STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G814	A. BUILDING 00 B. WING	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	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	This visit was for the investigation of complaint #IN00288631. This visit was in conjunction with a 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. Complaint #IN00288631: Substantiated, Federal and state deficiency related to the allegation is cited at W153. Dates of Survey: March 6, 7 and 8, 2019. Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/26/19.	W 0000		
W 0153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. 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	W 0153	**CORRECTION:** *The system for drug administration must assure that all drugs are administered in compliance with the physician's*	04/08/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G814	A. BUILDING 00 B. WING	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	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
	allegation of staff neglect of clients D and H. Findings include: 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." 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. Emails (electronic mail) regarding the allegation of staff neglect on 2/28/19 were reviewed on 3/7/19 at 11:00 AM. 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...".		*orders.* 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 will be notified, to assure prompt resolution. **PREVENTION:** The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered. 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 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 Manger) and the QIDP will conduct weekly administrative monitoring during varied shifts/times, to assure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G814	A. BUILDING 00 B. WING	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	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
	An email from ResCare OM (Operations Manager #1) dated 3/1/19 at 4:42 PM indicated, "[DSM #1] feel free to reach out to [QAM (Quality Assurance Manager) #1] or myself...". 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?...". 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...". 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. 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		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. Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows: ·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. Administrative support at the home will include assuring staff provide continuous active treatment during formal and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G814	A. BUILDING 00 B. WING	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	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
	reported the allegation to BDDS. QIDPM #1 stated, "3/6/19." This federal tag relates to complaint #IN00288631. 9-3-2(a)		informal opportunities, including but not limited to assuring medications are administered as prescribed.	