

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 01/05/2018
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 1/2/18, 1/3/18 and 1/5/18.</p> <p>Facility Number: 0010453 Provider Number: 15G814 AIMS Number: 100474600</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/18/18.</p>	W 0000		
W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to develop a plan to address client #4's refusals to attend medical appointments.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 1/3/18</p>	W 0227	<p>CORRECTION:</p> <p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, the interdisciplinary team will develop a comprehensive desensitization program to support client #4</i></p>	02/04/2018

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.

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	<p>at 10:00 AM. Client #4 did not have an annual physical. Client #4's physical was marked "refused". Client #4 did not have an annual hearing screening. Client #4's record did not have a recent TB (Tuberculosis) screening. Client #4 did not have an annual dental appointment. Client #4 did not have an annual vision screening. Client #4's record did not have a plan to address client #4's refusals.</p> <p>LPN #1 was interviewed on 1/3/18 at 2:30 PM. LPN #1 indicated client #4 refused to go to any medical appointments. LPN #1 indicated they had tried to give client #4 several different medications before appointments to calm him. LPN #1 indicated the medications did not affect client #4's willingness to attend appointments. LPN #1 was asked to send any IDT (Interdisciplinary Team) notes available to address client #4's refusals; no IDT notes were received.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 1/3/18 at 2:30 PM. QIDP #1 indicated client #4 did not have a plan to address his refusals to attend medical appointments.</p> <p>9-3-4(a)</p>		<p>through attending medical appointments. A review of documentation indicated that this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measurable objectives to support clients toward independence. Members of the Operations Team (including the Program Managers, Operations Manager, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) will incorporate audits of support documents into visits to the facility twice weekly for the next 30 days and no less than weekly until all staff demonstrate competence. At the conclusion of 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. These audits will include assuring that specific training programs are in place to meet each client's assessed needs.</p>	

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to implement client #4's dining plan.</p> <p>Findings include:</p> <p>Observations were conducted on 1/2/18 from 4:00 PM through 6:15 PM. At 4:40 PM client #4 was in the kitchen area spinning a shoe/shoestring. Client #4 was non-verbal. At 5:45 PM HM (House Manager) #1 served client #4 his plate at the table. Dinner consisted of barbeque pork sandwiches, french fries, coleslaw and orange jello squares with cool whip. HM #1 cut client #4's sandwich in 4 equal pieces. Client #4's french fries were served whole.</p>	W 0249	<p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to proper implementation of client #4's dining protocols. Through</i></p>	02/04/2018

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	<p>Client #4 ate his dinner at a rapid pace. Client #4 would swallow before chewing all of his food. Client #4 was prompted to slow down by staff #1. Staff did not sit beside client #4.</p> <p>Observations were conducted on 1/3/18 from 6:00 AM through 8:00 AM. At 7:50 AM HM #1 cut a banana into large sections and broke a pop tart into 4 sections. At 7:55 AM HM #1 took client #4 the cut banana and pop tart. Client #4 ate his breakfast at a fast pace without staff supervision. At 7:55 AM HM #1 brought client #4 his milk in a valve cup. Client #4 was prompted to drink all his milk.</p> <p>Client #4's record was reviewed on 1/3/18 at 10:00 AM. Client #4's 3/22/17 ISP (Individual Support Plan) indicated he had a goal to eat slowly. Client #4's goal indicated, "Staff will sit next to [client #4] at meal and snack time. Staff will inform [client #4] once his food is in front of him to take small bites and chew slowly. Staff will allow [client #4] to eat at a slower pace before verbally prompting him. If [client #4] starts to eat fast, staff will verbally prompt him to slow down." Client #4's 4/24/17 Record of Visit to the Speech Pathologist indicated, "Dysphagia, chopped diet with assistance to limit intake to single bites/sips. Recommend</p>		<p>observation the governing body has determined that this deficient practice did not affect other individuals.</p> <p>PREVENTION:</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 including but not limited to proper implementation of dining plans. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger and Registered Nurse) will perform visual assessments of the facility no less than twice weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence. At the conclusion of 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. Active Treatment sessions to be</p>	

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	<p>volume control cup with thin liquids. Consider taking pills with applesauce if coughing." Client #4's 11/8/17 High Risk Choking Plan indicated, "Poor eating habits (overfills mouth, eats too fast). Follow diet as ordered (chop into 1/2 inch pieces). Guidelines at all times to have food chopped (mechanical soft diet) into bite size pieces. [Client #4] must have constant supervision during all food/drink intake including snack. Encourage to eat/drink slowly, encourage single sips and dry swallow after each intake of food/drink, use utensils and encourage [client #4] to eat slowly. Limit intake to a teaspoon or less at a time."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/3/18 at 2:30 PM. QIDP #1 indicated client #4 was on a chopped diet. QIDP #1 indicated client #4's dining protocol should be followed.</p> <p>LPN #1 was interviewed on 1/3/18 at 2:30 PM. LPN #1 indicated she had been over client #4's diet with staff several times. LPN #1 indicated client #4 should have food no larger than 1/2 inch. LPN #1 indicated staff should sit beside client #4 and supervise him during meals. LPN #1 indicated client #4's observed meals did not follow his dining protocol.</p>		<p>monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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W 0322 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure clients #1 and #4 received a physical on an annual basis.</p> <p>Findings include:</p>	W 0322	<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to proper implementation of dining plans.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide or obtain preventive and general medical care. Specifically, the facility will obtained annual physical examination for clients #1 and #4. A review of facility medical</i></p>	02/04/2018

