

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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 investigation of Complaint #IN00370940.</p> <p>Complaint #IN00370940: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W186.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 2/10/22, 2/11/22 and 2/14/22.</p> <p>Facility Number: 000844 Provider Number: 15G326 AIMS Number: 100243650</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/22/22.</p>	W 0000		
W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A was allowed access to his personal funds to participate in a community outing to obtain piercings as agreed upon by the Interdisciplinary Team.</p> <p>Findings include:</p> <p>On 2/10/22 at 5:57 PM, client A requested an</p>	W 0136	<p>W 136: Protection of Client Rights</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Business Manager updated the finance policy. (Attachment A) All Staff trained on the updated finance policy. (Attachment B) 	03/05/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>interview with the Qualified Intellectual Disabilities Professional, Qualified Intellectual Disabilities Professional Designee and the Surveyor. Client A expressed dissatisfaction about not participating in a planned community outing to receive a piercing. Client A indicated the outing had been planned and postponed numerous times and that the Area Supervisor had his \$100.00 with him inside his vehicle preventing client A from access and the opportunity to coordinate the outing with other staff.</p> <p>On 2/10/22 at 6:17 PM, a review of client financial ledgers was conducted. The review found the following: Client A's January 2022 and February 2022 financial ledgers did not indicate accounting of \$100.00 entered as indicated as cash on hand for client A. Client A's balance was indicated as \$0.00 on both of the financial ledgers.</p> <p>On 2/11/22 at 12:04 PM, client A's Resident Fund Management Service Statement dated 1/1/22 through 1/31/22 indicated the following: - "1/3/22 description: piercing, Debit: \$100.00, Balance: \$459.02".</p> <p>On 2/11/22 at 11:40 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client A's accounting for the \$100.00 of withdrawn monies for his community activity. The QIDP indicated client A's IDT (interdisciplinary team) had agreed client A could use his \$100.00 to purchase piercing in the community. The QIDP stated, "I think what [client A] said could be correct (Area Supervisor keeping his money in his car)". The QIDP was asked if client A's cash on hand should be entered into his cash on hand ledger and maintained in a secure</p>		<ul style="list-style-type: none"> · QIDP will ensure all client assessments are current. (Attachment C) · QIDP will ensure all goals match the client assessments. (Attachment C) · Business Manager created a form for transferring money to guardians upon request. (Attachment D) · Area Supervisor will conduct a weekly audit on all finances. (Attachment F) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Area Supervisor will send inservices to Program Manager to ensure completion. · QIDP will update assessments annually and as needed. · Business Department will monitor all client finances and ensure proper documentation and approval is in place prior to giving out funds. · Finance Audits will be sent to the Program Manager for monitoring and to ensure completion. <p>Completion Date: 3/5/22</p>	

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

PRINTED: 03/14/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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)	(X5) COMPLETION DATE
	<p>location within client A's home. The QIDP stated, "They revised the policy for financials. I'm not sure what they're supposed to do with it".</p> <p>On 2/11/22 at 11:51 AM, the Business Manager (BM) was interviewed. The BM was asked about the accounting of client A's \$100.00 for his community activity to obtain a piercing. The BM stated, "The money should go on the ledger (cash on hand) at the home. That way it can be accounted for and we have a paper trail. We should never have money just floating around. Once the employee (Area Supervisor) has the money, we stress that the money be spent. If not, brought back to be deposited. We do keep up to \$50.00 in the home". The BM was asked to clarify if the \$100.00 of client A's money for the community activity to obtain a piercing should have been redeposited within his account. The BM stated, "At least \$50.00 of it. They could keep \$50.00 of it in the home". The BM indicated client A's cash on hand ledger at the home should have been updated to include the \$100.00 withdrawal at the time the Area Supervisor obtained client A's money. If not spent immediately, the \$100.00 should have been redeposited and/or at least \$50.00 accounted for on the cash on hand ledger and returning the remaining \$50.00 for redeposit back into client A's account to ensure appropriate accounting of the funds had occurred.</p> <p>On 2/11/22 at 12:04 PM, the Cash Pick-Up Compliance Policy dated 1/26/22 was reviewed. The Cash Pick up Compliance Policy indicated the Area Supervisor had received client A's \$100.00 for his community activity to obtain a piercing. The Area Supervisor signed indicating receipt of the money on 1/26/22. The cash Pick-Up Compliance Policy indicated, "Staff who pick-up and sign for client's money are responsible and</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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)	(X5) COMPLETION DATE
