

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/08/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3814 WALDEN RUN FORT WAYNE, IN 46815
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: September 1, 2, 3, 4 and 8, 2015</p> <p>Facility number: 000854 Provider number: 15G336 AIM number: 100243900</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/15/15.</p>	W 0000		
W 0210  Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview, the facility failed to complete sensorimotor assessments (fine motor, gross motor or need for adaptations) and/or speech/language assessments</p>	W 0210	<b>W210: Within 30 days after admission, the interdisciplinary team must perform accurate</b>	10/08/2015

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>within 30 days after admission for 3 of 3 newly admitted clients (clients #2, #3 and #4).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 9/4/2015 at 12:45 P.M. Client #2's record indicated she was admitted to the group home on 3/23/15. Client #2's record did not indicate initial sensorimotor assessments (fine motor, gross motor or need for adaptations) and speech/language assessments were completed within the first 30 days after her admission to the group home. Client #2 had her initial OT (occupational therapy) and PT (physical therapy) assessments completed on 6/23/15. Her speech/language assessment was completed on 7/13/15.</p> <p>Client #3's record was reviewed on 9/4/2015 at 1:33 P.M. Client #3's record indicated she was admitted to the group home on 4/29/15. Client #3's record did not indicate initial sensorimotor assessments and speech/language assessments were completed within the first 30 days after her admission to the group home. Client #3 had her initial OT and PT assessments completed on 6/25/15. Her speech/language assessment was completed on 7/22/15 and a swallow</p>		<p><b>assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. All nurses will be retrained that new admissions need to have all assessments within 30 days. The Nurse Manager has developed a "Nursing New Consumer Admission Appointment Checklist" which lists the assessments/appointments that need to be made within the first 30 days. The nurse assigned to the home will follow up weekly with the medical coach in the home to assure that the appointments have been scheduled. The Nurse Manager will monitor by having the checklist forwarded to her to assure that all needed assessments have been scheduled.</b></p>	

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	<p>study completed on 7/30/15 with recommendations for her to eat at a slow rate, take small bites (1/2 teaspoon), and cut meat into 1/2 inch pieces.</p> <p>Client #4's record was reviewed on 9/4/2015 at 1:55 P.M. Client #4's record indicated she was admitted to the group home on 6/22/15. Client #4's record did not include initial sensorimotor assessments.</p> <p>The facility LPN was interviewed on 9/4/15 at 2:28 P.M. The LPN stated, "We had the therapy evaluations completed at the soonest time we could get them. There is such a shortage of therapists and doctors who will take on new patients, and if they do, they are so overwhelmed they can not schedule within 30 days."</p> <p>The Program Manager (PM) was interviewed on 9/8/15 at 1:12 P.M. The PM indicated the facility was aware initial assessments were to be completed for each client within 30 days of their admission.</p> <p>9-3-4(a)</p>			

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W 0249 Bldg. 00	<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, the facility failed to correctly implement 1 of 4 sampled clients (client #1's) plan during mealtimes.</p> <p>Findings include:</p> <p>Observations of client #1's evening meal were conducted on 9/1/15 at 5:45 P.M. Client #1 was seated at the dining room table with a staff seated next to her. The food items were passed around the table in serving bowls family style. Each of client #1's housemates served themselves from the serving bowls. Client #1 had no plate or fruit bowl on the table in front of her. There were two metered flow cups and a small spoon on the table at her place setting. The Home Manager (HM) prepared client #1's plate at the kitchen counter, including cutting the food items into bite sized pieces. Client #1's plate and fruit bowl were placed on the table in</p>	W 0249	<p><b>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. Client # 1's dining plan has been revised to include her serving herself and preparing her food according to her plan. All staff will be retrained on her plan. The RM will do observations during mealtimes 3 times per week and the QIDP will do observations 2 times per week during mealtimes to assure that the her plan is being implemented as written.</b></p>	10/08/2015

