities to complete tasks.</p>		twice weekly day program observations and document accordingly to ensure that the clients are actively involved at the workshop.		

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W000149	<p>9-3-1(a)</p> <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 1 of 4 sampled clients (client #1), the facility neglected to implement their policy and procedure for abuse, neglect, and/or mistreatment to supervise client #1 based on her identified AWOL (Absent Without Leave) behaviors.</p> <p>Findings include:</p> <p>On 2/12/14 at 1:00pm, the facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed from 2/2013 through 2/13/14 and indicated the following for client #1:</p> <p>-A 7/16/13 BDDS report for an incident on 7/15/13 at 7:45am, indicated "while waiting to get in the van [client #1] became agitated and ran down the driveway. Staff followed [client #1]. [Client #1] entered the grass and tripped in a hole."</p> <p>-A 6/14/13 BDDS report for an incident on 6/14/13 at 11:30am, indicated "while at workshop, [client #1] excused herself</p>	W000149	The facility will ensure that written policies and procedures that prohibit mistreatment, neglect or abuse of the client, are followed. Client #1 will have one to one staffing during waking hours while at home. The QIDP and Residential Manager will review the schedule on a daily basis to assure that the schedules reflect the one to one staffing for client #1.	03/21/2014			

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	<p>to the restroom. After a few minutes, staff went to check on [client #1] who was no where to be found." The report did not indicate where client #1 was located and/or how long she was gone AWOL. The report indicated client #1 was moved to a different department with line of sight supervision.</p> <p>-A 5/7/13 BDDS report for an incident on 5/6/13 at 4:30pm, indicated client #1 "became upset when she was unable to get into the medication room where a private conversation was being held between the nurse and a doctor. [Client #1] became verbally aggressive and began hitting the medication room door...[Client #1] suddenly ran out one of the doors to the home and quickly darted behind and between homes in the immediate neighborhood making it difficult to locate [client #1]. Staff found her at a nearby local business where [client #1] appeared calm."</p> <p>-A 5/6/13 BDDS report for an incident on 5/5/13 at 12:30pm, indicated client #1 "became impatient when staff asked her to wait a moment to go outside while they finished assisting other clients. [Client #1] suddenly ran out the back door. Staff followed but lost sight of her for a few minutes. They located her around the corner at another ResCare</p>						

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	<p>group home (nine tenths of a mile away), yelling and banging on the door. Staff was able to calm her after several minutes and assisted [client #1] home."</p> <p>-A 4/6/13 BDDS report for an incident on 4/5/13 at 7:00pm, indicated client #1 "became agitated with no apparent antecedent then went outside to cool off. Staff was outside monitoring [client #1] when [client #1] decided (to) run from her home. The staff alerted the other staff on duty and began pursuit. When [client #1] eluded staff they called the supervisor and notified police. The immediate area was searched and [client #1] was located at a nearby pharmacy. The police escorted [client #1] back home."</p> <p>On 2/13/14 at 1:30pm, a record review was completed of the facility's 4/2012 "Operations Standard, Reporting and Investigating abuse/neglect/exploitation/mistreatment " policy and procedures. The policy and procedure indicated the facility prohibited abuse, neglect, exploitation, and mistreatment.</p> <p>On 2/13/14 at 1:30pm, a record review was completed of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes</p>						

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	<p>failure to provide appropriate care, food, medical care, or supervision...."</p> <p>Client #1's record was reviewed on 2/19/14 at 8:40am. Client #1's 11/20/13 ISP (Individual Support Plan) and 11/20/13 BSP (Behavior Support Plan) both indicated client #1 had the identified behaviors of physical aggression, verbal aggression, and AWOL behaviors. Client #1's ISP and BSP indicated client #1 was to be supervised by facility staff within the line of sight. Client #1's 11/20/13 "Right to be Modified: Freedom for [client #1] to independently leave the group home yard" indicated client #1's right was modified because of her behaviors and "will be limited to leaving the group home yard unless with staff or family. Reason...To provide for the safety of [client #1] within the community. [Client #1] is vulnerable to strangers and she also doesn't know the neighborhood enough to not get lost." Client #1's 11/20/13 Functional Assessment indicated she was not independent with money, medications, did not recognize dangers, and did not have community safety skills.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was</p>						

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W000225	<p>conducted. The QIDP indicated the facility staff implemented client #1's BSP. When asked if client #1's BSP was preventing client #1's continued AWOL behaviors, the QIDP indicated it did not before 7/2013. The QIDP indicated the definition of neglect was the failure to provide appropriate care and/or supervision. The QIDP indicated client #1 did not have community and/or pedestrian safety skills to independently access the community.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on interview and record review, for 1 of 4 sampled clients (client #2) and 3 additional clients (clients #5, #6, and #8), the facility failed to include in the assessment of client #2, #5, #6, and #8's vocational skills each client's work history, work skills, and work interests.</p> <p>Findings include:</p> <p>1. On 2/18/14 from 9:25am until 11:15am, client #2 was observed at the outside workshop #2. From 9:25am until 11:15am, client #2 sat in a chair at his workstation, his chin to his chest, and client #2's eyes were closed. From</p>	W000225	The facility will ensure that a comprehensive functional assessment will include, as applicable, vocational skills. The QIDP met with workshop administration and discussed the need for the Developmental Work Services Assessment and revision to include work skills, work history and work interest. These revisions to the developmental work services assessments have been made for all clients in the home. QIDP or Residential Manager will complete twice weekly day program observations and document accordingly to ensure that the clients are actively involved at the workshop.	03/21/2014			

