

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G646	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3715 W GODMAN MUNCIE, IN 47304
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 7, 8 and 9, 2015.</p> <p>Facility number: 001054 Provider number: 15G646 AIM number: 100240210</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview, the facility failed to provide 1 of 4 sampled clients (client #1), support for client #1's legs/feet while seated at the dining room table.</p> <p>Findings include:</p> <p>Observations were conducted at the group home where client #1 lived on 4/7/15 from 3:30 P.M. until 6:45 P.M.</p>	W 227	<p>W227 The individual program plan states the specific objectives necessary to meet the client's needs The IDT will meet to add a goal/objective to client #1's ISP to use a foot stool when sitting at the dining room table A foot stool has been purchased for her use. The QIDP and RM will complete weekly habilitation observations during meals to ensure that the staff are training with client #1 to use the foot stool and that the stool is in place. The Nurse will</p>	05/09/2015

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>At 3:58 P.M. client #1 sat at the dining room table and ate her snack. She was seated in a straight back wooden chair. Her feet/legs hung off the seat of the chair, and she was unable to touch the floor with her feet. At 6:15 P.M., client #1 sat at the dining room table to eat her evening meal. Her feet/legs hung off the seat of the chair and she was unable to touch the floor with her feet while dining.</p> <p>Morning observations were conducted on 4/8/15 from 6:13 A.M. until 7:50 A.M. Client #1 ate her morning meal at 7:10 A.M. Client #1's feet/legs were hanging off the seat of her chair, and she was unable to touch the floor while dining.</p> <p>Client #1's record was reviewed on 4/8/15 at 1:50 P.M. Client #1's nutrition assessment dated 2/18/2015 indicated client #1 was 52" (inches) tall and weighed 78 pounds. Client #1's physician's orders (PO) for 4/30/2015 indicated client #1 had the following, but not limited to, diagnoses: Osteopenia, Osteoporosis, cerebral palsy, scoliosis, and a history of compression fracture. Client #1 was prescribed Actonel 35mg (milligrams) for osteoporosis/osteopenia, Oyster Calcium 500mg plus vitamin D three times daily for history of fracture and scoliosis and eight ounces of whole milk at each meal.</p>		complete a monthly meal observation to include assuring that the foot stool is in place and in use				

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W 268 Bldg. 00	<p>The Home Manager (HM) was interviewed on 4/8/2015 at 4:05 P.M. When asked if client #1 would benefit from something to rest her feet on when she sits at the table, the HM stated, "Oh, that is a good idea."</p> <p>The LPN was interviewed on 4/8/2015 at 3:55 P.M. and was asked about client #1 having something to rest her feet upon when she was seated at the table. The LPN stated, "I think that would probably be a good idea. I never really thought about it before."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/9/2015 at 1:30 P.M. When asked about client #1's feet dangling from the dining room chair, the QIDP stated, "It probably would benefit her to have a stool or something for her feet."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p>			

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	<p>Based on observation and interview, the facility failed to promote dignity for 1 of 4 sampled clients (client #3), and for 1 of 3 additional clients (client #5), by not ensuring urinary incontinence protectors were discreetly placed and not left on the love seat and recliner in the common living area.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/7/15 from 3:30 P.M. until 6:45 P.M. Client #5 was seated on the love seat in the living room, underneath her was a white and blue incontinence protector. The lavender recliner in the living room also had a white and blue incontinence protector on the seat of the chair. The incontinence protectors remained on the furniture throughout the observation period.</p> <p>Morning observations were conducted on 4/8/15 from 6:13 A.M. until 7:50 A.M. Client #5 was seated on the love seat upon arrival. There was a blue and white incontinence protector on the seat of the love seat beneath client #5. There was also an incontinence protector on the seat of the lavender recliner. The incontinence protectors remained on the furniture throughout the observation period.</p>	W 268	W268 These policies and procedures must promote the growth, development and independence of the client. covers have been purchased for the furniture that are stylish and protect the dignity of clients #3 and #5. Staff have been trained to use the new covers to promote the dignity of the clients. The QIDP and RM will complete weekly habilitation observations to ensure that the covers are in place and being used by clients 3 and 5. The nurse will complete a monthly habilitation observation to ensure they are in place	05/09/2015			

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	<p>The Qualified Intellectual Disabilities Professional (QIDP) and the Home Manager (HM) were interviewed on 4/9/2015 at 1:20 P.M. When asked who the incontinence protectors were for, they indicated they were for clients #3 and #5. The HM indicated the lavender recliner belonged to client #3 and she would sit there when not in her wheelchair. When asked if it would allow clients #3 and #5 more dignity to not have incontinence protectors so visible to anyone who entered the home, the QIDP and the HM both indicated it would be more dignified to use something not so noticeable.</p> <p>9-3-5(a)</p>			