

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	--

(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 #IN00322549. This visit included a Covid-19 focused infection control survey.</p> <p>Complaint #IN00322549: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W153 and W154.</p> <p>Dates of Survey: June 24, 25, 29, 30, and July 1, 2, and 7, 2020.</p> <p>Facility Number: 001008 Provider Number: 15G494 AIMS Number: 100245080</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/20/20.</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 4 investigations reviewed, the facility failed to report an allegation of client mistreatment involving clients A and D to the administrator and to BDDS (Bureau of Developmental Disabilities Services) in accordance with state law.</p> <p>Findings include:</p>	W 0153	<p>CORRECTION:</p> <p><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 in accordance with State law through established procedures.</i></p>	08/06/2020

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: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	---

(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>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 6/24/20 at 10:41 AM.</p> <p>A BDDS report dated 3/30/20 indicated, "...On 3/29/20, [client A] and [client D] informed staff that they had a consensual intimate sexual encounter in [client A's] bedroom."...</p> <p>An IS (Investigative Summary) dated 4/3/20 indicated the following:</p> <p>"...Investigative Summary..."</p> <p>"...Date(s) of Investigation 3/29/20 - 4/3/20..."</p> <p>"...Introduction."</p> <p>"On 3/29/20, Individual [client A] and Individual [client D] informed staff that they had a consensual intimate sexual encounter in [client A's] bedroom..."</p> <p>"...Summary of Interviews..."</p> <p>"...[Staff #1], DSP (Direct Support Professional):..."</p> <p>"...[Client A] came to staff and complained that [client D] had been blackmailing and forcing him for sexual favors..."</p> <p>A review of the IS dated 4/3/20 indicated client A and client D had a consensual intimate encounter on 3/29/20. The review indicated client A indicated to staff #1 a complaint regarding client D had been blackmailing and forcing him (client A) for sexual favors. The review did not indicate further questioning into the accusation made by client A. The review did not indicate the allegation</p>		<p>Specifically, staff assigned to complete investigations will be retrained regarding required reporting allegations that emerge during the course of investigating other incidents and allegations.</p> <p>PREVENTION: The Quality Assurance Manager and the QIDP Manager will carefully review all incidents reported by the facility and outside entities, to assure that allegations and other required incidents are reported to the Bureau of Developmental Disabilities Services as required by state law. Each day, QIDP Manager or designee will compile a list of incidents requiring reports to the Bureau of Developmental Disabilities Services, and distribute the list to administrative staff (including the Quality Assurance Manager, Program Managers, Quality Assurance Coordinators, Operations Manager, Area Supervisors, QIDP, Nurse Manager and Assistant Nurse Manager) for review and revision, as needed. The QIDP Manager or designee will assign reporting responsibilities daily. Additionally, The QIDP Manager and Quality Assurance Manager will review investigation summary drafts to assure all allegations are reported as required. Supervisory staff will review all facility documentation to assure incidents are reported as required.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	---

(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>of blackmailing and forcing client A for sexual favors was reported to BDDS.</p> <p>Client D's record was reviewed on 6/29/20 at 11:16 AM. Client D's BSP (Behavior Support Plan) dated 04/07/2018; revised 2/7/20, indicated the following:</p> <p>- "...Behavior Support Plan."</p> <p>- "Individual: [client D]."</p> <p>- "Date: 4/07/2018; Revised: 2/7/20..."</p> <p>- "...Behavioral History..."</p> <p>- "...[Client D] has expressed his sexual preference and has had sexual encounters with a former roommate..."</p> <p>- "...Sexual Inappropriateness was added to his BSP 9/16/16 due to a recent incident with a roommate..."</p> <p>- "...On 12/21/16, it was believed that [client D] pressured a housemate that could not give informed consent to sexual activity into participating in sexual activity..."</p> <p>- "...Sexual Inappropriateness: any time [client D] demonstrates a dysfunctional preoccupation with sexual fantasy, often in combination with obsessive pursuit of sexual urges..."</p> <p>- "...Sexual preoccupation:..."</p> <p>- "...If [client D] in (sic) seen in another housemates room he will be redirected to a designated area that he can be watched or to his room. If caught in another housemate's room, staff will ask him to inform them of what his plan is and</p>		<p>Additionally, internal and day service incident reports will be sent via electronic fax directly to administrative staff. 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>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	--

