

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/04/2013	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250			
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 25, 26, 27, 28 and March 4, 2013</p> <p>Facility Number: 001021 Provider Number: 15G507 AIM Number: 100245130</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/12/13 by Ruth Shackelford, Medical Surveyor III.</p>	W000000					

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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W000322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure an annual mammogram was conducted for client #3.</p> <p>Findings include:</p> <p>The record review for client #3 was conducted on 2/27/13 at 12:28 PM. The letter from the local hospital indicated client #3 had a mammogram performed on 4/29/10. The letter recommended client #3 should have a mammogram annually.</p> <p>Interview with staff #4, LPN (Licensed Practical Nurse) on 2/27/13 at 1:40 PM indicated a mammogram had not been conducted in 2011 or 2012.</p> <p>9-3-6(a)</p>	W000322	<p><b>W322 PhysiciansServices</b> The facility must provide or obtain preventative and general medical care</p> <p><b>Corrective Action:(Specific)</b> The program coordinator will be retrained on the procedures forensuring that all annually required medical care is provided to each individualclient along with all preventative medical care. The site nurse will be retrained to reviewdoctors orders and to ensure that all annually required medical care is provided to each individual client along with all preventative medical care.</p> <p><b>How others will be identified: (Systemic):</b> The program coordinatorwill be retrained on the procedures for ensuring that all annually requiredmedical care is provided to each individual client along with all preventativemedical care. The program coordinatorand site nurse will review on an ongoing basis, doctors orders and notes to ensure that all doctors recommendations,including follow-up medical appointments, are followed.</p> <p><b>Measures to be put inplace:</b> The program coordinator will be</p>	04/03/2013	

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			<p>retrained on the procedures for ensuring that all annually required medicalcare is provided to each individual client along with all preventative medicalcare. The site nurse will be retrainedto review doctors orders and to ensure that all annually required medical careis provided to each individual client along with all preventative medicalcare. The program coordinator willmonitor annually required medical care for all clients and schedule medicalappointments for each client for all annual and preventative medical needs.</p> <p><b>Monitoring ofCorrective Action:</b> The operationsmanager will review doctors orders and all clients annual and preventativemedical notes to ensure that medical appointments are being scheduled asrequired to ensure the health and welfare of the client.</p> <p><b>Completion date: April3, 2013</b></p>		

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W000473	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview for 2 of 4 sampled clients (client #2 and client #3), the facility failed to ensure their lunch was served at the appropriate temperature.</p> <p>Findings include:</p> <p>During the observation period on 2/26/13 from 6:50 AM to 3:00 PM, clients #2 and #3 went to their day program at 8:50 AM. Staff #3 prepared their lunch and set it on the dining table at 11:45 AM and then left the home to go to the workshop. The lunch consisted of spaghetti and a salad. Staff #3 returned to the home with clients #2 and #3 at 12:15 PM. Clients #2 and #3 immediately sat down and started eating the lunch that had been left for them. The food had not been covered while it was on the table and the staff did not offer to heat the spaghetti.</p> <p>Interview with staff #1, HM (Home Manager), on 2/27/13 at 2:00 PM indicated client #2 had to eat as soon as he arrived home or he would have a behavior. Staff #1, indicated the lunch should not have been placed on the table before the clients arrived home from their day program.</p>	W000473	<p><b>W473 Meal Services</b> Food must be served at appropriate temperature</p> <p><b>Corrective Action:(Specific):</b> The program coordinator and staff will be re-trained on allclients dining plans and food safety policies, including serving food at thecorrect temperature.</p> <p><b>How others will be identified: (Systemic):</b> The program coordinator and staff will bere-trained on all clients dining plans and food safety policies, includingserving food at the correct temperature.</p> <p><b>Measures to be put in place:</b> Theprogram coordinator and staff will be re-trained on all clients dining plansand food safety policies, including serving food at the correct temperature.The program coordinator will complete weekly meal observations to ensure thatstaff are following clients dining plans and food safety policies.</p> <p><b>Monitoring ofCorrective Action:</b> The operationsmanager will complete monthly meal observations to ensure that staff</p>	04/03/2013			

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	9-3-8(a)		arefollowing clients dining plans and food safety policies. The operations managerwill also ensure that the program coordinator is submitting weekly mealobservations and will review with the program coordinator on an ongoing basis.  <b>Completion date: April3, 2013</b>		

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>(4) Illness of any resident which requires hospitalization or which renders the resident bedfast for more than seven (7) days.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 12 BDDS (Bureau of Developmental Disability Services) reports (clients #1 and #8) reviewed, the facility failed to report incidents of clients receiving outside medical treatment.</p> <p>Findings include:</p> <p>The BDDS reports were reviewed on 2/25/13 at 10:10 AM. The report dated 2/21/13 indicated client #8 was admitted to a local psychiatric facility on 2/19/13 because of behavior. The incident was not reported to BDDS until 2/21/13. The BDDS report for client #1 dated 2/17/13</p>	W009999	<p><b>W9999: 460 IAC 9-3-1 Governing Body</b></p> <p>Sec 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p><b>Corrective Action:(Specific):</b> The Quality Assurance team will be retrained that all statereportable incidents will be reported to BDDS per State Law.</p> <p><b>How others will be identified: (Systemic):</b> The Quality Assurance team will report all statereportable incidents to BDDS per State Law.</p> <p><b>Measures to be put inplace:</b> The Quality Assurance team will be retrained that all state reportable incidents will be reported to BDDSpers State Law.</p> <p><b>Monitoring of Corrective Action:</b> The Director of Supervised Group Living will ensure that all state reportable incidents arereported to BDDS per State Law.</p> <p><b>Completion date: April3, 2013</b></p>	04/03/2013	

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	<p>indicated client #1 was admitted to a local hospital on 2/13/13 because of a small bowel obstruction and pneumonia.</p> <p>Interview with staff #5, Administrator, on 2/25/13 at 11:45 AM indicated the facility was using a different method of notification and the homes no longer had access to e-mails. Staff #5, Administrator, indicated they were in the process of developing a new system for reporting.</p> <p>9-3-1(b)</p>			