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	<p>9:25am until 11:15am, Workshop Staff (WKS) #1 initiated communication between herself and client #2 once when WKS #1 stated "oh, [client #2] you're awake." At 9:40am, WKS #1 indicated client #2 was asleep and was not working. At 9:40am, WKS #1 indicated client #2 was to have been completing paid work.</p> <p>On 2/19/14 at 9:10am, client #2's record was reviewed. Client #2's 7/12/13 ISP (Individual Support Plan) indicated an objective to maintain or increase his production rate of 6.5% for at least 6 out of 12 months. Client #2's 7/11/13 "Developmental Work Services Assessment (vocational assessment)" indicated "List any behavior/medical concerns that affect day program services: Sleeps, refuses work, (and) loud noises." Client #2's 7/11/13 vocational assessment did not include his work history and/or his work interests.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #2 should have been prompted and offered work opportunities to complete tasks. The QIDP indicated client #2's vocational assessment did not include</p>			

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	<p>client #2's work history and/or his work interests.</p> <p>2. On 2/18/14 from 9:25am until 11:15am, clients #5, #6, and #8 were observed at the outside workshop #2. From 9:25am until 11:15am, clients #5 and #8 sat/stood at their work areas working to assemble six can lids into each box to equal one part. From 9:25am until 11:15am, client #6 sat at her work area, did not work, was asleep on the table, and got up from her chair to walk around the workshop classroom area. At 9:40am, WKS #1 indicated client #6 was asleep, was not working, and should be working. At 10:10am, client #6 got up from her chair, began to walk towards the doorway, and WKS #1 indicated client #6 was going to the bathroom. At 10:15am, client #6 returned to the work classroom and was without activity until 11:15am. At 11:15am, WKS #1 indicated clients #5, #6, and #8 were to have been completing paid work.</p> <p>On 2/19/14 at 3:00pm, client #5's record was reviewed. Client #5's 8/12/13 "Developmental Work Services Assessment (vocational assessment)" did not include his work history and/or work interests.</p>						

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W000331	<p>On 2/19/14 at 3:00pm, client #6's record was reviewed. Client #6's 4/11/13 "Developmental Work Services Assessment (vocational assessment)" did not include her work history and/or work interests.</p> <p>On 2/19/14 at 3:00pm, client #8's record was reviewed. Client #8's 8/27/13 "Developmental Work Services Assessment (vocational assessment)" did not include his work history and/or work interests.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #6 should have been prompted and offered work opportunities to complete tasks. The QIDP indicated clients #5, #6, and #8's vocational assessments did not include a work history, work skills, and/or their work interests.</p> <p>9-3-4(a) 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, for 1 of 4 sampled clients (client #3), the facility failed to develop an assessment and/or a protocol to</p>	W000331	The facility will provide clients with nursing services in accordance with their needs. Client #3 will be asked twice a day of her pain level and documented on the MAR. Staff have	03/21/2014			

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	<p>manage client #3's pain and/or discomfort.</p> <p>Findings include:</p> <p>On 2/12/14 from 3:00pm until 6:20pm, client #3 was observed at the group home. At 4:05pm, client #3 sat in her wheelchair and leaned to the right side where a pillow was positioned between the wheelchair arm rest and client #3's right elbow/arm. At 4:05pm, client #3 was at the dining room table with Group Home Staff (GHS) #1 who prompted her to consume her pudding. Client #3 moaned when she shifted in her wheelchair, had leveled eye brows, and refused to consume her pudding. At 5:17pm, client #3 sat in her wheelchair in the living room and moaned when she moved her body position in her wheelchair. At 6:00pm, client #3 and GHS #2 scooped out her food for serving. At 6:16pm, the QIDP (Qualified Intellectual Disabilities Professional) asked client #3, if client #3 "was hurting." Client #3 looked at the QIDP and nodded "yes."</p> <p>On 2/13/14 at 6:05am, the QIDP indicated client #3 was hurting and had discomfort last night (2/12/14), was taken to the hospital by the staff, and was admitted for pneumonia.</p>		<p>been trained on this procedure to include notifying the nurse if the pain level is above five and the PRN medication is not effective. This procedure will be used for all clients' accordance with their needs. The agency nurse will monitor this procedure and complete weekly observations.</p>				

