

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the post certification revisit (PCR) to the full annual recertification and state licensure survey and to the investigation of complaint #IN00283510 completed on 1/16/19 which resulted in an Immediate Jeopardy.</p> <p>This visit was in conjunction with the investigation of complaint #IN00288631.</p> <p>Complaint #IN00283510: Corrected.</p> <p>Dates of Survey: March 6, 7 and 8, 2019.</p> <p>Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 3/26/19.</p>	W 0000		
W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 13 allegations of abuse, neglect and mistreatment reviewed, the facility failed to report to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of knowledge regarding an allegation of staff neglect of clients D and H.</p>	W 0153	<p>CORRECTION: <i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials</i></p>	04/07/2019

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 3/6/19 at 12:58 PM. A BDDS report dated 3/6/19 indicated on 2/28/19, "... On 3/5/19, the ResCare Quality Assurance Manager (#1) received a report that on 2/28/19, when a female ResCare employee arrived to pick up [client D] and [client H] from the [Name of Day Program], she smelled of marijuana. Preliminary inquiry indicated direct support staff [staff #1] was driving the van at the time. Staff [staff #1] has been suspended pending investigation of the allegation."</p> <p>A review of the BDDS report dated 3/6/19 indicated the facility was notified on 3/5/19 regarding an allegation of staff neglect regarding staff #1.</p> <p>Emails (electronic mail) regarding the allegation of staff neglect on 2/28/19 were reviewed on 3/7/19 at 11:00 AM.</p> <p>An email from [DSM (Disability Service Manager) #1] dated 3/1/19 and sent to BDDS Coordinator (BC #1) indicated, "... I (DSM #1) had a question for you (BC #1) regarding the Res Care staff. We had an incident with a ResCare participant (client D) happen at one of our [Day Programs] yesterday, and unfortunately found the staff's (#1) response to be a little alarming. Is there someone within ResCare we can speak to about this? An incident report has been filed with the school, but I wanted to check with you (BC #1) and see if there was anything with ResCare we could do as well...".</p> <p>An email from ResCare OM (Operations Manager #1) dated 3/1/19 at 4:42 PM indicated, "[DSM #1]</p>		<p><i>in accordance with State law through established procedures.</i> Specifically, facility supervisors and direct support staff have been retrained regarding incident reporting requirements.</p> <p>The Quality Assurance Manager and the QIDP Manager will carefully review all incidents reported by the facility to assure that allegations and other required incidents are reported to the Bureau of Developmental Disabilities Services as required by state law. A review of incident documentation indicates that this deficient practice may have affected all clients who reside in the facility.</p> <p>PREVENTION: Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to the administrator. The Quality Assurance Manager and the QIDP Manager will coordinate and follow-up with the Quality Assurance Coordinators, QIDPs and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required.</p> <p>The Operations Team (comprised of the Quality Assurance</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256	
(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)
	<p>feel free to reach out to [QAM (Quality Assurance Manager) #1] or myself...".</p> <p>An email from QAM #1 to DSM #1 dated 3/1/19 at 4:58 PM indicated, "... I (QAM #1) was added to the other emails regarding one of our staff members. Could you please elaborate on what occurred so that any appropriate actions can be taken?...".</p> <p>An email from DSM #1 to QAM #1 dated 3/4/19 at 2:12 PM indicated, "... When the Res Care employee (staff #1) arrived they smelled strongly of marijuana. The employee (staff #1) attempted to de-escalate the client (D) but informed school staff that she (staff #1) could not physically touch the student. She then gave the client (D) the option to either leave with her (staff #1) or have school staff call the police. After repeating these options several times, the client (#1) got up and started to walk with the employee (staff #1). The employee then escorted the client (D) to the staff vehicle where the client (D) was among other clients (G) being escorted to their group home together...".</p> <p>A review of the emails dated 3/1/19 through 3/4/19 indicated the facility was notified on 3/1/19 regarding a concern about facility staff's behavior. The review indicated the facility was notified of an allegation of staff neglect on 3/4/19.</p> <p>QIDPM (Qualified Intellectual Disability Professional Manager #1) was interviewed on 3/7/19 at 12:24 PM. QIDPM #1 was asked when the facility was notified of an allegation of staff neglect regarding staff #1. QIDPM #1 stated, "3/4/19." QIDPM #1 was asked when the facility reported the allegation to BDDS. QIDPM #1 stated, "3/6/19."