W 0140 Bldg. 00	<p>will be held accountable for: 1) Missing funds, 2) Accurately completing the cash on hand resource ledger and 3) Turning in receipts".</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure a full and complete accounting of client A's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 2/10/22 at 5:57 PM, client A requested an interview with the Qualified Intellectual Disabilities Professional, Qualified Intellectual Disabilities Professional Designee and the Surveyor. Client A expressed dissatisfaction about not participating in a planned community outing to receive a piercing. Client A indicated the outing had been planned and postponed numerous times and that the Area Supervisor had his \$100.00 with him inside his vehicle preventing client A from access and the opportunity to coordinate the outing with other staff.</p> <p>On 2/10/22 at 6:17 PM, a review of client financial ledgers was conducted. The review found the following: Client A's January 2022 and February 2022 financial ledgers did not indicate accounting of \$100.00 entered as indicated as cash on hand for client A. Client A's balance was indicated as \$0.00 on both of the financial ledgers.</p>	W 0140	<p>W140: The facility must establish and maintain a system that assures a full and complete accounting of client's personal funds and entrusted to the facility on behalf of the clients.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · All staff trained on finance policy and procedures and will be receive additional training at monthly house meetings. <p>(Attachment B)</p> <ul style="list-style-type: none"> · Area Supervisor trained on the updated finance policy. <p>(Attachment F)</p> <ul style="list-style-type: none"> · Area Supervisor will conduct a weekly audit on all finances. <p>(Attachment E)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Area Supervisor will send monthly house meeting inservice to Program Manager to ensure completion. · Area Supervisor submits weekly audit to the Program 	03/05/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>On 2/11/22 at 12:04 PM, client A's Resident Fund Management Service Statement dated 1/1/22 through 1/31/22 indicated the following:</p> <p>-1/3/22 description: piercing, Debit: \$100.00, Balance: \$459.02".</p> <p>On 2/11/22 at 11:40 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client A's accounting for the \$100.00 of withdrawn monies for his community activity. The QIDP indicated client A's IDT (interdisciplinary team) had agreed client A could use his \$100.00 to purchase piercing in the community. The QIDP stated, "I think what [client A] said could be correct (Area Supervisor keeping his money in his car)". The QIDP was asked if client A's cash on hand should be entered into his cash on hand ledger and maintained in a secure location within client A's home. The QIDP stated, "They revised the policy for financials. I'm not sure what they're supposed to do with it".</p> <p>On 2/11/22 at 11:51 AM, the Business Manager (BM) was interviewed. The BM was asked about the accounting of client A's \$100.00 for his community activity to obtain a piercing. The BM stated, "The money should go on the ledger (cash on hand) at the home. That way it can be accounted for and we have a paper trail. We should never have money just floating around. Once the employee (Area Supervisor) has the money, we stress that the money be spent. If not, brought back to be deposited. We do keep up to \$50.00 in the home". The BM was asked to clarify if the \$100.00 of client A's money for the community activity to obtain a piercing should have been redeposited within his account. The BM stated, "At least \$50.00 of it. They could keep</p>		<p>Manager to ensure completion.</p> <ul style="list-style-type: none"> Finance Audits will be sent to the Program Manager for monitoring and to ensure completion. <p>Completion Date: 3/5/22</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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)	(X5) COMPLETION DATE
