TO DEFICIENT STEE	AND DE OTHER CLIEBY IES (ST.	(V2) 1 4 H 7 T T T	ONICEDITICAL	OVA) DATE CLIBATEN	
		ſ ´		(X3) DATE SURVEY	
OF CORRECTION			<u>00</u>	COMPLETED	
	15G814	B. WING		12/11/2023	
		8307 C	ASTLETON BLVD		
Voortoora oranion or manaat			1711 OE10, 114 40200		
SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO THE APPROPRIAT	COMPLETION	
REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
#IN00418628. Complaint #IN0041	8628: Federal and state	W 0000			
at: W104, W149, W	7157 and W227.				
Provider Number: 1	5G814				
accordance with 46	0 IAC 9.				
483.410(a)(1) GOVERNING BO	DY				
The governing boo policy, budget, and the facility.	dy must exercise general doperating direction over				
interview for 1 of 3 governing body fail budget and operating ensure the facility roof money to client A. Findings include: 1. An observation whome on 12/4/23 from Client A was observation period.	sampled clients (A), the ed to exercise general policy, g direction over the facility to eimbursed a significant amount A. vas conducted at the group om 2:53 PM through 5:15 PM. ved throughout the At 2:53 PM the surveyor	W 0104	The governing body must exergeneral policy, budget, and operating direction over the facility. Specifically: the govern body has reimbursed client A's Resident Funds Management Service Account in the amount 1020.00 to cover substantiated exploitation. PREVENTION: For the next 30 days, member the Operations Team (comprise of the Executive Director,	ning s t of d	
	SUMMARY: (EACH DEFICIEN REGULATORY OR This visit was for the #IN00418628. Complaint #IN0041 deficiencies related at: W104, W149, W Dates of Survey: Do Provider Number: 14 AIMS Number: 201 These deficiencies a accordance with 460 Quality Review of the on 12/20/23. 483.410(a)(1) GOVERNING BOO The governing boo policy, budget, and the facility. Based on observation interview for 1 of 3 governing body fail budget and operating ensure the facility reof money to client AF Findings include: 1. An observation whome on 12/4/23 from Client AF was observation period.	DROVIDER OR SUPPLIER DRPORATION OF INDIANA SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION This visit was for the investigation of complaint #IN00418628. Complaint #IN00418628: Federal and state deficiencies related to the allegation(s) are cited at: W104, W149, W157 and W227. Dates of Survey: December 4, 5, 6, 7 and 11, 2023. Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/20/23. 483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility reimbursed a significant amount of money to client A.	PROVIDER OR SUPPLIER ORPORATION OF INDIANA SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION This visit was for the investigation of complaint #IN00418628. Complaint #IN00418628: Federal and state deficiencies related to the allegation(s) are cited at: W104, W149, W157 and W227. Dates of Survey: December 4, 5, 6, 7 and 11, 2023. Facility Number: 201468320 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/20/23. 483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility reimbursed a significant amount of money to client A. Findings include: 1. An observation was conducted at the group home on 12/4/23 from 2:53 PM through 5:15 PM. Client A was observed throughout the observation period. At 2:53 PM the surveyor	A BUILDING B. WING ROVIDER OR SUPPLIER DRPORATION OF INDIANA SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR I.S.C IDENTIFYING INFORMATION This visit was for the investigation of complaint #IN00418628: Federal and state deficiencies related to the allegation(s) are cited at: W104, W149, W157 and W227. Dates of Survey: December 4, 5, 6, 7 and 11, 2023. Facility Number: 15G814 ALMS Number: 201408320 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/20/23. #83.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. The governing body failed to exercise general policy, budget and operating direction over the facility rensure the facility reimbursed a significant amount of money to client A. Findings include: 1. An observation was conducted at the group home on 12/4/23 from 2:53 PM through 5:15 PM. Client A was observed throughout the observation period. At 2:53 PM the surveyor DRPORATION STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256 STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256 DROVERS, LANG OCCURRECTION. FOR PREFIX TAG TAG W 0000 CRECTION: The governing body must exercise general policy, budget, and operating direction over the facility reimbursed client A: Resident Funds Management Service Account in the amount 1020.00 to cover substantiate exploitation. PREVENTION: For the next 30 days, member the Operations Team (comprise the Operations Team (compri	

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

(X6) DATE

TITLE

 Bob Morris
 QIDP Mgr.
 01/05/2024

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 12/11/2023 15G814 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 8307 CASTLETON BLVD VOCA CORPORATION OF INDIANA INDIANAPOLIS, IN 46256 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Client A answered the door. Client A was wearing Operations Managers, Program a pair of pants, no shirt and no shoes. Client A let Managers, Quality Assurance the surveyor into the group home. The surveyor Manager, QIDP Manager, QIDPs, asked client A if staff were present in the home. Quality Assurance Coordinators, Client A went to check the group home's office Area Supervisors, and Nurse and then stated, "No one is here but me." Manager) will conduct administrative monitoring, no less The facility's BDS (Bureau of Disabilities Services) than three times weekly, during reports and investigations were reviewed on varied shifts/times, to assure 12/5/23 at 9:35 AM. interaction with multiple staff, involved in a full range of active 2. A BDS Report dated 9/28/23 indicated the treatment scenarios, including following: night and weekend observations. After 30 days, administrative -"... On 9/27/23, [client A] was talking to staff and monitoring will occur no less than told her that his girlfriend he met online was twice weekly until all staff coming to visit him. [Client A] told staff he had demonstrate competence. After sent her money to get her car fixed so she can this period of enhanced come see him. [Client A] also stated to staff that administrative monitoring and he sends his online girlfriend money every time he support, the Executive Director gets paid to pay for her lawyer so she can get and Regional Director will inherited money each month from her deceased determine the level of ongoing parents. [Client A] told staff he has given the support needed at the facility. unidentified woman his account and routing **Current Operations Team** number to his bank so she can put the inherited members received training from money in his account every month. She also had the QIDP Manager on 12/14/23, to put his [Financial Account] information into a assure a clear understanding of website, so it is connected to allow her to have administrative monitoring as access to all the funds. The supervisor was defined below. notified and a police report will be filed." The role of the administrative monitor is not simply to observe & -"Plan to Resolve (Immediate and Long Term)." report. When opportunities for -"[Client A] was not injured and received post training are observed, the monitor incident supportive conversation from staff. The must step in and provide the incident is under investigation to determine the training and document it. amount of missing money, and arrange for If gaps in active treatment reimbursement. The interdisciplinary team (IDT) are observed the monitor is will meet to add Potential for Exploitation to his expected to step in and model the Behavior Support Plan (BSP), and to develop appropriate provision of supports.

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	VIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRU		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPLETED	
		15G814	B. WI	NG		12/11/2023	
NAME OF F	DROVIDED OF GUIDNIED		•	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER			8307 C	ASTLETON BLVD		
VOCA C	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	*	s. The team will assist [client current bank and [Financial			· Assuring the health and		
	Account accounts	_			safety of individuals receiving supports at the time of the		
	Account accounts				observation is the top priority.		
	-A review of the BI	OS report dated 9/28/23			Review all relevant		
		nformed staff he had been			documentation, providing		
		n unknown person he had met			documented coaching and tra	ining	
	online. The review	indicated client A had also			as needed.	-	
	_	ount and other financial			Administrative oversight will		
		eess to an unknown person he			include but not be limited to		
		iew indicated the facility would			reviewing client finances to as		
		ve measures regarding client			exploitation is not occurring ar	nd	
	A's potential for fin	ancial exploitation.			that clients receive timely	-J	
	-An IS (Investigativ	ve Summary) form dated			reimbursement when indicated RESPONSIBLE PARTIES: QI		
		indicated the following:			Area Supervisor, BDS Service		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	marouse the folio wing.			Coordinator, Direct Support S		
	-"Summary of Inter	views:"			Operations Team, Regional	,	
					Director		
	-"[DSL (Direct Sup	port Lead)] #1"					
	"II.a (aliant A) way	ald some to me all the time					
	· · · · · · · · · · · · · · · · · · ·	ald come to me all the time coming over but she would					
	never come."	coming over our site would					
	-"One day he (clien	t A) told me he had to send					
		a lawyer to get her inheritance					
	money."						
	-"He (client A) way	ıld send me messages and he					
	` ′	his routing and checking					
	(account) number."	me routing and encoking					
	,						
	-"She was supposed	l to put 5k (thousand dollars)					
	_	ount] every month, that's why					
	he gave her the rout	ting and checking number."					
		for about 2 months, it started					
	around August."						
1	1						

