

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G814	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2021
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>This visit was in conjunction with the investigation of complaint #IN00304934.</p> <p>Survey dates: July 6, 7, 8 and 9, 2021.</p> <p>Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/21/21.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (E and G), the facility failed to implement its policy and procedures to prevent verbal abuse by staff both in the presence of and directed at the individuals in the group home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/6/21 from 2:45 PM through 5:40 PM and on 7/7/21 from 6:15 AM through 8:25 AM.</p>	W 0149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically: the employment of the direct support staff responsible for substantiated verbal abuse has been terminated.</i></p> <p>PREVENTION: An Area Supervisor or Residential Manager will be present,</p>	08/08/2021

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Clients A, B, C, E and G were observed throughout the observation periods. On 7/6/21 at 2:45 PM RM (Residential Manager) #1 was sitting in the front seat of the group home's van. RM #1 was talking on the telephone. At 2:46 PM, RM #1 let the surveyor into the group home. At 2:55 PM clients E, G and H were outside smoking cigarettes. Staff #1 was outside on the patio supervising clients E, G and H. At 3:04 PM, AS (Area Supervisor) #1 and staff #2 arrived at the group home. At 3:07 PM AS #1 asked staff #1 to "clock out" and after a conversation with AS #1, staff #1 left the group home.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/7/21 at 9:49 AM.</p> <p>1. A BDDS report dated 6/23/21 indicated, "... On 6/22/21, [client A] became upset with staff. [Client A] yelled at staff and threatened to hit staff with a piece of wood. [Client A] then walked outside where he used the wooden stick to hit a staff (sic) vehicle repeatedly and attempted to break the window. Staff attempted unsuccessfully to provide verbal redirection, but [client A] continued to escalate. Staff contacted the supervisor and were instructed to call 911 (Emergency Services) for assistance. Police arrived at the residence and spoke with [client A] and staff. After several minutes, staff successfully directed [client A] to another area of the home where he was able to calm himself. The police left without further action..."</p> <p>-A review of the BDDS report dated 6/23/21 indicated client A became agitated, threatened staff and damaged a staff member's vehicle. The review indicated the staff member involved in the</p>		<p>supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training, including but not limited to assuring an environment free from abuse, neglect, exploitation and mistreatment. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, no less than twice weekly. After 30 Days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment 	

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	<p>incident was staff #3.</p> <p>2. A BDDS report dated 7/1/21 indicated, "... On 6/30/21, administrative staff received a report that direct support staff [staff #3], yelled, used profanity and made disrespectful remarks about [client B] in front of [client C], [client G], [client E] and [client B]. [Staff #3] was suspended pending investigation and the Executive Director was notified... ResCare's investigation into the allegations is ongoing and [staff #3] will remain suspended pending the outcome...".</p> <p>-A review of the BDDS report dated 7/1/21 indicated an allegation of verbal abuse was made regarding staff #3. The review indicated the facility's investigation into an allegation of verbal abuse by staff #3 was ongoing.</p> <p>Client B was non-verbal and was not able to be interviewed.</p> <p>Client A was interviewed on 7/7/21 at 7:00 AM. Client A was asked if he had observed staff #3 yelling or cursing at him, in front of him or the other clients. Client A stated, "I got into it with him (staff #3) a couple of times because he's got a smart mouth." Client A was asked if staff #3's behavior had upset him. Client A stated, "Yes, I picked up something and hit his car window and he (staff #3) picked up a stick." Client A was asked if anyone else had observed the incident. Client A stated, "I don't know."</p> <p>Client C was interviewed on 7/6/21 at 3:41 PM. Client C was asked if he had observed staff #3 yell and curse at/in front of client B. Client C stated, "No, I don't think so. I may have forgot." Client C was asked if he had observed staff #1 yell or curse in the group home on 7/6/21. Client</p>		<p>are observed the monitor is expected to step in, and model the appropriate provision of supports.</p> <ul style="list-style-type: none"> Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. Review all relevant documentation, providing documented coaching and training as needed <p>Administrative support at the home will include but not be limited to assuring an environment free from abuse, neglect, exploitation, and mistreatment.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	