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	<p>Client #3's record was reviewed on 2/19/14 at 9:50am. Client #3's 1/24/14 ISP (Individual Support Plan), 12/2/13 "Physician's Order," and 1/17/14 Baclofen Pump healthcare plan indicated client #3 received Baclofen 10mg (milligrams) twice a day. Client #3's record indicated client #3 had her "Baclofen Pump 500mg (for pain)" refilled at the physician's office on 1/21/14, on 11/19/13, on 9/10/13, and on 6/25/13. Client #3's 1/17/14 "Health related concern: Baclofen Pump inserted for relief of CP (Cerebral Palsy) effects; pain and spastic, contracted arms and legs, bilateral hip abduction, and hip dysplasia." Client #3's Health Care Plans did not include client #3's pain monitoring and how to determine when client #3 was in pain/discomfort. Client #3's 12/28/13, 9/29/13, 6/28/13, 3/20/13 Quarterly Nursing Assessments did not indicate client #3 had pain and/or how client #3's pain/discomfort was monitored. Client #3's record did not indicate a pain assessment and/or protocol.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #3 did not have a pain assessment and/or</p>			

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W000369	<p>a pain protocol completed to monitor client #3's pain/discomfort.</p> <p>On 2/21/14 at 12:45pm, an interview with the QIDP was conducted. The QIDP indicated the facility staff will now ask client #3 twice per day to rate her pain/discomfort from 1 to 10 and record it on client #3's MAR (Medication Administration Record).</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview for 1 of 17 doses of medications administered at the evening medication administration time (client #6), the facility failed to administer medications without error to client #6.</p> <p>Findings include:</p> <p>On 2/12/14 at 4:15pm, client #6's medications were administered by GHS (Group Home Staff) #1. At 4:15pm, GHS #1 assisted client #6 to the medication room for her evening medications. At 4:15pm, GHS #1 selected client #6's "Oyster Calcium +</p>	W000369	The facility will ensure that all drugs are administered in compliance with the physician's orders. All staff (residential and workshop) will be retrained on following all physician's orders. The agency nurse will retrain all staff on proper medication administration. The QIDP, Residential Manager and the agency nurse will complete weekly med pass observations.	03/21/2014			

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	<p>(plus) vitamin D 500mg (milligrams) three times daily, give 1 tablet after meals" for history of fractures. At 4:15pm, client #6 took her medication and left the medication room. At 6:16pm, client #6 fed herself her first bite of supper.</p> <p>On 2/12/14 at 4:15pm, client #6's 2/2014 MAR (Medication Administration Record) was reviewed and indicated "Oyster Calcium 500mg + Vit (Vitamin) D tab, give one tablet orally three times daily after meals Dx (Diagnosis): Hx (Histories) Fracture and Scoliosis."</p> <p>On 2/19/14 at 3:00pm, client #6's 12/2/13 "Physician's Order" indicated "Oyster Calcium 500mg + Vit (Vitamin) D tab, give one tablet orally three times daily after meals Dx (Diagnosis): Hx (Histories) Fracture and Scoliosis."</p> <p>On 2/19/14 at 3:00pm, a record review was completed of the undated facility's policy and procedures which indicated facility staff should follow physician's orders to administer medications to clients who lived in the group home.</p> <p>On 2/19/14 at 3:00pm, the 2004 "Core A/Core B Medication Training" indicated "Lesson 3 Principles of Administering Medications." The Core</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G646	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/21/2014
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W000436	<p>A/Core B policy and procedure indicated the facility should follow physician orders.</p> <p>On 2/19/14 at 3:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated staff did not follow physician's orders and when staff did not follow client #6's physician orders the result would be considered a medication error.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client #1) with adaptive equipment, the facility failed to teach and encourage client #1 to wear her prescribed eye glasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/12/14 from 3:00pm until 6:20pm, and on 2/13/14 from</p>	W000436	The facility will furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces and other devices identified by the interdisciplinary team as needed by the client. Staff have been retrained on encouraging clients to utilize their adaptive equipment as identified by the IDT. Staff were trained on encouraging client #1 to wear her prescribed eye glasses. The	03/21/2014

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	<p>5:40am until 7:25am. During the observation periods, client #1 did not wear her prescribed eye glasses and was not prompted and/or encouraged to wear her prescribed eye glasses. During both observation periods client #1 read a recipe, assisted staff to measure ingredients to cook, stirred hot items on the stove, watched television, and read the newspaper without her prescribed eye glasses.</p> <p>On 2/18/14 from 9:25am until 11:15am, client #1 was observed at the outside contracted workshop #2 and did not wear her prescribed eye glasses. From 9:25am until 11:15am, client #1 sat leaning forward in a chair at her workstation and client #1 held her assembly parts within inches of her eyes. Client #1 was not prompted and/or encouraged to wear her prescribed eye glasses.</p> <p>On 2/19/14 at 8:40am, client #1's record review was conducted. Client #1's 11/20/13 ISP (Individual Support Plan) indicated she wore prescribed eye glasses and a goal/objective to say why she should wear her glasses. Client #1's 11/15/12 vision evaluation indicated she wore prescribed eye glasses.</p> <p>On 2/19/14 at 3:00pm, an interview with</p>		Residential Manager will complete random weekly active treatment habilitation to include client #1 being encouraged to wear her eye glasses.		

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	<p>the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #1 wore prescribed eye glasses. The QIDP indicated client #1 should have been taught and encouraged to wear her prescribed eye glasses.</p> <p>9-3-7(a)</p>				