W 0149 Bldg. 00	<p>\$50.00 of it in the home". The BM indicated client A's cash on hand ledger at the home should have been updated to include the \$100.00 withdrawal at the time the Area Supervisor obtained client A's money. If not spent immediately, the \$100.00 should have been redeposited and/or at least \$50.00 accounted for on the cash on hand ledger and returning the remaining \$50.00 for redeposit back into client A's account to ensure appropriate accounting of the funds had occurred.</p> <p>On 2/11/22 at 12:04 PM, the Cash Pick-Up Compliance Policy dated 1/26/22 was reviewed. The Cash Pick up Compliance Policy indicated the Area Supervisor had received client A's \$100.00 for his community activity to obtain a piercing. The Area Supervisor signed indicating receipt of the money on 1/26/22. The cash Pick-Up Compliance Policy indicated, "Staff who pick-up and sign for client's money are responsible and will be held accountable for: 1) Missing funds, 2) Accurately completing the cash on hand resource ledger and 3) Turning in receipts".</p> <p>9-3-2(a)</p> <p>483.420(d)(1)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>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 2 of 3 incident reports affecting client A, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individual's rights to prevent 1) client A from an injury to his wrist during a behavioral episode and 2) prevent client to client aggression resulting in client B being hit and choked by client A.</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> The Program Manager 	03/05/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

	<p>Findings include:</p> <p>On 2/10/22 at 3:44 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. The review indicated the following which affected client A:</p> <p>1) BDDS incident report dated 1/5/22 indicated, "[Client A] was agitated in general ...He began grabbing the pictures all (sic) the walls and smashing them onto the floor. He picked up a piece of the glass from a picture and cut his left wrist. Staff called the area supervisor, [client A] talked with him for a little while calmed and began to cry. [Client A] then went into his bedroom (and) changed clothes, came back into the living room and walked out the front door and walked off the property. Staff called police as staff watched him walk down the road. [Client A] walked to the stop sign and turned around and came back to the group home. Staff was completing first aid to this (sic) left wrist when police arrived at the home. EMS (emergency medical services) was called, arrived and took care of his wrist. [Client A] was transported to [name] ER (emergency room) for evaluation. At the ER he received 5 stitches to his left wrist ...".</p> <p>Investigation Summary dated 1/10/22 indicated, "On 1/4/22 [Client A] was agitated in general ... He began grabbing the pictures all (sic) the walls and smashing them onto the floor. He picked up a piece of the glass from a picture and cut his left wrist [Client A] then went into his bedroom (and) changed clothes, came back into the living room and walked out the front door and walked off the property ... [Client A] walked to the stop sign and turned around and came back to the</p>		<p>inserviced the Shift Lead and Area Supervisor on staffing levels and the procedure for staffing the facility. (Attachment G)</p> <ul style="list-style-type: none"> QIDP held an IDT meeting to discuss the client to client incidents and prevention of these type of incidents. (Attachment H) All staff retrained on the Abuse and Neglect Policy. (Attachment I) All BDDS reportable incidents are reviewed by Rescare Management during Peer Review. Quality Assurance Coordinator tracks all incident, BDDS and internal reports into a database. The database will be used to track patterns or trends with incidents and will be utilized during peer reviews and quarterly safety meetings. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The Program Manager will review staff time at the facility weekly to ensure proper staffing levels are in place and occurring as scheduled. The Program Manager will review all Individual Support Plans and Behavior Support Plans to ensure plans meet all needs of the individuals served. Abuse and Neglect Policy will be trained annually and reviewed monthly with all staff. Rescare Management will do surprise visits to the facility 2 	
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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)	(X5) COMPLETION DATE
	<p>group home. Staff was completing first aid to this (sic) left wrist when police arrived at the home. EMS (emergency medical services) was called, arrived and took care of his wrist. [Client A] was transported to [name] ER (emergency room) for evaluation. At the ER he received 5 stitches to his left wrist ...".</p> <p>2) BDDS incident report dated 2/8/22 indicated, "[Client B] was sitting in the living room with staff and other clients watching a movie. [Client A] started making negative comments about the actors in the movie making stating (sic) such as 'they should die', 'they don't deserve to live'. [Client B] was sitting on the couch across the living room from [client A], [client A] told [client B] he was staring at him and to stop staring or he would 'beat his a**'. [Client B] stood up from the couch, another client said you won't hit him, [client A] got up ran toward [client B], [client B] ran toward the staff and sat down beside her. [Client A] continued to come toward [client B] and when he reached the other couch began striking [client B] on his head. Staff was using YSIS (You're Safe I'm Safe) blocks to keep [client A] from striking [client B]. [Client A] then grabbed [client B] around the neck and began choking him. Staff was directing [client A] to let go and he did. Staff took [client B] in the med (medication) room to check him for injuries. [Client A] went to his bedroom, put on his shoes and came back through the house and walked out the front door. Staff immediately walked out behind [client A] and watched him walk halfway down the street, turned around and came back inside the house ... Plan to Resolve: [Client B] had redness on his neck. [Client A] had a 1/4" (inch) cut on his right index finger ...".