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/11/2023	
	PROVIDER OR SUPPLIER		8307	EET ADDRESS, CITY, STATE, Z 7 CASTLETON BLVD IANAPOLIS, IN 46256	CIP COD		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTIVE)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
TAG		at [name of restaurant], to my	TAG	DEFICIENC		DATE	
	knowledge I believ	e the money he gets paid goes (client A) gave her."					
	-"I have never phys	ically seen or met her."					
		e ever video called her and he ecause her camera is messed that."					
	-"He said he met he	er on [Social Media]."					
	-"[Client A]:"						
	-"I met her through	[Social Media]."					
	-	e lady, she lives over in [name the [name of city] area."					
	because she needed needed money for h	was sending her money was to go to get her car fixed or her lawyer for her parents wasn't able to do that because away."					
	-"She lives in a ver of city]."	y bad neighborhood in [name					
		et out of the area but she et her out of a tough situation fe."					
	-"She didn't really l	nave a good life."					
	million (dollars) an	inheritance money, it's like 3 d in order for her to get that, awyer a bunch of money and					
	-"Now, she needs to	o go with her lawyer to get					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE A. BUILDING B. WING	E CONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/11/2023	
	PROVIDER OR SUPPLIER		8307	ET ADDRESS, CITY, STATE, ZIP COD 7 CASTLETON BLVD ANAPOLIS, IN 46256		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	CROSS-REFERENCED TO THE APPROP	E COMPLETION	
TAG	some paperwork fo	R LSC IDENTIFYING INFORMATION r me to sign because at one	TAG	DEFICIENCY)	DATE	
		ere going to have him send the acial account] account."				
	-"Like \$5000 (dolla					
		sudden, staff doesn't believe that she is a scammer."				
	-"They think she is	only asking for money."				
		d she knows that she's (sic) oth of us to have a better life."				
	-"She's been trying she can come down	her best to get her car fixed so to see me."				
	_	oing that Tuesday this week unch of things happened."				
	-"They (staff) think money."	she is only with me for my				
	number and routing	re given her was the account g number for her to do the wire ome into my bank account."				
	-"I don't know how I'm still new to adu	all that stuff works because lthood."				
	-"I'm still getting us grown up."	sed to all this about being a				
	-"I'm just trying to possible".	figure out as much as				
	-"Conclusion:"					
	-"1. [Client A] met via [Social Media].	his girlfriend on social media				

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPLETED	
		15G814	B. WI	ING		12/11/2023	
	ROVIDER OR SUPPLIER			8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	T	ID			(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA [*]	rc	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	i	DATE
		his online girlfriend \$873.96."					
	-"3. It is unsubstant [client A's] financia	iated that staff were aware of l exploitation."					
	-"4. It is unsubstant [client A's] potentia	iated that staff were aware of l exploitation."					
	-"5. It is substantiate sent money to his or	ed that [client A] willingly nline girlfriend."					
	-"6. [Client A] sent alleged vehicle repa	his online girlfriend money for and legal fees."					
		ld send money to his online neial Account] transfers."					
	-"Recommendation	s:"					
	-"1. Reimburse [clie	ent A] for \$873."					
	-"2. Establish RFM: Management Service	S (Residential Fund ces) account for [client A]."					
	-"3. Encourage [cliedeposit into the RF]	ent A] to establish direct MS account".					
	indicated client A in sending money to so Internet. The review provided his bank a unknown person he review indicated the client A \$873 dollar any measures for sta	dated 9/27/23 to 10/2/23 informed staff he had been omeone he met on the vindicated client A had account information to the had met on the Internet. The efacility would reimburse is. The review did not indicate aff to monitor client A's online further incidents of financial					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE CC A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/11/2023	
	PROVIDER OR SUPPLIER		8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE	
	following:	ient A] stated in his IDT				
	meeting that his mo money from him to medications and sho stated that he had gi those items which c A's] mother told hir in installments beca	ther had been requesting help with buying her bes for her new job. [Client A] iven his mother the money for ame up to \$145 dollars. [Client in she will pay back the money use she just started her new living in a homeless shelter				
	-"Plan to Resolve (I	mmediate and Long Term)."				
	incident supportive incident is under in reimbursement of the A]. [Client A] has a Exploitation Victim Support Plan and do measures have been	t injured and received post conversation from staff. The vestigation to arrange for the \$145 dollars back to [client history of Financial addressed in his Behavior evelop (sic) protective to put in place. The team has with closing his current bank bunt] accounts".				
	indicated client A in \$145 to his Mother. indicated the facility measures regarding financial exploitation	-				
		record was reviewed on 1. Client A's RFMS statement ated the following:				

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		15G814	B. WING		12/11/2023	
			STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	₹		ASTLETON BLVD		
VOCA CO	ORPORATION OF	ΙΝΠΙΔΝΑ		IAPOLIS, IN 46256		
700/100	514 614 (11614 61					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	Treas (Treasury) 9914.00." -"12/01/23 SSI Ti	Supplemental Security Income) Credit \$914.00 Balance reas Credit \$822.60 Balance				
	\$1,736.60.00".					
		A's RFMS statement dated				
		icate the facility had reimbursed				
		3.96 he sent to his online				
	girlfriend or the \$14	45.00 he gave to his Mother.				
	QIDPM (Qualified Professional Manag 12/5/23 at 12:41 PM A's current BSP had Financial Exploitatic client A had given a unidentified person A had given \$145 d was asked if the fac or the #145 dollars "It's not in his according to the professional profes	urance Manager) #1 and Intellectual Disabilities ger) #1 were interviewed on M. QIDPM #1 indicated client d a targeted behavior of ion Victim. QIDPM #1 indicated approximately \$873 to an he had met online and client dollars to his mother. QIDPM #1 cility had reimbursed the \$873 to client A. QIDPM #1 stated, unt."				
	9-3-1(a)					
W 0149	483.420(d)(1) STAFF TREATME	ENT OF CLIENTS				
Bldg. 00	The facility must of written policies an mistreatment, neg Based on observation interview for 1 of 3 failed to implement prevent the financial	develop and implement ad procedures that prohibit plect or abuse of the client. on, record review and sampled clients (A), the facility its policy and procedures to all exploitation of client A, failed ive corrective measures to	W 0149	CORRECTION: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abus		

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	OO COMPLETED		ETED
		15G814	B. W	NG		12/11/	2023
				CTD FET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	ROVIDER OR SUPPLIER	2			ASTLETON BLVD		
VOCA C		INIDIANIA			APOLIS, IN 46256		
VOCA CORPORATION OF INDIANA			INDIAN	APOLIS, IN 46256			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE ID		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	prevent the financia	l exploitation of client A and			the client. Specific corrections		
	failed to prevent cli	ent A from being handcuffed			include: the interdisciplinary te	am	
	by the police.				will revise client A's Behavior		
					Support Plan to include proact	ive	
	Findings include:				and reactive strategies to prev	ent	
					exploitation, including but not		
	1. An observation w	vas conducted at the group			limited to monitoring on-line/so	cial	
	home on 12/4/23 fro	om 2:53 PM through 5:15 PM.			media activity. All facility staff	and	
	Client A was observ	ved throughout the			supervisors will be trained tow	ard	
	observation period.	At 2:53 PM the surveyor			proper implementation of the		
	knocked on the fror	nt door of the group home.			revised plan. Additionally, all s	taff	
	Client A answered the door. Client A was wearing				will be trained regarding the fa	ct	
	a pair of pants, no shirt and no shoes. Client A let				that face to face visits with		
	the surveyor into th	e group home. The surveyor			previously unknown/approved		
	asked client A if sta	iff were present in the home.			parties must have prior review	and	
	Client A went to ch	eck the group home's office			approval from the interdisciplir	nary	
	and then stated, "No	o one is here but me."			team.		
					PREVENTION:		
	The facility's BDS ((Bureau of Disabilities Services)			When significant incidents occ	ur,	
	reports and investig	ations were reviewed on			including but not limited to		
	12/5/23 at 9:35 AM	[.			elopements and suicide attem	pts	
					and elopements, the QIDP will		
	2. A BDS Report da	ated 9/28/23 indicated the			contact front line team membe	rs	
	following:				and administrative staff and		
					additional professional assista	nce	
	_	ient A] was talking to staff and			as appropriate to convene an		
		friend he met online was			interdisciplinary team meeting	to	
	-	. [Client A] told staff he had			develop protective measures t		
		et her car fixed so she can			help reduce and prevent furthe	er	
		ent A] also stated to staff that			occurrences. When corrective		
		girlfriend money every time he			measures are developed by		
		her lawyer so she can get			post-investigation administrative		
	_	ch month from her deceased			level collaboration, the QA Ma	•	
		told staff he has given the			and QIDP Manager will analyz		
		h his account and routing			peer review and team meeting		
		so she can put the inherited			documentation to assure all		
		nt every month. She also had			necessary corrective		
	_	account] information into a			recommendations are included		
		nected to allow her to have			For the next 30 days, member		
	access to all the fun	ds. The supervisor was			the Operations Team (compris	ed	

