

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/10/2012
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: January 23, 24, 25, 30 and February 10, 2012</p> <p>Facility Number: 000841 Provider Number: 15G323 Aim Number: 100243670</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflect state finding in accordance with 460 IAC 9.</p> <p>Quality Review completed on 2/21/12 by Tim Shebel, Meedical 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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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation and interview for 1 of 5 clients living in the home (client #5), the facility failed to ensure staff were trained on how to assist client correctly while walking when using a gait belt and a rolling walker.</p> <p>Findings include:</p> <p>During the observation period on 1/24/12 from 5:30 AM to 8:29 AM, client #5 came out of his bedroom at 6:05 AM with staff #3 assisting. Client #5 was using a rolling walker and wearing a gait belt. Client #5 came to the doorway of his room and stopped. Staff prompted him to continue and he pushed the walker a little further but did not move his feet. Staff #3 got in front of the walker and pulled it more forward causing client #5 to bend at the waist to keep hold of the walker. Staff #3 did not use the gait belt to assist client #5.</p> <p>Interview with staff #3 on 1/24/12 at 6:30 AM indicated she had not worked at the house very long and indicated client #3 was very hesitant in the mornings when</p>	W0189	<p>CORRECTION: <i>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Specifically, staff have been retrained regarding how to assist Client #5 correctly with Client #5's gait belt and walker.</i></p> <p>PREVENTION: All facility staff will be retrained as needed but no less than annually regarding proper use of clients' adaptive equipment as well as when client's adaptive equipment has been modified or changed. Professional staff will monitor active treatment sessions to assure staff offer correct and appropriate assistance and will provide additional retraining as necessary. Members of the Operations Team will periodically review staff training records and monitor active treatment on an ongoing basis to assure staff training produces desired outcomes. Responsible Parties: QDDP, Support Associates, Operations Team</p>	03/11/2012			

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	<p>using the walker. Interview with staff #2, administrator, on 1/24/12 at 7:00 AM indicated staff should never pull a rolling walker away from the client. Staff #2, administrator, indicated staff #3 had been trained on how to use a gait belt while assisting clients.</p> <p>9-3-3(a)</p>				