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	<p>C stated, "I saw it. We're not supposed to go in the office. [Staff #1] got mad at her (RM #1). That's when she (staff #1) cussed out [RM #1]." Client C was asked if staff's yelling had made him nervous. Client C stated, "No, I just was sort of shocked that she (staff #1) did that."</p> <p>Client E was interviewed on 7/6/21 at 4:01 PM. Client E was asked if he had heard staff #1 and RM #1 arguing on 7/6/21. Client E stated, "I didn't hear anything that was said, no." Client E was asked if he had observed staff #3 yell and curse at/in front of client B. Client E stated, "Sometimes, not all the time. I think he (client B) was trying to get in the refrigerator." Client E was asked if staff's yelling had made him nervous. Client E stated, "Sometimes, yeah it makes me nervous."</p> <p>RM #1 was interviewed on 7/6/21 at 3:09 PM. RM #1 was asked why staff #1 had been sent home from the group home. RM #1 stated, "She (staff #1) said [expletive] you. She (staff #1) said I'll call [OM (Operations Manager)] #1 for you." RM #1 was asked if any of the clients were present when staff #1 was yelling/cursing. RM #1 stated, "[Client E], [client G] and [client C], they were having their lunch. They were all there."</p> <p>RM #1 was interviewed a second time on 7/6/21 at 5:10 PM. RM #1 was asked if she received a report staff #3 was cursing in front of the clients. RM #1 stated, "Yes I heard him (staff #3) cursing, he was talking to [AS #1]."</p> <p>AS #1 was interviewed on 7/6/21 at 4:11 PM. AS #1 was asked who had notified her regarding an incident between RM #1 and staff #1. AS #1 stated, "[RM #1] called [AS #2] and [RM #1] put</p>			

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	<p>it on speaker phone. I heard some yelling and I heard [RM #1] say 'you don't talk like that' and then she (staff #1) said 'Yes I did say [expletive] you,' and I could hear the residents. I could hear them in the background so I know they were present." AS #1 was asked if staff #1 should curse in front of the clients. AS #1 stated, "Of course not. That's an absolute no." AS #1 was asked if she was present when staff #3 cursed in front of clients B, C, G and E. AS #1 stated, "I was here to do a site visit. [Client B] had a BM (Bowel Movement) on himself. He (staff #3) came up to me and said '[client B] [expletive] on himself].' Thirty minutes later he (staff #3) called me and said he (client B) [expletive] on himself again and 'I (staff #3) didn't hire on to be cleaning up [expletive].' [RM #1] could hear him (staff #3) yelling and cursing but he (staff #3) was talking to me (AS #1). [RM #1] said the clients were around."</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/7/21 at 1:39 PM. QIDPM #1 was asked if the facility had substantiated staff #3 had yelled and cursed in the presence of the individuals. QIDPM #1 stated, "I don't see how we can't substantiate it. I think we're going to." QIDPM #1 was asked why staff #1 was suspended on 7/6/21. QIDPM #1 stated, "She allegedly yelled and used profanity towards her supervisor in the presence of some individuals." QIDPM #1 was asked if staff should argue and curse in front of the individuals. QIDPM #1 stated, "No it creates a tense environment in their home."</p> <p>QIDPM #1 indicated the facility's policy on the prevention of abuse, neglect and mistreatment should be implemented as written.</p> <p>The Facility's policy and procedures were</p>			

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W 0322 Bldg. 00	<p>reviewed on 7/8/21 at 12:30 PM. The facility's Abuse, Neglect, Exploitation policy revised on 7/10/19 indicated, "Policy: Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ADEPT, ResCare and local, state and federal guidelines..."Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>"Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review...".</p> <p>9-3-2(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 2 of 3 sampled clients (A and B), the facility failed to ensure clients A and B had annual physical examinations.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 7/7/21 at 12:25 PM. Client A's record indicated documentation of an annual physical examination</p>	W 0322	<p>CORRECTION:</p> <p>The facility must provide or obtain preventive and general medical care. Specifically, the facility will obtain annual physical examinations for clients A and B. A review of facility medical documentation indicated this deficient practice did not affect additional clients.</p>	08/08/2021

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	<p>on 4/8/19. The review did not indicate documentation of a current annual physical examination in client A's record.</p> <p>2. Client B's record was reviewed on 7/7/21 at 11:45 AM. Client B's record indicated documentation of an annual physical examination on 1/21/20. The review did not indicate documentation of a current annual physical examination in client B's record.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 7/7/21 at 1:39 PM . QIDPM #1 indicated the facility did not have documentation of current annual physical examinations for clients A and B.</p> <p>9-3-6(a)</p>		<p>PREVENTION:</p> <ul style="list-style-type: none"> · The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. <p>Members of the Operations Team comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to annual physical examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Heath Services Team, Direct Support Staff, Operations Team, Regional Director</p>	