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CK5S11 Facility ID: 010453

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PRINTED: 01/16/2024 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC					_	B NO. 0938-039
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ЛLDING	00	COMPL	ETED
		15G814	B. W			12/11/2023	
				CTREET	ADDRESS CITY STATE ZIR COD		
NAME OF I	PROVIDER OR SUPPLIE	₹			ADDRESS, CITY, STATE, ZIP COD		
VOCA 6		INIDIANIA					
VOCA C	ORPORATION OF	INDIANA		INDIAN	NAPOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY) TAG DEFICIENCY		COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	AIE.	DATE
	notified and a polic	e report will be filed."			of the Executive Director,		
		•			Operations Managers, Progra	ım	
	-"Plan to Resolve (Immediate and Long Term)."			Managers, Quality Assurance		
	· ·	2 ,			Manager, QIDP Manager, QII		
	-"[Client A] was no	ot injured and received post			Quality Assurance Coordinate		
		conversation from staff. The			Area Supervisors, and Nurse	,	
		vestigation to determine the			Manager) will conduct		
		money, and arrange for			administrative monitoring, no	less	
	_	e interdisciplinary team (IDT)			than three times weekly, durir		
		tential for Exploitation to his			varied shifts/times, to assure	19	
		Plan (BSP), and to develop			interaction with multiple staff,		
		s. The team will assist [client			involved in a full range of active	vo	
	^	current bank and [Financial			treatment scenarios, including		
	Account] accounts.				night and weekend observation	-	
	Accounty accounts.				_	JI15.	
	A review of the Ri	DS report dated 9/28/23			After 30 days, administrative	han	
		nformed staff he had been			monitoring will occur no less t	IIaII	
		in unknown person he had met			twice weekly until all staff		
		indicated client A had also			demonstrate competence. Aft	.eı	
		ount and other financial			this period of enhanced		
	_	cess to an unknown person he			administrative monitoring and		
		view indicated the facility would			support, the Executive Director	וכ	
		ve measures regarding client			and Regional Director will		
		6 6			determine the level of ongoing	-	
	A's potential for fin	ianciai exploitation.			support needed at the facility.		
	A IC (I	C			Current Operations Team		
	, -	ve Summary) form dated			members received training fro		
	9/2//23 10 10/2/23	indicated the following:			the QIDP Manager on 12/14/2		
	"C CI 4	. "			assure a clear understanding	OT	
	-"Summary of Inter	rviews:			administrative monitoring as		
	"LDCI (D; + C	4 T 101 //10			defined below.		
	-"[DSL (Direct Sup	oport Lead)] #1"			The role of the administrati		
		-1.4 411.41			monitor is not simply to obser	ve &	
		ald come to me all the time			report.		
	_	coming over but she would			When opportunities for train	-	
	never come."				are observed, the monitor mu		
					step in and provide the training	g	
		at A) told me he had to send			and document it.		
		r a lawyer to get her inheritance			·If gaps in active treatment		
	money."				observed the monitor is expec	cted	

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to step in and model the

If continuation sheet

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII		00	COMPLETED	
		15G814	B. WIN	G		12/11/2023	
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>			ADDRESS, CITY, STATE, ZIP COD		
VOCA C	ORPORATION OF	INDIANA			ASTLETON BLVD APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	BROWDENG N. IN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	P	REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY	DATE	
		ald send me messages and he			appropriate provision of suppo		
	_	his routing and checking			·Assuring the health and saf	-	
	(account) number."				of individuals receiving suppor		
	-"She was supposed	l to put 5k (thousand dollars)			the time of the observation is top priority.	.ne	
		ount] every month, that's why			Review all relevant		
		ting and checking number."			documentation, providing		
					documented coaching and tra	ining	
	-"It's been going on	for about 2 months, it started			as needed.		
	around August."				Administrative oversight will		
					include but not be limited to:		
		at [name of restaurant], to my			· Ensuring the team		
	_	e the money he gets paid goes			implements appropriate correc	ctive	
	into that account he	(client A) gave her."			measures.		
	_"I have never phys	ically seen or met her."			 Ensuring plans include objectives necessary to meet 		
	- Thave never phys	icany seen of met her.			clients' needs.		
	-"I asked him has h	e ever video called her and he			· Ensuring clients' social		
		ecause her camera is messed			interactions receive appropriate	te	
	up or something lik	e that."			protective oversight based on		
					needs.		
	-"He said he met he	er on [Social Media]."			RESPONSIBLE PARTIES: QI		
					Area Supervisor, Direct Suppo		
	-"[Client A]:"				Staff, Operations Team, Region	onal	
	"I mot han themas1-	[Social Modial "			Director		
	-"I met her through	[Social Micula].					
	-"She's a really nice	lady, she lives over in [name					
		the [name of city] area."					
	I	was sending her money was					
		to go to get her car fixed or					
	I	ner lawyer for her parents					
		wasn't able to do that because					
	her parents passed a	away."					
	_"She lives in a ver	y bad neighborhood in [name					
	of city]."	y oad neighborhood in [name					
	51 511 _j j.						
	-"She is trying to ge	et out of the area but she					

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G814	B. W	ING		12/11/2023	
	PROVIDER OR SUPPLIER		<u> </u>	8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	1	ID			(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PROVIDER'S PLAN OF CORRECTION DEFLY (EACH CORRECTIVE ACTION SHOULD BE			COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	needs my help to ge and have a better life	et her out of a tough situation fe."					
	-"She didn't really have a good life."						
	-"With her parents i	inheritance money, it's like 3					
	million (dollars) and	d in order for her to get that,					
		awyer a bunch of money and					
	there's a court fee."						
	"Now she needs to	go with her lawyer to get					
		r me to sign because at one					
		ere going to have him send the					
	-	icial account] account."					
	-"Like \$5000 (dolla	urs) at a time."					
		udden, staff doesn't believe that she is a scammer."					
	-"They think she is	only asking for money."					
		d she knows that she's (sic) oth of us to have a better life."					
	-"She's been trying she can come down	her best to get her car fixed so to see me."					
	_	oing that Tuesday this week unch of things happened."					
	-"They (staff) think money."	she is only with me for my					
		re given her was the account a number for her to do the wire					
	_	me into my bank account."					
	-"I don't know how I'm still new to adul	all that stuff works because					

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Event ID:

