

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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W000000	<p>This visit was for a post certification revisit (PCR) survey to the extended annual recertification and state licensure survey completed on 2/20/14.</p> <p>Survey Dates: March 25, 26 and 27 and April 1, 2014.</p> <p>Facility Number: 000841 Provider Number: 15G323 AIM Number: 100243670</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 8, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients #1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the governing body failed to exercise general policy and operating direction over the facility: __ To ensure nursing services developed and implemented a plan of care to address client #3's frequent UTIs (Urinary Tract Infections) and to ensure the staff were trained to care for client #3's medical needs to prevent recurring infections.</p>	W000104	<p>CORRECTION: <i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, the governing body has provided direction and oversight to assure that: Specifically for Client #3, the nursing team has developed Comprehensive High Risk Plans that include protocols for prevention and treatment of frequent Urinary Tract Infections and perineal/bathing care.</i></p>	05/01/2014

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>___To ensure the staff conducted thorough body assessments for client #4 in regard to unknown injuries and to ensure all injuries of unknown origin for client #4 were reported immediately to the administrator.</p> <p>___To ensure sufficient numbers of direct care staff were provided to supervise and care for all of the clients in the group home in regard to clients #1, #2, #3, #4, #5, #6 and #7 throughout the day to meet the clients' needs.</p> <p>___To ensure client #1's rights (freedom of movement) and client #3's and #4's privacy while receiving medications.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy and operating direction over the facility to ensure client #1 was assisted in exercising her right to freedom of movement within the group home. Please see W125. 2. The governing body failed to exercise general policy and operating direction over the facility to ensure clients #3 and #4 were provided privacy while their medications were being administered. Please see W130. 3. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services developed and implemented a plan of care in regard to client #3's history of chronic UTIs (Urinary Tract Infections) and ensured the facility staff were trained to monitor and care for client #3 to prevent recurring infections. The facility neglected to implement written policy and procedures to ensure the staff conducted thorough body assessments and reported all unknown injuries immediately to the administrator for client #4. Please see W149. 		Specifically for Client #4, the nurse had directed staff to perform a head to toe physical assessment each morning. The Governing body has directed the facility to assign a one to one staff to work exclusively with Client #1 to assure Client #1's movement is not restricted without cause and appropriate due process. The Governing body is filling current staff vacancies to reach budgeted staffing hours. Until the staffing shortage is resolved with permanent employees, the governing body is supplying staff from other facilities to fill gaps in the staffing matrix –paying mileage and arranging for overnight accommodations as needed. All fill-in staff receive client-specific training on each individual prior to working a shift at the facility. PREVENTION: The Governing body has placed a new nurse at the facility who has been trained regarding the need to include specific care procedures as appropriate when developing comprehensive high risk and care plans as well as the need notify all relevant team members of changes in clients' medical conditions. The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly. The nurse, QIDP and Residential Manager will each conduct record reviews				

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	<p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure client #4's injuries of unknown origin were reported immediately to the administrator. Please see W153.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient numbers of direct care staff were provided to supervise and care for all of the clients in the group home in regard to clients #1, #2, #3, #4, #5, #6 and #7 throughout the day to meet the clients' needs. Please see W186.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>and face to face assessments to assure that staff are notifying the nurse of changes in client's physical condition and health status.</p> <p>ADEENDUM: Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, daily until the facility has demonstrated a pattern of compliance with meeting the medical needs of all clients who reside at the facility. Operations Team monitoring will continue on a weekly basis for an additional 60 days and after two months, no less than bi-monthly for an additional 30 days. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>The Residential Manager and/or QIDP will submit schedule revisions to the Clinical Supervisor and Program Manager for approval prior to implementation. The Operations Team will monitor weekly staffing hour reports and a Clinical Supervisor will perform periodic spot checks of facility time and attendance records to assure actual staffing matches the weekly staff schedule. Prior to each schedule period, the Operations Team will follow-up</p>		

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#1), the facility failed to assist the client in exercising the client's rights by restricting the client's freedom of movement within the facility.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/25/14 between 3:45 PM and 6:30 PM. Client #1 was a young woman that was quick and unpredictable with her actions and required constant staff supervision due to food seeking behaviors. A staff was within arms reach of client #1 at all times throughout the observation. The facility medication room was a small room off of the kitchen with a small straight chair, a full size refrigerator, two small sets of book shelves, lower cabinets with a counter top and a set of small steps leading to the back door with a latched gait at the top of the steps. When more than two individuals were in the medication room at the same time, the medication room became crowded. ___At 4:30 PM staff #3 went into the</p>	W000125	<p>verbally and via email to assure that appropriate coverage has been arranged. RESPONSIBLE PARTIES: QIDP, Operations Team</p> <p>COERRECTION <i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Specifically a one to one staff has been assigned to work exclusively with Client #1 to assure Client #1's movement is not restricted without cause and appropriate due process.</i></p> <p>PREVENTION: All staff will be retrained regarding the need to assure privacy during active treatment. The QIDP will be expected to observe no less than one morning and one evening active treatment session per week and the Residential Manager will be required to observe and participate in active treatment sessions on varied shifts no less than five times per</p>	05/01/2014			