</p> <p>Investigation Summary dated 2/11/22 indicated,</p>		<p>times weekly to ensure there are adequate staffing at the facility and report to the Program Manager, Program Director and Executive Director their findings.</p> <p>Completion Date: 3/5/22</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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)	(X5) COMPLETION DATE
	<p>"Briefly describe the incident: Clients sitting on couch watching TV. [Client A] came in living room (and) started making comments ... [client B] ran to staff, [client A] ran after him, hit him on head and started choking him... Staffing ratio at the time of the incident: 1 staff, 8 clients ... Recommendations: 1) Team working on Supported Living for [client A]. 2) IDT (interdisciplinary team) held on 2/8/22 agreed to lip piercing would be rescheduled for this week. 3) Seeking grief counseling (client A). 4) discussed possibly [client B] looking at moving to [group home] if Supported Living is not a current option".</p> <p>On 2/11/22 at 2:20 PM, the Qualified Intellectual Disabilities Professional (QIDP) and the Qualified Intellectual Disabilities Professional Designee (QIDPD) were asked about the incidents listed above. The QIDP stated, "In the case of the elopement, staff would use physical touch to turn him around". The QIDP was asked why staff would use physical touch to redirect client A. The QIDP stated, "To prevent him from being hurt". The QIDPD stated, "The proactive and reactive strategies (physical intervention)". The QIDP was asked about keeping sharp objects away from client A to hurt himself with. The QIDP stated, "He had broken pictures and used glass from that". The QIDPD stated, "One staff should be getting the glass and the other maybe redirecting". The QIDP stated, "Once he gets to that point he's (client A) basically a one on one (staffing ratio)". The QIDP was asked if the investigation identified the staff involved. The QIDP stated, "It does. It's one staff".</p> <p>The QIDP was asked about the second incident when the client to client aggression had occurred. The QIDP stated, "[Client A] had a small scratch on his little finger. [Client B] had red marks, but</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/14/2022
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0186 Bldg. 00	<p>they disappeared. He (client A) grabbed him (client B) by the neck and there was redness there". The QIDP was asked about staffing supports. The QIDP stated, "[Team Lead]". The QIDP was asked if any other staff were involved. The QIDP stated, "No, just [Team Lead]". The QIDP described the incident of client B running over to the Team Lead sitting on an adjacent couch and client A pursuing and proceeding to hit and grab client B by the neck. The QIDPs were asked why the incident had escalated to point of physical contact by client A toward client B. The QIDPD stated, "There was not another staff there to get the other clients out of the room. I think the redirection should have been sooner".</p> <p>On 2/11/22 at 1:42 PM, the Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Rights (ANE) policy dated 7/10/19 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>This federal tag relates to complaint #IN00370940.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 2 of 3</p>	W 0186	W186: The facility must provide	03/05/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/14/2022
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>incident reports affecting clients A and B, the facility failed to provide sufficient staffing supports to implement client A's Behavior Support Plan and prevent 1) client A from an injury to his wrist during a behavioral episode and 2) prevent client to client aggression resulting in client B being hit and choked by client A.