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G814	(X2) MULTIPLE A. BUILDING B. WING	E CONSTRUCTION G <u>00</u>	(X3) DATE SURVEY COMPLETED 12/11/2023	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO TH	N SHOULD BE COMPLETION	
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY		
	-"I'm still getting us grown up."	sed to all this about being a				
	-"I'm just trying to f possible".	figure out as much as				
	-"Conclusion:"					
	-"1. [Client A] met via [Social Media].'	his girlfriend on social media				
	-"2. [Client A] sent	his online girlfriend \$873.96."				
	-"3. It is unsubstant [client A's] financia	iated that staff were aware of l exploitation."				
	-"4. It is unsubstant [client A's] potentia	iated that staff were aware of l exploitation."				
	-"5. It is substantiat sent money to his of	ed that [client A] willingly nline girlfriend."				
	-"6. [Client A] sent alleged vehicle repa	his online girlfriend money for and legal fees."				
		ld send money to his online ncial Account] transfers."				
	-"Recommendation	s:"				
	-"1. Reimburse [clic	ent A] for \$873."				
	-"2. Establish RFM Management Service	S (Residential Fund ees) account for [client A]."				
	-"3. Encourage [clied deposit into the RFI	ent A] to establish direct MS account".				
	A review of the IS	dated 9/27/23 to 10/2/23				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV A. BUILDING 00 COMPLETEI B. WING 12/11/202				ETED	
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	sending money to a Internet. The review provided his bank a unknown person hereview indicated the client A \$873 dollar any measures for a activity to prevent exploitation. 3. A BDS Report of following: -" On 10/3/23, [comeeting that his memore from him to medications and she stated that he had go those items which a A's] mother told his in installments beceing by and is currently downtown". -"Plan to Resolve (complete the complete to the complete the complete to the complete the comple	Informed staff he had been someone he met on the windicated client A had account information to the he had met on the Internet. The he facility would reimburse hars. The review did not indicate that to monitor client A's online further incidents of financial hated 10/4/23 indicated the lient A] stated in his IDT other had been requesting to help with buying her hoes for her new job. [Client A] given his mother the money for came up to \$145 dollars. [Client m she will pay back the money ause she just started her new or living in a homeless shelter. Immediate and Long Term)." The triple of injured and received post the conversation from staff. The expecting the staff dollars back to [client and history of Financial and addressed in his Behavior levelop (sic) protective in put in place. The team has with closing his current bank wount] accounts". DS report dated 10/4/23 informed staff he had given					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G814	B. W	ING		12/11/	2023
				CTREET	DDDEGG CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
V004 00		NIDIANIA			ASTLETON BLVD		
VOCA CORPORATION OF INDIANA				INDIAN	APOLIS, IN 46256		
(X4) ID	D SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	\$145 to his Mother.	The review indicated					
	indicated the facility	would implement protective					
		client A's potential for					
	financial exploitation	-					
	1						
	4. A BDS Report da	ated 10/31/23 indicated the					
	following:						
	3						
	-" On the night of	10/30/23, [client A] requested					
	_	net through social media. Staff					
		Idress [street address], per his					
		nt A] rang the doorbell, he					
	_	ne wrong address. [Client A]					
		so they could leave, but prior					
		lice came, directed staff and					
		the van and placed them both					
		their names for warrants.					
		names and both of their					
	_						
		g back clear, the officers					
		affs, let staff and [client A]					
	-	n they were looking for was					
	-	ructed them to leave. Staff					
		A] back to his home and					
	notified the supervis	sor."					
	UD1 . D 1 /I	1 . 1					
	-"Plan to Resolve (I	mmediate and Long Term)."					
	nicol: 4 4 3						
		t injured and received post					
		conversation from staff. The					
		m will meet to develop					
	_	oring [client A's] on-line					
	activities to ensure l	nis safety".					
		OS report dated 10/31/23					
		ad asked staff to drive him to					
		nd met on the Internet/social					
		ndicated when staff took client					
	A to meet the unknown	own person, the owners of the					
	home client A visite	ed called the police. The review					
	indicated client A ar	nd the staff were handcuffed					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPL	
		15G814	B. W	ING		12/11/	2023
	PROVIDER OR SUPPLIER		•	8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NIE.	DATE
	by the police. The r	eview indicated the facility					
		ocols for monitoring client A's					
	on-line activities to	ensure his safety.					
	Client Ala record w	as reviewed on 12/5/23 at 11:41					
		P dated 10/18/23 and revised on					
	11/9/23 indicated th						
	11/5/25 maleated th	12 10110 H III G.					
	-" Alone Time:"						
	-"6/8/23; [Client A]	has earned 'Alone Time' out in					
		nside the house for three hours					
		eed to keep in touch with staff					
		time. Team will review prior to					
	the next quarterly n	neeting to assess his					
	progress."						
	-"Target Behaviors	And Goals:"					
	-"Physical Aggress	ion:".					
	-"Verbal Aggressio	n:".					
	-"Property Destruct	ion/Disruption:".					
	-"Financial Exploita	ation Victim: any time [client A]					
	-	sessions to another person					
	without appropriate	compensation".					
	-A review of client	A's BSP dated 10/18/23 and					
	revised on 11/9/23	indicated client A's BSP did not					
	include any precurs	ors, preventative procedures					
	or reactive procedu	res for staff to employ					
		targeted behavior of financial					
	exploitation.						
	Client A was interv	iewed on 12/4/23 at 2:55 PM.					
		if he owned his own smart					
		ted, "Yes a [brand name of					
	-	vas asked if he gives money to					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G814	B. W	ING		12/11/	2023
				STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER				ASTLETON BLVD		
VOCA C	ORPORATION OF I	NDIANA		INDIAN	APOLIS, IN 46256		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE
		ine. Client A said, "Yes, only					
	-	now, like \$35 dollars." Client A ever given more money than					
		. Client A stated, "I don't have					
	_	a scammer." Client A was					
	_	oney he gave to his girlfriend.					
		most a thousand dollars.					
		vithin a month or two they will					
		Client A was asked if any staff					
	monitored his usage	e of the Internet. Client A					
		gaming stuff or my phone.					
		monitor my money stuff."					
		if he had access to his money.					
		m doing a cash app and I'm					
	still able to get into	that."					
	DSL #1 was intervi	ewed on 12/4/23 at 3:25 PM.					
		f client A received any					
		ng his usage of his electronic					
		SL #1 stated, "Restrictions,					
	no."						
		tellectual Disabilities					
	· ·	s interviewed on 12/4/23 at					
		was asked if the facility was					
		ervision regarding client A's					
		nic devices/Internet. QIDP #1					
		AS (Area Supervisor] #1, PM #1, we all can. We changed all					
	1	s own card so we had it set up					
		FMS. He's been kind of					
		n that he met online, he would					
	-	ght hundred and something					
		vas asked if the facility had					
	,	3 dollars to client A. QIDP #1					
	stated, "That's in the	e process right now."					
	AS #1 was interview	wed on 12/4/23 at 4:18 PM. AS					
	#1 was asked if clie	nt A had a targeted behavior in					
	his BSP for financia	al exploitation. AS #1 stated,					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3)				3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUI	LDING	00	COMPL		
		15G814	B. WIN	IG		12/11/	/2023	
NAME OF S			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF	PROVIDER OR SUPPLIE	SR.		8307 CA	ASTLETON BLVD			
VOCA C	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46256			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	, and the second	NCY MUST BE PRECEDED BY FULL	F	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		OR LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		problem is [social media]. He's						
	_	nales that are asking him for						
		nced him to to deposit his						
		e of Employer] into an RFMS denied it, he's pushed back."						
		f the facility had reimbursed the						
		ent A. AS #1 stated, "Not to my						
	knowledge as of y							
	line wreage as of y							
		surance Manager) #1 and						
		l Intellectual Disabilities						
		ager) #1 were interviewed on						
		M. QIDPM #1 indicated client						
		ad a targeted behavior of						
	_	tion Victim. QIDPM #1 was						
		BSP included proactive and/or						
	1	for staff to address his targeted						
		cial Exploitation Victim. QIDPM						
		ot see anything." QIDPM #1						
		had given approximately \$873 to rson he had met online and						
	_	\$145 dollars to his mother.						
	_	ked if the facility had						
		73 or the \$145 dollars to client A.						
		"It's not in his account."						
		ked if the facility was aware						
	*	ntly sending money to						
		duals online. QIDPM #1 stated,						
		vare of that today." QIDPM #1						
		ty's policy on the prevention of						
		mistreatment should be						
	implemented as w	ritten. QIDPM #1 indicated						
	effective correctiv	e measures should be						
	implemented.							
	The Facility's police	cy and procedures were						
	reviewed on 12/6/2	23 at 9:55 AM. The facility's						
		xploitation policy revised on						
	7/10/19 indicated,	"Policy: Adept staff actively						
	advocate for the ri	ghts and safety of all						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPLETED	
		15G814	B. WI	NG		12/11/	/2023
NAME OF I			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF E	PROVIDER OR SUPPLIER	· ·		8307 C	ASTLETON BLVD		
VOCA C	ORPORATION OF	INDIANA		INDIAN	IAPOLIS, IN 46256		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCE		DATE
		egations or occurrences of					
	_	exploitation shall be reported uthorities through the					
		sory channels and will be					
		gated under the policies of					
		and local, state and federal					
		onal/physical neglect: failure to					
	_	or services necessary for the					
		physical harm. Failure to					
		necessary to an individual's					
		social well being. Failure to					
		I requirements such as food,					
	shelter, clothing an	-					
	environment."	-					
	"Program intervent	ion neglect:Failure to					
		rt plan, inappropriate					
		vention with out (sic) a					
	qualified person no	tification/review".					
	This federal tag rela	ates to complaint #IN00418628.					
	9-3-2(a)						
W 0157	483.420(d)(4)						
	, , , ,	ENT OF CLIENTS					
Bldg. 00		ation is verified, appropriate					
	corrective action r						
		on, record review and	\mathbf{W} 0	157	CORRECTION:		01/10/2024
	interview for 1 of 3	sampled clients (A), the facility			If the alleged violation is verific	ed,	
	failed to implement	t effective corrective measures			appropriate corrective action r	nust	
	to prevent the finan	cial exploitation of client A.			be taken. Through observation	า and	
					a review of assessment data,	the	
	Findings include:				governing body has determine		
					that this deficient practice coul		
		vas conducted at the group			affect all clients who reside in	the	
		om 2:53 PM through 5:15 PM.			facility. Specifically, the		
	Client A was obser	•			interdisciplinary team will revis		
	_	At 2:53 PM the surveyor			client A's Behavior Support Pl		
	knocked on the from	nt door of the group home.			to include proactive and reacti	ve	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	UILDING	00	COMPL	LETED
		15G814	B. W	ING		12/11	/2023
		1	<u> </u>	CTDEET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			ASTLETON BLVD		
VOCA C	ORPORATION OF	INDIANA					
VOCAC	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Client A answered	the door. Client A was wearing			strategies to prevent exploitat	ion,	
	a pair of pants, no s	shirt and no shoes. Client A let			including but not limited to		
	the surveyor into the	ne group home. The surveyor			monitoring on-line/social medi	a	
	asked client A if sta	aff were present in the home.			activity. All facility staff and		
	Client A went to ch	neck the group home's office			supervisors will be trained tow	/ard	
	and then stated, "N	o one is here but me."			proper implementation of the		
					revised plan.		
	The facility's BDS	(Bureau of Disabilities Services)			PREVENTION:		
	reports and investig	gations were reviewed on			When significant incidents occ	cur,	
	12/5/23 at 9:35 AM	1.			including but not limited to		
					elopements and suicide attem	ıpts	
	2. A BDS Report d	ated 9/28/23 indicated the			and elopements, the QIDP wil	il	
	following:				contact front line team member	ers	
					and administrative staff and		
	-" On 9/27/23, [c	lient A] was talking to staff and			additional professional assista	ınce	
	told her that his gir	lfriend he met online was			as appropriate to convene an		
	coming to visit him	n. [Client A] told staff he had			interdisciplinary team meeting	to	
	sent her money to g	get her car fixed so she can			develop protective measures	to	
	come see him. [Cli	ent A] also stated to staff that			help reduce and prevent furth	er	
	he sends his online	girlfriend money every time he			occurrences. When corrective)	
	gets paid to pay for	her lawyer so she can get			measures are developed by		
	inherited money ea	ch month from her deceased			post-investigation administrati	ve	
	parents. [Client A]	told staff he has given the			level collaboration, the QA Ma	ınger	
	unidentified woman	n his account and routing			and QIDP Manager will analyz	ze	
	number to his bank	so she can put the inherited			peer review and team meeting	3	
	money in his accou	int every month. She also had			documentation to assure all		
		Account] information into a			necessary corrective		
	website, so it is cor	nnected to allow her to have			recommendations are include	d.	
	access to all the fur	nds. The supervisor was			For the next 30 days, member	rs of	
	notified and a polic	e report will be filed."			the Operations Team (compris	sed	
					of the Executive Director,		
	-"Plan to Resolve (Immediate and Long Term)."			Operations Managers, Progra	m	
					Managers, Quality Assurance		
		ot injured and received post			Manager, QIDP Manager, QI)Ps,	
		conversation from staff. The			Quality Assurance Coordinate	rs,	
		vestigation to determine the			Area Supervisors, and Nurse		
	1	money, and arrange for			Manager) will conduct		
	reimbursement. Th	e interdisciplinary team (IDT)			administrative monitoring, no	less	1
	will meet to add Po	tential for Exploitation to his			than three times weekly, durin	ıg	
	Rehavior Support I	Plan (RSP), and to develon			varied shifts/times to assure		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 12/11/2023	
NAME OF F	PROVIDER OR SUPPLIER	· }		ADDRESS, CITY, STATE, ZIP COD	-
				CASTLETON BLVD	
VOCA C	ORPORATION OF	INDIANA	INDIA	NAPOLIS, IN 46256	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	_	s. The team will assist [client		interaction with multiple staff,	
		current bank and [Financial		involved in a full range of acti	
	Account] accounts.	".		treatment scenarios, including	-
	A ' Cal Di	25 1 1 1 0/29/22		night and weekend observation	ons.
		OS report dated 9/28/23 nformed staff he had been		After 30 days, administrative	41
		n unknown person he had met		monitoring will occur no less	tnan
		indicated client A had also		twice weekly until all staff	tor
		ount and other financial		demonstrate competence. Af this period of enhanced	lei
	_	cess to an unknown person he		administrative monitoring and	4
		iew indicated the facility would		support, the Executive Direct	
		ve measures regarding client		and Regional Director will	OI
	A's potential for fin			determine the level of ongoin	a
	Tro potential for the			support needed at the facility	-
	-An IS (Investigativ	ve Summary) form dated		Current Operations Team	
		indicated the following:		members received training from	om
		5		the QIDP Manager on 12/14/	
	-"Summary of Inter	views:"		assure a clear understanding	
	·			administrative monitoring as	
	-"[DSL (Direct Sup	port Lead)] #1"		defined below.	
				·The role of the administrat	ive
		ald come to me all the time		monitor is not simply to obser	rve &
		coming over but she would		report.	
	never come."			·When opportunities for train	-
				are observed, the monitor mu	
		t A) told me he had to send		step in and provide the trainir	ng
		r a lawyer to get her inheritance		and document it.	
	money."			·If gaps in active treatment	
	HTT (1' (A)	11 1 11		observed the monitor is expe	cted
	· · · · · · · · · · · · · · · · · · ·	ald send me messages and he		to step in and model the	,
	_	his routing and checking		appropriate provision of supp	
	(account) number."			·Assuring the health and sa	-
	-"She was sunnosed	l to put 5k (thousand dollars)		of individuals receiving support the time of the observation is	
	* *	count] every month, that's why		top priority.	uic
	_	ting and checking number."		Review all relevant	
	no gave ner the rout	and encoking number.		documentation, providing	
	-"It's been going on	for about 2 months, it started		documented coaching and tra	aining
	around August."	. 101 mount 2 months, it surred		as needed.	aninig
	1.5			Administrative oversight will	
1	ı		1	1	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILD	DING	00	COMPLETED	
		15G814	B. WING			12/11/	/2023
			<u> </u>		_		
NAME OF I	PROVIDER OR SUPPLIE	ER			DDRESS, CITY, STATE, ZIP COD		
					ASTLETON BLVD		
VOCA C	ORPORATION OF	INDIANA	IN	NDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY	Y STATEMENT OF DEFICIENCIE	II	D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PRE	EFIX	(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY O	OR LSC IDENTIFYING INFORMATION	TA	AG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	IE	DATE
		s at [name of restaurant], to my			include but not be limited to		
		ve the money he gets paid goes			ensuring the team implements	;	
	_	ne (client A) gave her."			appropriate corrective measur		
		()8			RESPONSIBLE PARTIES: QII		
	-"I have never phy	vsically seen or met her."			Area Supervisor, Direct Suppo		
		,			Lead, Direct Support Staff,		
	-"I asked him has l	he ever video called her and he			Operations Team, Regional		
		because her camera is messed			Director		
	up or something li				566.61		
	-"He said he met h	ner on [Social Media]."					
		,					
	-"[Client A]:"						
	-"I met her through	h [Social Media]."					
		,					
	-"She's a really nic	ce lady, she lives over in [name					
		by the [name of city] area."					
		23					
	-"The reason why	I was sending her money was					
		ed to go to get her car fixed or					
		her lawyer for her parents					
		e wasn't able to do that because					
	her parents passed						
		,					
	-"She lives in a ver	ry bad neighborhood in [name					
	of city]."						
	-"She is trying to g	get out of the area but she					
		get her out of a tough situation					
	and have a better l	-					
	-"She didn't really	have a good life."					
]	<u>-</u>					
	-"With her parents	s inheritance money, it's like 3					
		nd in order for her to get that,					
	` ′	lawyer a bunch of money and					
	there's a court fee.	-					
	-"Now, she needs	to go with her lawyer to get					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G814	B. W			12/11	/2023
NAME OF I	PROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP COD		
VOCA C	ORPORATION OF	INDIANA			ASTLETON BLVD APOLIS, IN 46256		
	1		-	<u> </u>	Al OLIO, IIV 1 0230		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	, i	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	COMPLETION DATE
IAG		r me to sign because at one		IAG			DATE
		ere going to have him send the					
	_	ncial account] account."					
	-"Like \$5000 (dolla	ars) at a time."					
	-"But then all of a s	sudden, staff doesn't believe					
		that she is a scammer."					
	-"They think she is	only asking for money."					
	-"But she is real and	d she knows that she's (sic)					
		oth of us to have a better life."					
		her best to get her car fixed so					
	she can come down	to see me."					
	-"We planned on do	oing that Tuesday this week					
	_	unch of things happened."					
		she is only with me for my					
	money."						
	-"The only thing I's	ve given her was the account					
		g number for her to do the wire					
		ome into my bank account."					
		·					
		all that stuff works because					
	I'm still new to adu	lthood."					
	-"I'm still getting us	sed to all this about being a					
	grown up."	sea to an tins about being a					
		figure out as much as					
	possible".						
	-"Conclusion:"						
	- Conclusion:						
	-"1. [Client A] met	his girlfriend on social media					
	via [Social Media].						
			ı				ĺ

