

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  02/08/2024
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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 pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: February 5, 6, 7 and 8, 2024.</p> <p>Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/27/24.</p>	W 0000		
W 0159  Bldg. 00	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to ensure clients #1 and #2's goals were modified and adjusted when they achieved their goals, and failed to revise client #3's goals following multiple months of lack of achievement.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The facility's QIDP failed to ensure clients #1 and #2's goals were modified and adjusted when they achieved their goals. Please see W255.</li> <li>The facility's QIDP failed to revise client #3's goals following multiple months of lack of</li> </ol>	W 0159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated, and monitored by a qualified intellectual disability professional. Specifically,</i></p> <ul style="list-style-type: none"> <li>The QIDP will be retrained regarding the need complete monthly summaries to monitor clients' progress effectively and to modify and adjust goals in response to clients' specific accomplishments or needs for new programs when they achieve their goals.</li> <li>The QIDP will be retrained regarding the need to modify</li> </ul>	03/10/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bob Morris

QIDP Mgr.

03/25/2024

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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	achievement. Please see W257.  9-3-3(a)		<p>prioritized learning objectives whenever a client is failing to make progress.</p> <ul style="list-style-type: none"> <li>The QIDP will also be trained that when the accuracy of goal data appears inaccurate, the QIDP will retrain staff to facilitate accurate data collection.</li> <li>All prioritized learning objectives will be modified based on current progress.</li> </ul> <p><b>PREVENTION:</b> The QIDP will be retrained regarding the need to assure that all relevant assessments are reviewed and updated as needed but no less than annually. The QIDP will turn in copies of monthly and quarterly summaries to the QIDP Manager for review and follow-up to assure learning objectives are modified as required. Additionally, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct documentation reviews as needed but no less than monthly to assure that:</p> <ul style="list-style-type: none"> <li>The QIDP has modified learning objectives as required.</li> <li>All relevant assessments are complete, current, and accurate.</li> </ul> <p><b>RESPONSIBLE PARTIES:</b> QIDP, QIDP Manager, QA Manager,</p>	

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W 0255 Bldg. 00	<p>483.440(f)(1)(i) <b>PROGRAM MONITORING &amp; CHANGE</b> The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2's goals were modified and adjusted when they achieved their goals.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 2/6/24 at 10:10 AM.</p> <p>Client #1's Data Collection Sheets dated 2/6/24 indicated client #1 had the following goals for the months of August 2023, September 2023, October 2023, November 2023, December 2023, and January 2024: "1. [Client #1] will state the reason he takes medications, given skills training with 3 verbal prompts, 80% of the time for 3 consecutive months...4. Given skill training and 1 verbal prompt, [client #1] will participate in a leisure activity of his choice, 50% of the time for 3 consecutive months."</p> <p>Client #1's Data Collection Sheet dated 2/6/24 indicated client #1 was able to complete goal #1 100% of the time for the months of August 2023, September 2023, October 2023 November 2023, December 2023 and January 2024. Client #1's record did not indicate documentation of a review</p>	W 0255	<p>Executive Director, Regional Director</p> <p><b>CORRECTION:</b> <i>The individual program plan must be reviewed at, least by the qualified mental retardation, professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. Through review of facility documentation, the governing body has determined that in addition to clients #1 and #2, this deficient practice may have affected all clients who reside in the facility. Specifically, the QIDP will be retrained regarding the need to modify and adjust goals in response to clients' specific accomplishments or needs for new programs when they achieve their goals. The QIDP will also be trained that when the accuracy of goal data appears inaccurate, the QIDP will retrain staff to facilitate accurate data collection. All prioritized learning objectives will</i></p>	03/10/2024