(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 0154 Bldg. 00	<p>if he is allowed in others room...".</p> <p>Client A was interviewed on 6/30/20 at 11:47 AM. Client A was asked about the incident on 3/29/20 between he (client A) and client D. Client A stated, "Yes, it was consensual. [Client D] had been asking me several times so I just gave in and said yes. We did it and that was it."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/1/20 at 9:31 AM. QIDP #1 was asked if the facility had documentation of a reported allegation of blackmailing and forcing sexual favors involving clients A and D. QIDP #1 stated, "No, we should have."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/1/20 at 11:52 AM. QIDPM #1 asked if the facility had documentation of a reported allegation of blackmailing and forcing sexual favors involving client A and D. QIDPM #1 stated, "No, we should have looked into it more."</p> <p>This federal tag relates to complaint #IN00322549.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 4 allegations of client mistreatment reviewed, the facility failed to complete a thorough investigation into an incident of peer to peer aggression involving clients A, B, and C and an allegation of client mistreatment involving clients A and D.</p>	W 0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically: All facility investigations will be completed by trained investigators. The facility</i></p>	08/06/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	---

(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>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 6/24/20 at 10:41 AM.</p> <p>1. A BDDS report dated 3/13/20 indicated, "...On 3/12/20, during transport on the company van, while [client A] was on the telephone with his father, he (client A) believed he overheard [client B] talking about him. [Client A] turned around in his seat and punched [client B] in the face with his right hand. The two individuals began fighting causing staff to pull over to the side of the road to separate them. Staff successfully was able to separate them after several attempts of redirection. After arriving to the house, [client C] began choking [client B] on the floor of the van. Staff successfully separated the two consumers. Staff assessed both consumers for any bodily injuries and discovered [client B] had 3 - 1/2 inch lacerations on the right side of his face. [Client C] then called 911 as he exited the van. [Client B] became verbally aggressive towards staff and police officers as they arrived...he (client B) was transported to [name of hospital] for a 24-hour hold due to behavioral issues. [Client C] was transported to [name of hospital] for a complete evaluation...The attending physician diagnosed [client C] with Facial laceration, initial encounter and bite wound,...and released him to ResCare staff with no new orders...[Client B] remains in the hospital with a projected release on 3/13/20..."</p> <p>A review of the BDDS report dated 3/13/20 indicated clients A, B, and C were involved in a peer to peer altercation in the company van. The review indicated client B was transported to the hospital on a 24 hour hold with a projected release from hospital date of 3/13/20. The review indicated</p>		<p><i>must have evidence that all alleged violations are thoroughly investigated.</i> Specifically: All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies, and the need to expand the scope of investigations when new allegations emerge. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>The agency's trained investigators will receive additional training regarding investigation timelines and components of a thorough investigation, including weekly face to face training and follow-up with the Quality Assurance Manager. The training will include but not limited to assuring that all applicable demonstrative evidence is evaluated. The emphasis of this training will be development of appropriate scope, conclusions, and recommendations for corrective and protective measures. The QIDP Manager will provide weekly follow-up to the QA Manager regarding progress on current investigations.</p> <p>PREVENTION: The QIDP Manager will maintain a tracking spreadsheet for incidents</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	--