</p> <p>Findings include:</p> <p>On 2/10/22 at 3:44 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. The review indicated the following which affected client A:</p> <p>1) BDDS incident report dated 1/5/22 indicated, "[Client A] was agitated in general ...He began grabbing the pictures all (sic) the walls and smashing them onto the floor. He picked up a piece of the glass from a picture and cut his left wrist. Staff called the area supervisor, [client A] talked with him for a little while calmed and began to cry. [Client A] then went into his bedroom (and) changed clothes, came back into the living room and walked out the front door and walked off the property. Staff called police as staff watched him walk down the road. [Client A] walked to the stop sign and turned around and came back to the group home. Staff was completing first aid to this (sic) left wrist when police arrived at the home. EMS (emergency medical services) was called, arrived and took care of his wrist. [Client A] was transported to [name] ER (emergency room) for evaluation. At the ER he received 5 stitches to his left wrist ...".</p> <p>Investigation Summary dated 1/10/22 indicated, "On 1/4/22 [Client A] was agitated in general ... He began grabbing the pictures all (sic) the walls and</p>		<p>sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · The Program Manager inserviced the Shift Lead and Area Supervisor on staffing levels and the procedure for staffing the facility. (Attachment G) · All staff retrained on the Abuse and Neglect Policy. (Attachment I) · All BDDS reportable incidents are reviewed by Rescare Management during Peer Review. · Quality Assurance Coordinator tracks all incident, BDDS and internal reports into a database. The database will be used to track patterns or trends with incidents and will be utilized during peer reviews and quarterly safety meetings. · Rescare Management will do surprise visits to the facility 2 times weekly to ensure there are adequate staffing at the facility. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Program Manager will be complete 2 monthly active treatment observations to ensure active treatment is occurring and adequate staffing is present in the home. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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)	(X5) COMPLETION DATE
	<p>smashing them onto the floor. He picked up a piece of the glass from a picture and cut his left wrist [Client A] then went into his bedroom (and) changed clothes, came back into the living room and walked out the front door and walked off the property ... [Client A] walked to the stop sign and turned around and came back to the group home. Staff was completing first aid to this (sic) left wrist when police arrived at the home. EMS (emergency medical services) was called, arrived and took care of his wrist. [Client A] was transported to [name] ER (emergency room) for evaluation. At the ER he received 5 stitches to his left wrist ...".</p> <p>2) BDDS incident report dated 2/8/22 indicated, "[Client B] was sitting in the living room with staff and other clients watching a movie. [Client A] started making negative comments about the actors in the movie making stating (sic) such as 'they should die', 'they don't deserve to live'. [Client B] was sitting on the couch across the living room from [client A], [client A] told [client B] he was staring at him and to stop staring or he would 'beat his a**'. [Client B] stood up from the couch, another client said you won't hit him, [client A] got up, ran toward [client B], [client B] ran toward the staff and sat down beside her. [Client A] continued to come toward [client B] and when he reached the other couch began striking [client B] on his head. Staff was using YSIS (You're Safe I'm Safe) blocks to keep [client A] from striking [client B]. [Client A] then grabbed [client B] around the neck and began choking him. Staff was directing [client A] to let go and he did. Staff took [client B] in the med (medication) room to check him for injuries. [Client A] went to his bedroom, put on his shoes and came back through the house and walked out the front door. Staff immediately walked out behind [client A] and</p>		<ul style="list-style-type: none"> · All active treatment observations will be sent to the Program Manager for review of sufficient staffing present. · Human Resources monitor staff vacancies and hire staff based on this information. · Rescare Management will do surprise visits to the facility 2 times weekly to ensure there are adequate staffing at the facility and report to the Program Manager and Executive Director their findings <p>Completion Date: 3/5/22</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>watched him walk halfway down the street, turned around and came back inside the house ... Plan to Resolve: [Client B] had redness on his neck. [Client A] had a 1/4" (inch) cut on his right index finger ...".</p> <p>Investigation Summary dated 2/11/22 indicated, "Briefly describe the incident: Clients sitting on couch watching TV. [Client A] came in living room (and) started making comments ... [client B] ran to staff, [client A] ran after him, hit him on head and started choking him... Staffing ratio at the time of the incident: 1 staff, 8 clients ... Recommendations: 1) Team working on Supported Living for [client A]. 2) IDT (interdisciplinary team) held on 2/8/22 agreed to lip piercing would be rescheduled for this week. 3) Seeking grief counseling (client A). 4) discussed possibly [client B] looking at moving to [group home] if Supported Living is not a current option".