

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G324	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 W WALDEN DR MUNCIE, IN 47304
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: February 7, 8, 9, and 10, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000842 Provider Number: 15G324 AIMS Number: 100243860</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review completed on 2/17/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #2) by not incorporating into his plan a program following the dental instructions.</p> <p>Findings include:</p> <p>Review on 2/8/12 at 8:15 AM of client #2's records was conducted. Client #2's dental exam dated 1/26/12 indicated he was given instructions on brushing and to use a washcloth to wash teeth. Client #2's ISP (Individual Support Plan) dated 2/21/11 did not include a goal to use a washcloth to wash his teeth. There was no evidence in client #2's records the IDT (Interdisciplinary Team) met to discuss this issue.</p> <p>Interview on 2/8/12 at 9:30 AM with client #2 was conducted. Client #2 stated he "sometimes" washes his teeth with a wash cloth.</p> <p>Interview on 2/9/12 at 2:25 PM with the house manager was conducted. The house manager indicated client #2 did not have a goal to wash his teeth with a wash cloth.</p>	W0227	INDIVIDUAL PROGRAM PLAN - The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. An objective was put into place for client #2 incorporating into his plan a program following dental instructions. An objective was put in place for client #2 to use a wet washcloth to wipe his teeth when in the shower within two verbal prompts for 80% of the opportunities for the month for three consecutive months by 2/20/13. The Program Coordinator (QMRP) will continue to review objectives monthly to ensure objectives remain appropriate. The responsible party is the Program Coordinator (QMRP), Director of Supported Group Living and Licensing & Compliance Coordinator	03/02/2012			

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	<p>Interview on 2/10'12 at 7:18 AM by with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated it was the dental hygeinist who instructed client #2 to use a wash cloth on his teeth when he showers.</p> <p>9-3-4(a)</p>			
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W0323	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) and 1 additional client (client #7) by not ensuring their annual physicals included a screening of their vision and/or hearing.</p> <p>Findings include:</p> <p>Review on 2/8/12 at 8:55 AM of client #4's records was completed. Client #4's annual physical dated 10/18/11 indicated the physician did not evaluate her vision and hearing. Further review failed to indicate client #4 had a vision or hearing screening during the past calendar year.</p> <p>Review on 2/10/12 at 7:40 AM of client #7's records was completed. Client #7's annual physical dated 4/11/11 indicated the physician did not evaluate his vision. Further review failed to indicated client #7 had a vision screening during the past calendar year.</p> <p>Interview on 2/8/12 at 2:35 PM with the facility nurse was conducted. The nurse indicated the physician doesn't actually do a test on their hearing and vision at the physical, just a general physical.</p>	W0323	PHYSICIAN SERVICES - The facility will provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. The facility will ensure all clients receive at a minimum a physical examination that includes an evaluation of vision and hearing. All client physicals were reviewed to ensure all clients received an annual evaluation of vision and hearing by their physician. Client #4 and client #7 will have vision and hearing screenings scheduled by 3/9/12. The agency nurse, Program Coordinator (QMRP) and medical coach will continue to review annual physicals to ensure vision and hearing is evaluated at least annually. Program Coordinator (QMRP), LPN, Licensing & Compliance Coordinator, Director of Supported Group Living	03/11/2012			

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	9-3-6(a)			
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