

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

PRINTED: 09/21/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/23/2021	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
(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 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00355827.</p> <p>Complaint #IN00355827: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Survey dates: 8/19/21, 8/20/21 and 8/23/21.</p> <p>Facility Number: 001021 Provider Number: 15G507 AIM Number: 100245130</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/2/21.</p>			W 0000			
W 0149 Bldg. 00	<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 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment, or violation of an individual's rights to prevent clients A, B, C, D, E, F, G and H from staff mistreatment by the administration of medications early and the alleged attempt to force them to go to bed.</p> <p>Findings include:</p> <p>On 8/19/21 at 3:01 PM, a review of the Bureau of</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"> All staff retrained on the Abuse and Neglect Policy. (Attachment A) All BDDS reportable incidents are reviewed by Rescare Management during Peer Review. 		09/15/2021

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 disclosable 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>Developmental Disabilities Services (BDDS) incident reports and accompanying Investigation Summaries was completed. This affected clients A, B, C, D, E, F, G and H. The reports indicated:</p> <p>-BDDS incident report dated 6/11/21 indicated, "Staff report last night [former staff #1] gave all the clients (clients A, B, C, D, E, F, G and H) their 8pm or 7pm meds at 5:30pm and was yelling at the clients to get to bed as soon as she passed their meds ...".</p> <p>Investigation Summary dated 6/11/21 through 6/17/21 indicated, "Introduction: On 6/10/21 staff reported [Former Staff #1] gave all the clients their 8 PM or 7 PM meds (medicines) at 5:30 PM and was yelling at the clients to get to bed as soon as she passed their meds. Staff further reported [client D] was playing cards and [Former Staff #1] told him to put the f----- cards up and get to bed ...Conclusion: The allegation [Former Staff #1] was verbally abusive to clients is not substantiated. No clients gave information to support the allegation. Staff on duty at time of allegation were [staff #6], [staff #2] and [Former Staff #2]. [Former Staff #2] stated [Former Staff #1] used the word d-- it' to [client D] and yelled at all clients to go to bed. [Staff #2] and [Staff #6] stated [Former Staff #1] did tell clients to go to bed but did not yell; [Staff #2] describes [Former Staff #1] as 'bossy' and [Staff #6] describes [Former Staff #1] as 'hateful, snappy with an attitude' ...Based on that information [Former Staff #1] engaged in inappropriate interactions toward the clients but not verbally abusive. [Former Staff #2] and [Staff #6] stated [Former Staff #1] did give all 7p and 8p medications around 5:30pm ... Based on that information the allegation medications were given early is substantiated. Peer review recommendations are to term (terminate) for failure</p>				<ul style="list-style-type: none"> QIDP conducts IDT team meetings following a reportable incident to discuss the incident, outcomes and plans for what can be put in place to prevent future incidents. 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. Area Supervisor and QIDP will review all ISP and BSP's during monthly staff meetings to ensure we are being proactive to prevent incidents. Staff was terminated for the incident. All Management staff will be trained that when there is a substantiated allegation of medication administration, management will need to note this information on the back of the Medication Administration Record including the medication that was administered as well as the date of the incident. (Attachment B) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The Program Manager will review all Individual Support Plans and Behavior Support Plans to ensure plans meet all needs of the individuals served. IDT meeting forms are sent 		

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	<p>to follow medication administration guidelines".</p> <p>On 8/20/21 at 11:56 AM, the Investigator was interviewed. The Investigator was asked about the incident history and alleged mistreatment of clients A, B, C, D, E, F, G, and H. The Investigator stated, "With that incident the meds (administered early) was substantiated. She (former staff #1) was terminated for that". The Investigator was asked how many clients had been affected by former staff #1's actions of administering their medication early. The Investigator stated, "It was all of the clients receiving them early, it might have been one or two (it did not affect), but if I recall correctly they all receive 7 PM or 8 PM meds". The Investigator was asked if the evidence supported mistreatment and/or Violation of clients A, B, C, D, E, F, G and H's Rights. The Investigator stated, "I think I put rude in the conclusion. I could not substantiate verbal abuse". The Investigator was asked if enough evidence had been collected to substantiate mistreatment and/or violation of rights. The Investigator stated, "Well, yes". The Investigator was asked if the incident of former staff #1's actions toward clients A, B, C, D, E, F, G and H was a failure to implement the provider's Abuse, Neglect and Exploitation policy. The Investigator stated, "It was".</p> <p>On 8/19/21 at 2:45 PM, the Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights policy dated 7/10/19 was reviewed. The policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an individual's rights".</p> <p>This federal tag relates to complaint #IN00355827.</p>				<p>to the Program Manager for review.</p> <ul style="list-style-type: none"> Abuse and Neglect Policy will be trained annually and reviewed monthly with all staff. Rescare Administration will have monthly meetings to discuss trends and patterns with individuals. <p>Completion Date: 9/15/21</p>		

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