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STATEMENT OF DEFICIENCIES X1) PRO		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		15G814	B. WI	NG		12/11	/2023
				CED FEET A	PPDEGG CVTV CTATE JID COD		
NAME OF I	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD		
\/OCA C		INIDIANIA			ASTLETON BLVD		
VOCAC	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	-"2. [Client A] sent	his online girlfriend \$873.96."					
	-"3. It is unsubstantiated that staff were aware of [client A's] financial exploitation."						
	-"4. It is unsubstantiated that staff were aware of [client A's] potential exploitation."						
	[chefit A s] potentia	н ехринации.					
		ed that [client A] willingly					
	sent money to his online girlfriend." -"6. [Client A] sent his online girlfriend money for						
	alleged vehicle repa						
		ld send money to his online ncial Account] transfers."					
	-"Recommendation	s:"					
	-"1. Reimburse [cli	ent A] for \$873."					
	-"2. Establish RFM	S (Residential Fund					
		ces) account for [client A]."					
	3171	, [
	-"3. Encourage [clie	ent A] to establish direct					
	deposit into the RF						
	A review of the IS of indicated client A is sending money to s. Internet. The review provided his bank a unknown person he review indicated the client A \$873 dollar any measures for st	dated 9/27/23 to 10/2/23 informed staff he had been omeone he met on the vindicated client A had account information to the had met on the Internet. The e facility would reimburse rs. The review did not indicate aff to monitor client A's online further incidents of financial					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G814	B. W	ING		12/11/	/2023
NAME OF P	ROVIDER OR SUPPLIER	<u>. </u>	•		ADDRESS, CITY, STATE, ZIP COD		
					ASTLETON BLVD		
VOCA CO	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46256		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION
IAG		R LSC IDENTIFYING INFORMATION ated 10/4/23 indicated the	+	TAG	DELICIENCE!		DATE
	following:	ated 10/4/25 indicated the					
	ione wing.						
	-" On 10/3/23, [cl	ient A] stated in his IDT					
	meeting that his mo	other had been requesting					
	money from him to	help with buying her					
		oes for her new job. [Client A]					
	_	iven his mother the money for					
		came up to \$145 dollars. [Client					
	_	n she will pay back the money					
		living in a homeless shelter					
	downtown".	fiving in a nomeless sherter					
	downtown						
	-"Plan to Resolve (l	Immediate and Long Term)."					
	-"[Client A] was no	t injured and received post					
		conversation from staff. The					
		vestigation to arrange for					
	reimbursement of th	he \$145 dollars back to [client					
		history of Financial					
	-	addressed in his Behavior					
	* *	evelop (sic) protective					
		put in place. The team has					
		vith closing his current bank					
	and [Financial Acco	Junij accounts					
	-A review of the RI	OS report dated 10/4/23					
		nformed staff he had given					
		The review indicated					
		y would implement protective					
		client A's potential for					
	_	on. The review did not indicate					
		ented effective corrective					
		t client A's potential					
	exploitation on soci	al media.					
	4 A DDC D	. 1.10/21/22 : 1:					
	-	ated 10/31/23 indicated the					
	following:						
			I				I