(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>client C was taken to the hospital on 3/12/20 and diagnosed and released on the same date.</p> <p>An IS (Investigative Summary) dated 3/20/20 indicated the following:</p> <p>- "...Investigative Summary..."</p> <p>- "...Date(s) of Investigation 3/12/20 - 3/19/20"</p> <p>- "Introduction."</p> <p>- "On 3/12/20, during transport on the company van, while [client A] was on the telephone with his father, he (client A) believed he overheard [client B] talking about him. [Client A] turned around in his seat and punched [client B] in the face with his right hand. The two individuals began fighting causing staff to pull over to the side of the road to separate them. Staff successfully was able to separate them after several attempts of redirection. After arriving to the house, [client C] began choking [client B] on the floor of the van. Staff successfully separated the two consumers. Staff assessed both consumers for any bodily injuries and discovered [client B] had 3- 1/2 inch lacerations on the right side of his face. [Client C] (sic) a 1- inch laceration located above his left eye, 2 bite marks on his right thumb, and 1- inch superficial lacerations on his face. [Client C] called 911 as he exited the van. [Client B] became verbally aggressive towards the staff and police officers as they arrived...he (client B) was transported to [name of hospital] for a 24-hour hold due to behavioral issues. [Client C] was transported to [name of hospital] for a complete evaluation...The attending physician diagnosed [client C] with Facial laceration, initial encounter and bite wound,...and released him to ResCare staff with no new orders..."</p>		<p>requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Area Supervisors, Nurse Manager, Registered Nurse, Quality Assurance Manager, Quality Assurance Coordinators, and QIDP. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Manager and QIDP Manager will develop a training template to assist investigators with developing a sufficient scope to investigations of peer to peer aggression, falls</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	---

(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>"...[Client B] was unable to provide statement due to being in the hospital."</p> <p>"[Client C] was unable to provide a statement due to being in the hospital."</p> <p>"[Client A] was unable to provide a statement due to being in the hospital for an unrelated incident..."</p> <p>2. A BDDS report dated 3/30/20 indicated, "...On 3/29/20, [client A] and [client D] informed staff that they had a consensual intimate sexual encounter in [client A's] bedroom..."</p> <p>An IS (Investigative Summary) dated 4/3/20 indicated the following:</p> <p>"...Investigative Summary..."</p> <p>"...Date(s) of Investigation 3/29/20 - 4/3/20..."</p> <p>"...Introduction."</p> <p>"On 3/29/20, Individual [client A] and Individual [client D] informed staff that they had a consensual intimate sexual encounter in [client A's] bedroom..."</p> <p>"...Summary of Interviews..."</p> <p>"...[Staff #1], DSP (Direct Support Professional):..."</p> <p>"...[Client A] came to staff and complained that [client D] had been blackmailing and forcing him for sexual favors..."</p> <p>A review of the IS dated 4/3/20 indicated client A</p>		<p>resulting in injury, injuries of unknown origin and elopement. The Quality Assurance Manager and QIDP Manager will spot check investigations to ensure that they are thorough –meeting regulatory and operational standards.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 N BOLTON AVE INDIANAPOLIS, IN 46219
---	--

(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>and client D had a consensual intimate encounter on 3/29/20. The review indicated client A indicated to staff #1 a complaint regarding client D had been blackmailing and forcing him (client A) for sexual favors. The review did not indicate further questioning into the accusation made by client A. The review did not indicate the allegation of blackmailing and forcing client A for sexual favors was reported to BDDS and investigated.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/1/20 at 9:31 AM. QIDP #1 was asked if the facility interviewed clients A, B, and C, during an investigation involving an incident involving clients A, B, and C. QIDP #1 indicated clients A, B, and C were not interviewed and they should have been. QIDP #1 was asked if the facility had documentation of a reported allegation of blackmailing and forcing sexual favors involving clients A and D. QIDP #1 stated, "No, we should have."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/1/20 at 11:52 AM. QIDPM #1 was asked if the facility interviewed clients A, B, and C during an investigation involving an incident involving clients A, B, and C. QIDPM #1 stated, "No, they should have been." QIDPM #1 asked if the facility had documentation of a reported allegation of blackmailing and forcing sexual favors involving clients A and D. QIDPM #1 stated, "No, we should have looked into it more."</p> <p>This federal tag relates to complaint #IN00322549.</p> <p>9-3-2(a)</p>			