

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G633	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/13/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 153 WHITE OAK WAY NORTH VERNON, IN 47265
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(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 investigation of Complaint #IN00105361.</p> <p>This visit was in conjunction with a post certification revisit to the recertification and state licensure survey completed on February 17, 2012.</p> <p>Complaint #IN00105361 - Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Unrelated Deficiency cited at W249.</p> <p>Survey Dates: April 10 and 13, 2012</p> <p>Facility Number: 001206 Provider Number: 15G633 AIM Number: 100240180</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on April 20, 2012 by Dotty Walton, 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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client D), the facility failed to ensure the staff at the workshop followed the recommended thickened liquids in the dining order.</p> <p>Findings include:</p> <p>The observation at the workshop (facility operated) was conducted on 4/10/12 from 10:45 AM to 12:30 PM. Client D was walking around the dining room area. Staff #3, Workshop director, indicated lunch was served at three different times and client D had already had his lunch. Staff #3 indicated client D liked to stay in the dining area while the other groups had their lunch. There were three tables with 1 staff at each table assisting the last group with their lunches at 11:40 AM. Client D walked up to the counter, picked up a coke can and started drinking out of the can. Staff #5, sitting at a table, saw client D, got up, and took the can from client D and put it back on the counter.</p>	W0249	<p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Staff have been inserviced on Client D's dining plan and securing drinks o the counter (Attachment A). <p>How we will identify others:</p> <p>Program Coordinators will review workshop client</p>	04/30/2012			

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	<p>Staff #5 handed client D a sippy cup and stated "here, this is what you are supposed to drink." Staff #5 sat back down at the table and client D took a drink out of his cup. Client D turned back to the counter and picked up the can again and turned it up. Staff #5 again got up and took the can away and put it inside a cabinet. Staff #5 indicated client D had to be watched closely to keep him from eating and drinking something he wasn't suppose to have.</p> <p>Review of the Medical Administration Record at 5:00 PM dated April 1 through April 30 indicated client D was to have honey thickened liquids and a pureed diet.</p> <p>Interview with staff #3 on 4/10/12 at 11:55 AM indicated client D was to have thickened liquids. Interview with staff #1, Administrator, on 4/13/12 at 11:30 AM indicated client D should not have had access to coke cans. Staff #1 indicated the cans should not be left open on the counter for the clients to drink out of.</p> <p>9-3-4(a)</p>		<p>dining plans to ensure that workshop staff have been inserviced on dining plans and the need to secure unthickened liquids.</p> <p>Measures to be put in place: Protocol for unthickened liquids has been implemented and inserviced (Attachment A).</p> <p>Monitoring of Corrective Action: Director of Workshop, Training Coordinator will review staff training to ensure that all staff have received training Liquid Protocol..</p> <p>Completion Date: 4-30-12</p>		