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	· /		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G814	B. W	ING		12/11/	/2023
	PROVIDER OR SUPPLIER		•	8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDENCE NEARLOS CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DATE
	-" On the night of	10/30/23, [client A] requested					
		net through social media. Staff					
	took [client A] to address [street address], per his						
	_	nt A] rang the doorbell, he					
		he wrong address. [Client A]					
		so they could leave, but prior					
		lice came, directed staff and the van and placed them both					
		n their names for warrants.					
		names and both of their					
	_	g back clear, the officers					
	-	iffs, let staff and [client A]					
	know that the person they were looking for was						
	not present and instructed them to leave. Staff						
	transported [client A] back to his home and						
	notified the supervis	sor."					
	-"Plan to Resolve (I	mmediate and Long Term)."					
	-"[Client A] was no	t injured and received post					
		conversation from staff. The					
	interdisciplinary tea	m will meet to develop					
	protocols for monito	oring [client A's] on-line					
	activities to ensure l	his safety".					
	-A review of the RI	OS report dated 10/31/23					
		ad asked staff to drive him to					
		ad met on the Internet/social					
		indicated when staff took client					
		own person, the owners of the					
		ed called the police. The review					
	indicated client A as	nd the staff were handcuffed					
	by the police. The re	eview indicated the facility					
		ocols for monitoring client A's					
		ensure his safety. The review					
		facility implemented effective					
		to prevent client A's potential					
	exploitation on soci	al media.					
	Client A was interv	iewed on 12/4/23 at 2:55 PM.					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/11/2023	
	PROVIDER OR SUPPLIER		8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	phone. Client A state phone]." Client A was people he meets only friends that I truly ke was asked if he had that to his girlfriend one anymore, she's asked how much me Client A stated, "All ResCare is saying we give it back to me." monitored his usage stated, "No not my They just wanted to Client A was asked Client A stated, "I a still able to get into DSL #1 was interving DSL #1 was asked supervision regarding devices/Internet. Description." QIDP (Qualified Improfessional) #1 was 3:50 PM. QIDP #1 conducting any supusage of his electron stated, "The DSL, [Program Manager] his stuff. He had his so it comes to our Redifficult. This person send her money. Eig dollars." QIDP #1 vreimbursed the \$87.	if he owned his own smart ted, "Yes a [brand name of as asked if he gives money to ine. Client A said, "Yes, only mow, like \$35 dollars." Client A ever given more money than a scammer." Client A was oney he gave to his girlfriend. most a thousand dollars. Within a month or two they will client A was asked if any staff to fithe Internet. Client A gaming stuff or my phone. monitor my money stuff." if he had access to his money. m doing a cash app and I'm that." ewed on 12/4/23 at 3:25 PM. If client A received any ng his usage of his electronic SL #1 stated, "Restrictions, tellectual Disabilities as interviewed on 12/4/23 at was asked if the facility was ervision regarding client A's nic devices/Internet. QIDP #1 AS (Area Supervisor] #1, PM #1, we all can. We changed all so own card so we had it set up a saked if the facility had a dollars to client A. QIDP #1 e process right now."			