</p>			<p>Manager, Quality Assurance Coordinators, QIDP Manager, Executive Director, Operations Managers, Program Managers, Nurse Manager and Assistant Nurse Manager) will conduct administrative visits to the facility no less than three times weekly for the next 30 days, and no less than weekly until all staff demonstrate competence. After this period of intensive administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility, which will occur no less than monthly. Administrative monitoring will include review of facility progress notes, communication log entries, behavior tracking records and face to face discussion with clients and staff to assure all incidents have been reported and investigated as required.</p> <p>If, through investigation, supervisors discover that an employee has failed to accurately report allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, the governing body will administer written corrective action up to and including termination of employment.</p> <p>RESPONSIBLE PARTIES: QIDP,</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0322 Bldg. 00	<p>9-3-2(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure the physician's recommendations were followed as written.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 3/7/19 at 10:32 AM. Client A's ROV (Record Of Visit) form dated 2/12/18 indicated, "... Stable Neurofibromas (non-cancerous tumor)- 8 mm (millimeter) Left Kidney, 1.4 cm (centimeter) Right Kidney... Recommendations for treatment: 1 year with renal (kidney) bladder ultrasound... call to set up in 6 m (months) for Feb. 2019...".</p> <p>A review of the ROV dated 2/12/18 indicated client A was recommended to return for a renal ultrasound in February, 2019.</p> <p>QIDPM (Qualified Intellectual Disability Professional Manager #1) was interviewed on 3/7/19 at 12:24 PM. QIDPM #1 was asked if the facility had documentation of a current renal ultrasound completed for client A. QIDPM #1 stated, "No, not at this time."</p> <p>9-3-6(a)</p>	W 0322	<p>CORRECTION: The facility must provide or obtain preventive and general medical care. Specifically, the renal ultrasound appointment cancelled by the doctor's office in February 2019 has been rescheduled. An audit of facility medical charts indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <ul style="list-style-type: none"> · The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. <p>Members of the Operations Team (comprised of the Executive</p>	04/07/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B received his prescription medications as ordered by a physician.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/6/19 at 12:58 PM.</p> <p>A BDDS report dated 3/1/19 indicated, "... On 3/1/19, it was discovered that [client B] had not received his 7:00 AM medication, Vyvanse (Attention Deficit Hyperactivity Disorder) (40 mg</p>	W 0368	<p>Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators and Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to physical examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Heath Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</i> Specifically, client B is currently receiving his medications as prescribed. Facility staff will complete a weekly audit of all clients' medication to assure that medications are being administered per physician orders and reordered as needed, in a timely manner. When discrepancies are noted, the nurse</p>	04/07/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>(milligram) due to no supply...".</p> <p>A BDDS report dated 3/3/19 indicated on 3/2/19, "... On 3-2-19, [client B] did not receive his Physician prescribed Olanzapine 10 mg (milligram) tablet, due to there being no medication supply in the home...".</p> <p>Client B's record was reviewed on 3/6/19 at 1:41 PM. Client B's MAR dated 3/1/19 to 3/31/19 indicated, "... Olanzapine Tab (tablet) 10MG... Give One Tablet By Mouth Every Morning...". The review indicated staff documented client B's Olanzapine 10 MG was not administered from 3/1/19 to 3/5/19 due to no supply of the medication available.</p> <p>Client B's MAR dated 3/1/19 to 3/31/19 indicated, "... Vyvanse Cap (capsule) 40MG... Give One Tablet By Mouth Every Morning...". The review indicated staff documented client B's Vyvanse 40 MG was not administered from 3/1/19 to 3/5/19 due to no supply of the medication available.</p> <p>QIDPM (Qualified Intellectual Disability Professional Manager #1) was interviewed on 3/7/19 at 12:24 PM. QIDPM #1 indicated client B did not receive his Olanzapine 10 MG and his Vyvanse 40 MG as ordered by the physician.</p> <p>9-3-6(a)</p>		<p>will be notified, to assure prompt resolution.</p> <p>PREVENTION: The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring medications are administered as prescribed. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators and Nurse Manager) and the QIDP will conduct weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are administered as prescribed.</p>	