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	<p>Client #1's record was reviewed on 1/3/18 at 11:00 AM. Client #1's Annual Physical was dated 10/26/16. Client #1 did not have a more recent annual physical.</p> <p>Client #4's record was reviewed on 1/3/18 at 10:00 AM. Client #4 did not have an annual physical. Client #4's physical was marked "refused".</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/3/18 at 2:30 PM. QIDP #1 indicated clients should have an annual physical once per year.</p> <p>LPN #1 was interviewed on 1/3/18 at 2:30 PM. LPN #1 indicated client #1's annual physical was past due. LPN #1 indicated client #4 refused to have an annual physical.</p> <p>9-3-6(a)</p>		<p>documentation indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <p>The QIDP and Area Supervisor will work with the facility nurse and coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and evaluations occur as required. The facility nurse will conduct weekly audits to assure appointments have been scheduled and occur as required. 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) will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly to assure that examinations including but not limited to physical examinations and mammograms take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Heath Services Team, Direct Support Staff, Operations</p>	

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W 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure clients #3 and #4 received a hearing screening on an annual basis.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 1/3/18 at 12:00 PM. Client #3 did not have an annual hearing screening. Client #3's medical information sheet listed hearing screening as past due.</p> <p>Client #4's record was reviewed on 1/3/18 at 10:00 AM. Client #4 did not have an annual hearing screening.</p> <p>LPN #1 was interviewed on 1/3/18 at 2:30 PM. LPN #1 indicated client #3's hearing screening was past due. LPN #1 indicated client #4 refused to have a hearing screening.</p> <p>9-3-6(a)</p>	W 0323	<p>Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, clients #3 and #4 will receive a hearing evaluation and additional audiological evaluations thereafter per audiologist recommendations. A review of medical records indicated this deficient practice did not affect additional clients.</i></p> <p>PREVENTION:</p> <p>The QIDP will work with the facility nurse will coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and evaluations occur as required. When required assessments are not covered by insurance, the governing body will assume responsibility for payment for services. Members of the Operations Team (comprised of</p>	02/04/2018
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W 0327 Bldg. 00	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure clients #1 and #4 received an annual TB (Tuberculosis) screening.</p> <p>Findings include:</p>	W 0327	<p>the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, and Nurse Manager) will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly to assure that examinations including but not limited to hearing evaluations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population and in accordance with</i></p>	02/04/2018

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	<p>Client #1's record was reviewed on 1/3/18 at 11:00 AM. Client #1's last TB screening was on 10/26/16. Client #1 did not have a more recent TB screening.</p> <p>Client #4's record was reviewed on 1/3/18 at 10:00 AM. Client #4's record did not have a recent TB screening.</p> <p>LPN #1 was interviewed on 1/3/18 at 2:30 PM. LPN #1 indicated clients should have annual TB screenings. LPN #1 indicated client #1's TB screening was past due. LPN #1 indicated client #4 refused to have his TB screening.</p> <p>9-3-6(a)</p>		<p><i>the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</i> Specifically, the team will assist Clients #1 and #4 with obtaining a tuberculosis screening. A review of facility medical records indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <p>The Nurse Manager will assist the facility nurse and direct support medical coach with tracking routine appointments and lab tests to assure they occur as recommended. Additionally, 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) will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly to assure that testing including but not limited to annual tuberculosis screenings take place as required. Additionally the facility nurse will complete a screen for tuberculosis symptoms as part of routine quarterly nursing physical examinations.</p>	

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W 0352 Bldg. 00	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4 had an annual dental examination.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 1/3/18 at 10:00 AM. Client #4 did not have record of a dental examination.</p> <p>LPN #1 was interviewed on 1/3/18 at 2:30 PM. LPN #1 indicated client #4 had refused to have a dental examination.</p> <p>9-3-6(a)</p>	W 0352	<p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Specifically, the facility will schedule a dental examination for Client #4. An audit of facility medical charts indicated this deficient practice did not affect additional clients.</i></p> <p>PERVENTION:</p> <p>The facility nurse will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to dental examinations, occur within required time frames. Supervisory staff will review</p>	02/04/2018

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			<p>medical charts on an ongoing basis but no less than monthly to assure medical follow-along occurs as required. When a pattern of medical appointment refusals presents a barrier to receiving required medical care, the interdisciplinary team will come together to develop functional desensitization techniques for inclusion in support plans. 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 nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly to assure that medical follow-along including but not limited to dental 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>	