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Event ID:

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDIN	NG	00	COMPL	ETED
		15G814	B. WING			12/11/	2023
			<u> </u>				
NAME OF P	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP COD		
					ASTLETON BLVD		
VOCA CO	ORPORATION OF I	INDIANA	INI	DIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREF	ΊΧ	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	rc	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	G	DEFICIENCY)		DATE
	AS #1 was interview	wed on 12/4/23 at 4:18 PM. AS					
	#1 was asked if client A had a targeted behavior in						
	his BSP for financial exploitation. AS #1 stated,						
	"Yes for sure. The problem is [social media]. He's						
	_	les that are asking him for					
	_	eed him to to deposit his					
	-	of Employer] into an RFMS					
		enied it, he's pushed back."					
		the facility had reimbursed the					
	\$873 dollars to client A. AS #1 stated, "Not to my						
	knowledge as of yet."						
	QAM (Quality Assurance Manager) #1 and						
	QIDPM (Qualified	Intellectual Disabilities					
	Professional Manag	ger) #1 were interviewed on					
	12/5/23 at 12:41 PM	I. QIDPM #1 indicated client					
	A's current BSP had	l a targeted behavior of					
	Financial Exploitati	on Victim. QIDPM #1 was					
	asked if client A's B	SSP included proactive and/or					
	reactive strategies for	or staff to address his targeted					
	behavior of Financia	al Exploitation Victim. QIDPM					
	#1 stated, "I did not	see anything." QIDPM #1					
	indicated client A h	ad given approximately \$873 to					
	an unidentified pers	on he had met online and					
	client A had given \$	\$145 dollars to his mother.					
	QIDPM #1 was ask	ed if the facility had					
	reimbursed the \$873	3 or the \$145 dollars to client A.					
		It's not in his account."					
		ed if the facility was aware					
		tly sending money to					
		uals online. QIDPM #1 stated,					
		are of that today." QIDPM #1					
		corrective measures should be					
	implemented.						
	This federal tag rela	ites to complaint #IN00418628.					
	-						
	9-3-2(a)						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		r í				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G814	B. W	ING		12/11	/2023
	PROVIDER OR SUPPLIER		•	8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD IAPOLIS, IN 46256		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
TAG W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PRO The individual pro- specific objectives client's needs, as a comprehensive as paragraph (c)(3) o Based on record rev sampled clients (A) client A's BSP (Beh financial exploitation Findings include: The facility's BDS (reports and investig 12/5/23 at 9:35 AM	GRAM PLAN gram plan states the necessary to meet the identified by the issessment required by if this section. riew and interview for 1 of 3 the facility failed to ensure avior Support Plan) addressed in in his plan. Bureau of Disabilities Services) ations were reviewed on	W	TAG	CORRECTION: The individual program plan so the specific objectives necessory to meet the client's needs as identified by the comprehension assessment. Specifically, the interdisciplinary team will reviscient A's Behavior Support Plato include proactive and reacting strategies to prevent exploitation including but not limited to monitoring on-line/social mediactivity. All facility staff and	tates ary ve se an ve on,	DATE 01/10/2024
	-" On 9/27/23, [cl: told her that his girl coming to visit him. sent her money to g come see him. [Clie he sends his online gets paid to pay for inherited money eac parents. [Client A] t unidentified woman number to his bank money in his accour put his [Financial A website, so it is con access to all the fun notified and a police.	ient A] was talking to staff and friend he met online was . [Client A] told staff he had et her car fixed so she can ent A] also stated to staff that girlfriend money every time he her lawyer so she can get ch month from her deceased cold staff he has given the a his account and routing so she can put the inherited ent every month. She also had count] information into a nected to allow her to have ds. The supervisor was e report will be filed."			supervisors will be trained tow proper implementation of the revised plan. PREVENTION: The QIDP will receive addition training regarding the need to develop objectives necessary meet client needs including necessary behavior interventic For the next 30 days, member the Operations Team (compris of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QID Quality Assurance Coordinato Area Supervisors, and Nurse Manager) will conduct administrative monitoring, no I than three times weekly, durin	to ons. rs of sed m oPs, rs,	

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í		ONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPLE	
		15G814	B. W	'ING		12/11/2	023
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	8			ASTLETON BLVD		
VOCA CO	ORPORATION OF	INDIANA			IAPOLIS, IN 46256		
(X4) ID	SHMMADV	STATEMENT OF DEFICIENCIE	1	ID		Т	(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
TAG	`	LISC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
		t injured and received post			varied shifts/times, to assure		
	incident supportive conversation from staff. The				interaction with multiple staff,		
		vestigation to determine the			involved in a full range of activ	/e	
		money, and arrange for			treatment scenarios, including		
	_	e interdisciplinary team (IDT)			night and weekend observation		
		tential for Exploitation to his			After 30 days, administrative		
		lan (BSP), and to develop			monitoring will occur no less t	han	
		s. The team will assist [client			twice weekly until all staff		
	1 ~	current bank and [Financial			demonstrate competence. Aft	er	
	Account] accounts				this period of enhanced		
					administrative monitoring and		
	-A review of the BI	OS report dated 9/28/23			support, the Executive Directo		
	indicated client A informed staff he had been				and Regional Director will		
	sending money to an unknown person he had met				determine the level of ongoing	g	
	online. The review	indicated client A had also			support needed at the facility.		
	given his bank acco	ount and other financial			Current Operations Team		
	information and acc	ess to an unknown person he			members received training fro	m	
	met online. The rev	iew indicated the facility would			the QIDP Manager on 12/14/2	23, to	
		ve measures regarding client			assure a clear understanding	of	
	A's potential for fin	ancial exploitation.			administrative monitoring as		
					defined below.		
		ve Summary) form dated			·The role of the administrative	ve	
	9/27/23 to 10/2/23 i	indicated the following:			monitor is not simply to observ	ve &	
					report.		
	-"Summary of Inter	views:"			·When opportunities for train	-	
	#FD 07 (D)	7 107 114 11			are observed, the monitor mu		
	-"[DSL (Direct Sup	port Lead)] #1"			step in and provide the trainin	g	
	UTT (1' · · · · · · ·	11 4 11 2 2			and document it.		
		ald come to me all the time			If gaps in active treatment a		
	_	coming over but she would			observed the monitor is expec	cted	
	never come."				to step in and model the		
	"One de-1- (-1'	t A) told maded and block (A t			appropriate provision of suppo		
		t A) told me he had to send a lawyer to get her inheritance			·Assuring the health and sat	-	
	l ` ´	a lawyel to get her inheritance			of individuals receiving supporthe time of the observation is		
	money."					uie	
	_"He (client A) way	ild send me messages and he			top priority. Review all relevant		
		his routing and checking					
	(account) number."	ms routing and enecking			documentation, providing	ining	
	(account) number."				documented coaching and tra	iiiiig	
1	l		ı		as needed.		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G814	B. W	ING		12/11/	2023
				CTREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	8			ASTLETON BLVD		
VOCA C		INIDIANIA			APOLIS, IN 46256		
VOCA C	ORPORATION OF	INDIANA		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	-"She was supposed	d to put 5k (thousand dollars)			Administrative oversight will		
	in his [financial acc	ount] every month, that's why			include but not be limited to		
	he gave her the routing and checking number."				ensuring plans include objective	/es	
					necessary to meet clients' nee	ds,	
	-"It's been going on for about 2 months, it started around August."				RESPONSIBLE PARTIES: QII	DP,	
					Area Supervisor, Direct Suppo	ort	
					Lead, Direct Support Staff,		
	-"[Client A] works at [name of restaurant], to my				Operations Team, Regional		
	knowledge I believe the money he gets paid goes				Director		
	into that account he (client A) gave her."						
	-"I have never physically seen or met her."						
	-"I asked him has he ever video called her and he						
	(client A) said no b	ecause her camera is messed					
	up or something lik	e that."					
	-"He said he met he	er on [Social Media]."					
	-"[Client A]:"						
	-"I met her through	[Social Media]."					
	-"She's a really nice	e lady, she lives over in [name					
	of city and state] by	the [name of city] area."					
	-"The reason why I	was sending her money was					
	because she needed	to go to get her car fixed or					
	needed money for h	ner lawyer for her parents					
	inheritance and she	wasn't able to do that because					
	her parents passed a	away."					
	-"She lives in a very	y bad neighborhood in [name					
	of city]."						
	-"She is trying to ge	et out of the area but she					
	needs my help to ge	et her out of a tough situation					
	and have a better lif	fe."					
	-"She didn't really h	nave a good life."					