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	<p>of client #1's goal #1 following 6 consecutive months of goal achievement.</p> <p>Client #1's Data Collection Sheet dated 2/6/24 indicated client #1 was able to complete goal #4 100% of the time for the months of August 2023, October 2023, November 2023, December 2023, and January 2024. The Data Collection Sheet indicated client #1 was able to complete goal #4 93% of the time for the month of September 2023. Client #1's record did not indicate documentation of a review of client #1's goal #4 following 6 consecutive months of goal achievement.</p> <p>2. Client #2's record was reviewed on 2/7/24 at 9:30 AM.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 had the following goals for the months of August 2023, September 2023, October 2023, November 2023, December 2023, and January 2024: "1. [Client #2] will straighten and organize his room daily with 1 verbal prompt, 75% of the opportunities per month, across 3 consecutive months. 2. [Client #2] will identify 3 side effects of his Haldol (antipsychotic) daily with 1 verbal prompt or less, 60% of the time of the opportunities across 3 consecutive months. 3. [Client #2] will wash his bed linens weekly on his scheduled laundry day with 1 verbal prompt 75% of opportunities per month across 3 consecutive months...5. [Client #2] will independently choose a physical activity to complete of his choice with 2 or less verbal prompts from staff, three times per week, with a 75% success rate over three consecutive months. 6. [Client #2] will help prepare a side dish using safe cooking techniques two times per week with staff assistance and 1 verbal prompt 65% of the opportunities per month across 3 consecutive months. 7. [Client #2] will</p>		<p>be modified based on current progress.</p> <p><b>PREVENTION:</b> The QIDP will turn in copies of monthly and quarterly summaries to the QIDP Manager for review and follow-up to assure learning objectives are modified as required. Additionally, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct documentation reviews as needed but no less than monthly that the QIDP has modified learning objectives as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>discuss with staff daily during active treatment times, appropriate ways to use coping skills when anxious and/or stressed independently 100% of opportunities per month for 3 consecutive months...9. [Client #2] will wear his glasses daily and keep them clean, at least once per day, with staff assistance with 1 or fewer verbal prompts from staff, with 75% opportunities per month for 3 months."</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #1 100% of the time for the months of September 2023, October 2023, November 2023 and January 2024 and 97% of the time for the month of December 2023. Client #2's record did not indicate documentation of a review of client #2's goal #1 following 5 consecutive months of goal achievement.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #2 100% of the time for the months of September 2023, October 2023, November 2023 and December 2023, and 97% of the time for the month of January 2024. Client #2's record did not indicate documentation of a review of client #2's goal #2 following 5 consecutive months of goal achievement.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #3 100% of the time for the months of September 2023 through January 2024. Client #2's record did not indicate documentation of a review of client #2's goal #3 following 5 consecutive months of goal achievement.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #5</p>			

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	<p>100% of the time for the months of September 2023 through January 2024. Client #2's record did not indicate documentation of a review of client #2's goal #5 following 5 consecutive months of goal achievement.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #6 100% of the time for the months of September 2023 through January 2024. Client #2's record did not indicate documentation of a review of client #2's goal #6 following 5 consecutive months of goal achievement.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #7 100% of the time for the months of September 2023 through January 2024. Client #2's record did not indicate documentation of a review of client #2's goal #7 following 5 consecutive months of goal achievement.</p> <p>Client #2's Data Collection Sheet dated 2/7/24 indicated client #2 was able to complete goal #9 100% of the time for the months of September 2023 through January 2024. Client #2's record did not indicate documentation of a review of client #2's goal #9 following 5 consecutive months of goal achievement.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/7/24 at 1:00 PM. QIDPM #1 was asked who was responsible for the development and implementation of client goals/objectives. QIDPM #1 stated, "The QIDP (Qualified Intellectual Disabilities Professional)." QIDPM #1 was asked how often client goals were expected to be reviewed. QIDPM #1 stated, "Monthly." QIDPM #1 was asked what factors would dictate</p>			

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W 0257  Bldg. 00	<p>adjustments needing to be made to a client's goals. QIDPM #1 stated, "Having regressed or loss skills already gained, failure to make progress towards a goal, or meeting the goal criteria and moving to a different goal." QIDPM #1 was asked if a client has goal to be tracked for 3 months and the client has achieved the goal at the expected success rate or higher, what was expected to occur. QIDPM #1 stated, "The goal should be revised and/or modified based on the client." QIDPM #1 was asked if adjustments should have been made to client #1 and #2's goals that were implemented when both individuals achieved the expected success rate for each goal for the time period tracked. QIDPM #1 stated, "Yes."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to revise client #3's goals following multiple months of lack of achievement.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 2/7/24 at 10:35 AM.</p> <p>Client #3's Data Collection Sheet dated 2/7/24 indicated client #3 had the following goals for the months of August 2023, September 2023, October</p>	W 0257	<p><b>CORRECTION:</b></p> <p><i>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Through review of facility documentation, the governing body has determined that in</i></p>	03/10/2024