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	<p>front of her once all other housemates had finished serving themselves.</p> <p>The HM stated at 5:47 P.M. on 9/1/15 "We fix [client #1's] plate for her so she will not choke. She eats fast and needs to follow her plan."</p> <p>Client #1's record was reviewed on 9/4/15 at 11:33 A.M. Client #1's record indicated she had an Individual Support Plan (ISP) dated 11/19/14 which included a lifestyle plan. The lifestyle plan indicated "[Client #1] has a tendency to shovel food into her mouth, gorge (take a bite before finishing last bite) talk with mouth full, not chew properly and drink rapidly." Client #1 had an ISP goal to "put her spoon down between every other bite."</p> <p>Client #1 had an approved Behavior Support Plan (BSP) dated 11/19/14 which indicated targeted behaviors for reduction of "physical aggression, elopement, theft, property destruction, uncooperativeness, lying/embellishing, seeking unneeded attention, bossing, gorging and taking food without staff knowledge." An addendum to client #1's approved BSP dated 8/19/15 indicated client #1 was "Now to pay back for house items eaten (entire packages of food items) in her room, not during meals,</p>			

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	<p>etc." Client #1's BSP indicated for gorging behaviors "[Client #1] will sometimes obtain snacks from the cupboards or refrigerator and stuff them into her mouth. This may result in choking and it is a safety concern. 1). If you see [client #1] peering into the refrigerator or cupboard then immediately retreat to her room or bathroom, follow her. [Client #1] may have a food item that she is trying to sneak away and eat away from staff. 2). Do not walk away or leave [client #1] by herself while she is eating. [Client #1] must be in staff's line of sight at all times while she is eating. 3). Try redirecting [client #1] to cut the food she is trying to eat into small pieces or grind it instead of stuff it in her mouth. 4). Redirect [client #1] by letting her know that if she wants a snack she needs to let staff know. Remind [client #1] 'We are trying to make sure you are safe'."</p> <p>Client #1's Nutrition Assessment dated 2/17/15 indicated "...plate to plate feedings have been unsuccessful D/T (due to) making her (client #1) angry and they will no longer use that method to slow her eating. Though they assist her in pre plating her meals D/T taking inappropriate portions." Client #1's Physician's Order (PO) dated for 8/2015 indicated client #1 was to utilize a metered flow cup and adaptive utensils</p>			

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	<p>(small)." The plans did not indicate client #1's plate should be prepared by staff in the kitchen and held until the rest of the clients had served themselves.</p> <p>Staff training documentation was reviewed on 9/4/15 at 12:05 P.M. and indicated all staff who worked in the group home where client #1 resided had been trained by the Qualified Intellectual Disabilities Professional (QIDP) on client #1's BSP on 8/19/15.</p> <p>The Program Manager (PM) was interviewed on 9/8/15 at 1:12 P.M. The PM indicated she had not been aware the staff at the group home were preparing client #1's plate for her, but had observed it occur on the night of 9/1/15. The PM stated, "I told them to not do it anymore and to sit with her (client #1) at the table and teach her portion control, cutting into bite sized pieces and how to eat at an appropriate pace for safety." The PM indicated she did not want client #1 to have this restriction added to her plan and that client #1 had the ability to serve herself and cut her own food.</p> <p>9-3-4(a)</p>			

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W 0351  Bldg. 00	<p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).</p> <p>Based on record review and interview, the facility failed for 1 of 3 newly admitted clients (client #2) to complete a comprehensive dental exam including an extraoral and intraoral examination within the first 30 days of admission.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 9/4/15 at 12:45 P.M.. Client #2's record indicated she was admitted to the facility on 3/23/15. Client #2 received initial dental services on 7/15/15.</p> <p>The Program Manager (PM) was interviewed on 9/8/15 at 1:12 P.M. The PM indicated the facility was aware initial assessments including initial dental examinations were to be completed for</p>	W 0351	<p><b>W351: Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility. . All nurses will be retrained that new admissions need to have all assessments within 30 days. The Nurse Manager has developed a "Nursing New Consumer Admission Appointment Checklist" which lists the assessments/appointments</b></p>	10/08/2015

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	each client within 30 days of their admission.  9-3-6(a)		<b>that need to be made within the first 30 days. The nurse assigned to the home will follow up weekly with the medical coach in the home to assure that the appointments have been scheduled. The Nurse Manager will monitor by having the checklist forwarded to her to assure that all needed assessments have been scheduled.</b>		