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Event ID:

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/11/2023	
NAME OF F	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD	
VOCA C	ORPORATION OF	INDIANA		IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	COMPLETION COMPLETION
	million (dollars) and	inheritance money, it's like 3 d in order for her to get that, awyer a bunch of money and			
	-"Now, she needs to go with her lawyer to get some paperwork for me to sign because at one point in time, we were going to have him send the money to my [financial account] account."				
	-"Like \$5000 (dollars) at a time."				
	-"But then all of a sudden, staff doesn't believe that she is real and that she is a scammer."				
	-"They think she is	only asking for money."			
		d she knows that she's (sic) oth of us to have a better life."			
	-"She's been trying she can come down	her best to get her car fixed so to see me."			
	_	oing that Tuesday this week unch of things happened."			
	-"They (staff) think money."	she is only with me for my			
	number and routing	e given her was the account number for her to do the wire me into my bank account."			
	-"I don't know how I'm still new to adul	all that stuff works because thood."			
	-"I'm still getting us grown up."	sed to all this about being a			

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Event ID:

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	` ′		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G814	B. W	ING		12/11	2023
	ROVIDER OR SUPPLIER			8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TC	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	16	DATE
	-"I'm just trying to be possible".	figure out as much as					
	-"Conclusion:"						
	-"1. [Client A] met his girlfriend on social media via [Social Media]."						
	-"2. [Client A] sent his online girlfriend \$873.96."						
	-"3. It is unsubstantiated that staff were aware of [client A's] financial exploitation."						
	-"4. It is unsubstantiated that staff were aware of [client A's] potential exploitation."						
	-"5. It is substantiated that [client A] willingly sent money to his online girlfriend."						
	-"6. [Client A] sent alleged vehicle repa	his online girlfriend money for air and legal fees."					
		ld send money to his online ncial Account] transfers."					
	-"Recommendation	s:"					
	-"1. Reimburse [cli	ent A] for \$873."					
		S (Residential Fund ces) account for [client A]."					
	-"3. Encourage [clied deposit into the RF]	ent A] to establish direct MS account".					
	indicated client A in sending money to s Internet. The review	dated 9/27/23 to 10/2/23 informed staff he had been omeone he met on the v indicated client A had account information to the					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/11/2023	
	ROVIDER OR SUPPLIER		8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD IAPOLIS, IN 46256	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION had met on the Internet. The	TAG	DEFICIENCY)	DATE
	review indicated the	e facility would reimburse			
	client A \$873 dollars. The review did not indicate any measures for staff to monitor client A's online				
	activity to prevent further incidents of financial exploitation.				
	2. A BDS Report da following:	ated 10/4/23 indicated the			
	meeting that his mo	ient A] stated in his IDT other had been requesting help with buying her			
	medications and she	neep with ouying her oes for her new job. [Client A] iven his mother the money for			
		ame up to \$145 dollars. [Client n she will pay back the money			
	in installments beca	use she just started her new living in a homeless shelter			
	-"Plan to Resolve (I	Immediate and Long Term)."			
		t injured and received post conversation from staff. The			
	incident is under in	vestigation to arrange for			
	A]. [Client A] has a	ne \$145 dollars back to [client history of Financial			
		a addressed in his Behavior evelop (sic) protective			
	measures have been	put in place. The team has			
	assisted [client A] v	vith closing his current bank ount] accounts".			
		OS report dated 10/4/23 nformed staff he had given			
		The review indicated y would implement protective			
		client A's potential for			

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G814		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/11/2023	
	PROVIDER OR SUPPLIER		8307 C	ADDRESS, CITY, STATE, ZIP COD ASTLETON BLVD JAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROI DEFICIENCY)	BE COMPLETION
	3. A BDS Report da following:	ated 10/31/23 indicated the			
	visit a friend he met took [client A] to ac request. When [clie discovered he had the returned to the van at to departing, the policitient A] get out of in handcuffs and ran After running their backgrounds comin removed the handcuknow that the personot present and inst transported [client Anotified the supervisit —"Plan to Resolve (I —"[Client A] was no incident supportive interdisciplinary teat protocols for monitoractivities to ensure I —A review of the BI indicated client A hemeet someone he hamedia. The review A to meet the unknown client A visite indicated client A a by the police. The r	t injured and received post conversation from staff. The am will meet to develop oring [client A's] on-line his safety". DS report dated 10/31/23 and asked staff to drive him to ad met on the Internet/social indicated when staff took client own person, the owners of the ed called the police. The review and the staff were handcuffed eview indicated the facility occls for monitoring client A's			

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Event ID:

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A BUILDING OO COMPLETED 12/11/2023 NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG PREFIX TAG SUBJECT OR SUB	STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG Client A's record was reviewed on 12/5/23 at 11:41 AM. Client A's secord was reviewed on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	LETED
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG Client A's record was reviewed on 12/5/23 at 11-41 AM. Client A's BSP dated 10/18/23 and revised on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression". -"Verbal Aggression". -"Property Destruction/Disruption". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and			15G814	B. WI	NG		12/11	/2023
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG Client A's record was reviewed on 12/5/23 at 11-41 AM. Client A's BSP dated 10/18/23 and revised on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression". -"Verbal Aggression". -"Property Destruction/Disruption". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and				1	STREET A	ADDRESS, CITY, STATE, ZIP COD		
CA 1D SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG	NAME OF P	ROVIDER OR SUPPLIER	t					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Client A's record was reviewed on 12/5/23 at 11:41 AM. Client A's BSP dated 10/18/23 and revised on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff' while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression". -"Verbal Aggression". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and	VOCA CO	ORPORATION OF I	INDIANA		INDIAN	APOLIS, IN 46256		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION Client A's record was reviewed on 12/5/23 at 11:41 AM. Client A's BSP dated 10/18/23 and revised on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has carned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff' while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
Client A's record was reviewed on 12/5/23 at 11:41 AM. Client A's BSP dated 10/18/23 and revised on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has carned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Verbal Aggression:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		*				CROSS-REFERENCED TO THE APPROPRIA	TE.	
AM. Client A's BSP dated 10/18/23 and revised on 11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and	TAG				TAG	DEFICIENCY		DATE
11/9/23 indicated the following: -" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and								
-" Alone Time:" -"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and								
-"6/8/23: [Client A] has earned 'Alone Time' out in the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		1177/25 indicated the following.						
the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-" Alone Time:"						
the community or inside the house for three hours per day. He has agreed to keep in touch with staff while on the alone time. Team will review prior to the next quarterly meeting to assess his progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-"6/8/23: [Client A]	has earned 'Alone Time' out in					
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progress." -"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and			_					
-"Target Behaviors And Goals:" -"Physical Aggression:". -"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and			neeting to assess his					
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-"Verbal Aggression:". -"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-"Target Behaviors And Goals:"						
-"Property Destruction/Disruption:". -"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-"Physical Aggressi	ion:".					
-"Financial Exploitation Victim: any time [client A] gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-"Verbal Aggression	n:".					
gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-"Property Destruct	ion/Disruption:".					
gives money or possessions to another person without appropriate compensation". -A review of client A's BSP dated 10/18/23 and		-"Financial Exploita	ation Victim: any time [client A]					
-A review of client A's BSP dated 10/18/23 and		_						
		without appropriate	compensation".					
			AL DOD 1 / 110/10/22					
I revised on II/W/14 indicated alient A's USD did not								
revised on 11/9/23 indicated client A's BSP did not include any precursors, preventative procedures								
or reactive procedures for staff to employ			-					
regarding client A's targeted behavior of financial		_						
exploitation.								
QAM (Quality Assurance Manager) #1 and			<u> </u>					
QIDPM (Qualified Intellectual Disabilities								
Professional Manager) #1 were interviewed on		-						
12/5/23 at 12:41 PM. QIDPM #1 indicated client A's current BSP had a targeted behavior of								
Financial Exploitation Victim. QIDPM #1 was			2					
asked if client A's BSP indicate how staff should		_						
monitor/prevent potential financial exploitation								

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

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

PRINTED: 01/16/2024 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00			(X3) DATE SURVEY COMPLETED	
		15G814	B. WING			12/11/2023	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA (YA) ID SUMMARY STATEMENT OF DEFICIENCIE			STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREF TA		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	see anything."	QIDPM #1 stated, "I did not utes to complaint #IN00418628.					

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