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	<p>2023, November 2023, December 2023, and January 2024: "1. Given skill training and 3 verbal prompts, [client #3] will use the communication book to assist in communicating his wants and needs daily 50% of the time for 3 consecutive months. 2. Given hand over hand assistance and 1 verbal prompt, [client #3] will wash his body parts each day 70% of the time for three consecutive months...4. Given skills training and 1 verbal prompt, [client #3] will hand the cashier the money while checking out at the register during weekly shopping trips 60% for three consecutive months...6 Given skill training, 2 choices and 3 verbal prompts, [client #3] will participate in an appropriate physical activity of choice daily 75% of the time for 3 consecutive months."</p> <p>Client #3's Data Collection Sheet dated 2/7/24 indicated client #3 refused to attempt goal #1 100% of the time for the months of September 2023 and October 2023. Client #3's Data Collection Sheet indicated client #3 did not accomplish goal #1 100% of the time for the months of November 2023, December 2023 and January 2024. Client #3's record did not indicate documentation of a review of client #3's goal #1 following 5 consecutive months of not accomplishing the goal.</p> <p>Client #3's Data Collection Sheet dated 2/7/24 indicated client #3 refused to attempt goal #2 100% of the time for the months of September 2023 and October 2023. Client #3's Data Collection Sheet indicated client #3 did not accomplish goal #2 100% of the time for the months of November 2023, December 2023 and January 2024. Client #3's record did not indicate documentation of a review of client #3's goal #2 following 5 consecutive months of not accomplishing the goal.</p> <p>Client #3's Data Collection Sheet dated 2/7/24</p>		<p>addition to client #3, this deficient practice may have affected all clients who reside in the facility. Specifically, the QIDP will be retrained regarding the need to modify prioritized learning objectives whenever a client is failing to make progress. All prioritized learning objectives will be modified based on current progress.</p> <p><b>PREVENTION:</b> The QIDP will turn in copies of monthly and quarterly summaries to the QIDP Manager for review and follow-up to assure learning objectives are modified as required. Additionally, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct documentation reviews as needed but no less than monthly that the QIDP has modified learning objectives as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Health Services Team, Operations Team, Regional Director</p>	



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	<p>indicated client #3 refused to attempt goal #4 100% of the time for the months of September 2023 and October 2023. Client #3's Data Collection Sheet indicated client #3 did not accomplish goal #4 100% of the time for the months of November 2023, December 2023 and January 2024. Client #3's record did not indicate documentation of a review of client #3's goal #4 following 5 consecutive months of not accomplishing the goal.</p> <p>Client #3's Data Collection Sheet dated 2/7/24 indicated client #3 refused to attempt goal #6 100% of the time for the months of September 2023 and October 2023. Client #3's Data Collection Sheet indicated client #3 did not accomplish goal #6 100% of the time for the months of November 2023, December 2023 and January 2024. Client #3's record did not indicate documentation of a review of client #3's goal #6 following 5 consecutive months of not accomplishing the goal.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 2/7/24 at 1:00 PM. QIDPM #1 was asked who was responsible for the development and implementation of client goals/objectives. QIDPM #1 stated, "The QIDP (Qualified Intellectual Disabilities Professional)." QIDPM #1 was asked how often client goals were expected to be reviewed. QIDPM #1 stated, "Monthly." QIDPM #1 was asked what factors would dictate adjustments needing to be made to a client's goals. QIDPM #1 stated, "Having regressed or loss skills already gained, failure to make progress towards a goal, or meeting the goal criteria and moving to a different goal." QIDPM #1 was asked if a client has goal to be tracked for 3 months and the client has failed to achieve the goal consecutively for the tracking period, what was expected to occur. QIDPM #1 stated, "The goal</p>			

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W 0352 Bldg. 00	<p>should be revised and/or modified based on the client." QIDPM #1 was asked if client #3's documentation indicated multiple goals where he did not achieve the goal or refused to attempt to goal for 5 consecutive months, what was expected to occur pertaining to his goals. QIDPM #1 stated, "They should have been revised or modified to address the refusals or lack of success."</p> <p>9-3-4(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 had a current completed dental examination.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 2/7/24 at 10:35 AM.</p> <p>Client #3's record indicated a completed dental examination dated 7/26/21. Client #3's record did not indicate documentation of a current dental examination.</p> <p>DON (Director of Nursing) #1 was interviewed on 2/7/24 at 1:00 PM. DON #1 was asked how often clients were expected to have dental examinations completed. DON #1 stated, "Annually." DON #1 was asked if the facility had documentation of a current dental examination for client #3. DON #1 stated, "No, we cannot locate the documentation. I will get with the dentist and if an appointment is</p>	W 0352	<p><b>CORRECTION:</b> <i>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Specifically, the facility has scheduled a dental examination for client #3. An audit of facility medical charts indicated this deficient practice did not affect additional clients who reside at the facility.</i></p> <p><b>PREVENTION:</b></p> <ul style="list-style-type: none"> <li>· The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review.</li> <li>· The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up.</li> <li>· The Executive Director and</li> </ul>	03/10/2024

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	needed, we will schedule one immediately."  9-3-6(a)		will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to dental examinations take place as required.  <b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Direct Support Lead, Health Services Team, Direct Support Staff, Operations Team, Regional Director	