</p> <p>On 2/11/22 at 12:14 PM, a focused review of client A's record was conducted. The record indicated the following:</p> <p>-Behavior Support Plan (BSP) dated 11/8/21 indicated, "GOAL: To reduce behavioral episodes/issues associated with diagnosis ... Physical Aggression: Slamming doors, throwing items, throwing items at others, hitting/punching/kicking others, punching walls ... Elopement: Leaving the property at the group home without line of sight of staff, taking off from staff while in the community, leaving the workshop building ... Suicide Ideation: Physical or verbal threats to harm/kill self ... Self-Injurious behavior: Behavior that is harmful to himself (Picking at scabs or skin, cutting or scraping himself with objects when he is angry or upset.) ... REACTIVE STRATEGIES: ... Physical</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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)	(X5) COMPLETION DATE
	<p>Aggression: Staff will clear the area of other clients to ensure their safety and removing his audience ... If [Client A] will not leave area after one prompt, escort him to his room using YSIS and ask him to remain there until he feels he can act appropriately then encourage him to return to active training ... Self-Injurious Behavior ... If [client A] expresses the desire to self-harm, then staff will talk to [client A] 1:1 in a quiet place. Keep [client A] in eyesight and redirect him to other activities. If [client A] attempts to self-harm, then he is to be kept in eyesight of staff for 24 hours ... ELOPEMENT: ... If he refuses to respond and appears that he is putting himself at risk with poor pedestrian skill/poor interactions with bystanders or if staff no longer have [client A] in eyesight- police will be contacted to assist bringing [client A] back to the home. If [client A] leaves the home without staff knowledge, staff will first do a walk around the block surrounding the home to see if a visual can be obtained. If not able to locate, staff will contact the police and give a physical description along with request to bring him back to the group home once found. Staff will contact the area supervisor with the steps that have been taken and complete all incident report regarding the situation. It is essential that in circumstances outside of leaving the home, the Police are only used as a last resort when reactive strategies/physical restraint cannot protect [client A] and/or housemates from imminent harm in the group home. When the police are contacted - our goal is NOT to have him incarcerated - but instead to come assist in assuring safety and speaking with [client A] about the consequences of his actions and/or have the police assist in taking to [name] for an inpatient evaluation".</p> <p>On 2/11/22 at 2:20 PM, the Qualified Intellectual</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
---	---

(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)	(X5) COMPLETION DATE
	<p>Disabilities Professional (QIDP) and the Qualified Intellectual Disabilities Professional Designee (QIDPD) were asked about the incidents listed above. The QIDP stated, "In the case of the elopement, staff would use physical touch to turn him around". The QIDP was asked why staff would use physical touch to redirect client A. The QIDP stated, "To prevent him from being hurt". The QIDPD stated, "The proactive and reactive strategies (physical intervention)". The QIDP was asked about keeping sharp objects away from client A to hurt himself with. The QIDP stated, "He had broken pictures and used glass from that". The QIDPD stated, "One staff should be getting the glass and the other maybe redirecting". The QIDP stated, "Once he gets to that point he's (client A) basically a one on one (staffing ratio)". The QIDP was asked if the investigation identified the staff involved. The QIDP stated, "It does. It's one staff".</p> <p>The QIDP was asked about the second incident when the client-to-client aggression had occurred. The QIDP stated, "[Client A] had a small scratch on his little finger. [Client B] had red marks, but they disappeared. He (client A) grabbed him (client B) by the neck and there was redness there". The QIDP was asked about staffing supports. The QIDP stated, "[Team Lead]". The QIDP was asked if any other staff were involved. The QIDP stated, "No, just [Team Lead]". The QIDP described the incident of client B running over to the Team Lead sitting on an adjacent couch and client A pursuing and proceeding to hit and grab client B by the neck. The QIDPs were asked why the incident had escalated to point of physical contact by client A toward client B. The QIDPD stated, "There was not another staff there to get the other clients out of the room. I think the redirection should have been sooner".</p>			

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

PRINTED: 03/14/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/14/2022
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	This federal tag relates to complaint #IN00370940. 9-3-3(a)				