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	<p>medication room with client #1 and proceeded to give client #1 her 4 PM medications.</p> <p>___At 4:40 PM staff #3 opened the medication room door and called to staff #2 to bring client #4 to the medication room for her PM medications. Staff #2 escorted client #4 to the medication room where client #4 sat down in the chair and client #1 stood within two feet of client #4 and in the corner of the room by the latched gait. Staff #3 proceeded to give client #4 her PM medications in chocolate pudding. Client #1 held a plastic spoon in her hand and was manipulating the spoon by tapping her face with it. Staff #3 stated, "Stop that before you hurt yourself" and continued feeding client #4 the rest of the pudding.</p> <p>___At 4:48 PM staff #3 opened the medication room door and called to staff #2 to come and get client #4 and called to staff #1 to bring client #3 to the medication room. Staff #2 escorted client #4 back to the dining room table to sit down. While waiting on client #3 to be escorted to the medication room, staff #3 was asked why client #1 remained in the medication room. Staff #3 stated, "Because she's my one to one and there's no one else (no other staff) to watch her. I had to bring her in here with me. I didn't have any other choice. I have to give the medications." Staff #3 stated "We don't have enough people to watch everybody and do everything we're supposed to do like they tell us." When asked had this happened in the past when staff had to have client #1 stay in the medication room while medications were passed due to lack of sufficient numbers of staff, staff #3 stated, "Yes."</p> <p>___At 5 PM staff #1 escorted client #3 to the medication room to get her PM medications and stayed with client #3 while she received</p>		<p>week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff do not unnecessarily restrict freedom of movement. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days to assure the facility does not restrict dmovement without cause and appropriate due process. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team Operations Team</p>		

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	<p>her medications. Client #1 continued to stand in the corner of the room, a couple of feet away from client #3 and continued to manipulate a plastic spoon. At this time, there were two clients, two staff and myself (the surveyor) in the medications room. The room was crowded and movement was limited.</p> <p>___ At 5:05 PM client #1 stepped toward the door wanting to leave the medication room. Staff #3 put his hand up and stated, "No, not yet. We're not done." Client #3 took her medications and was escorted back to the dining room table by staff #1 while client #1 remained in the medication room with staff #3.</p> <p>___ At 5:20 PM staff #3 and client #1 left the medication room. Client #1 walked to the living room and was prompted to sit in the recliner. Client #1 was restricted by staff #3 from leaving the medication room until all PM medications had been given.</p> <p>Client #1's record was reviewed on 3/26/14 at 3 PM. Client #1's BSP (Behavior Support Plan) of 6/27/13 indicated client #1 had targeted behaviors of "grabbing food/drinks from others, self injurious behaviors, physical aggression, running through the house, spinning/twirling while standing, AWOL (Absent Without Leave), flopping in her chair, squealing and screaming." The BSP indicated "She (client #1) will try and take food from a hot stove or oven. She will also attempt to secure food from the refrigerator or cabinets or from other people's plates and even hands. Since [client #1] can go 'AWOL' or elope, it is in [client #1's] best interest and safety that she has one-on-one staff during her waking hours. When she is in the dining room and kitchen she is within arm's length distance from staff. When she is in the fireplace living room, she can be within</p>			

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W000130	<p>eyesight of staff. While in bed at night, she has a 'Personal Safety Monitor' on her so that staff can know if she is in her bed."</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) and staff #1 on 3/25/14 at 4 PM indicated client #1 was to be within arm's reach of staff at all times whenever client #1 was in the kitchen, dining room or medication room. The QIDP indicated client #1 was to be within eyesight of the staff whenever client #1 was in all other areas of the home. Staff #1 stated client #1 required "constant" staff supervision. The QIDP indicated client #1 had recently had an incident of food seeking and had stuffed her mouth with meat loaf and had choked to the point emergency intervention of the Heimlich maneuver was required and the staff called 911.</p> <p>During interview with the QIDP and the LPM (Lead Program Manager) on 3/25/14 at 5:10 PM, the QIDP was asked if it was ok for the staff to take client #1 to the medication room and have her stay while other clients received their medications. The QIDP stated, "We don't have any choice. They have to when they are assigned one to one with [client #1]." The QIDP stated when the staff assigned to give medications were also assigned one on one with client #1, then the staff had "no other choice" but to keep client #1 in the medication room with the staff while giving the medications until all medications were given and then client #1 could come out of the medication room with her one on one staff.</p> <p>9-3-2(a) 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p>			

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	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (#3 and #4), the facility failed to provide the clients privacy when their medications were being administered and discussed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/25/14 between 3:45 PM and 6:30 PM. The facility's medication room was a small room off of the kitchen with a small straight chair, a full size refrigerator, two small sets of book shelves, lower cabinets with a countertop and a set of small steps leading to the back door with a latched gait at the top of the steps. When more than two individuals were in the medication room at the same time, the medication room became crowded.</p> <p>___ At 4:30 PM staff #3 went into the medication room with client #1 and proceeded to give client #1 her PM medications. After finishing client #1's medications, client #1 remained in the medication room.</p> <p>___ At 4:40 PM staff #3 opened the medication room door and called to staff #2 to bring client #4 to the medication room for her PM medications. Staff #2 escorted client #4 to the medication room where client #4 sat down in the chair and client #1 stood within two feet of client #4 and in the corner of the room beside the latched gait. Staff #3 proceeded to give client #4 her PM medications. Staff #3 gave client #4 Ferrous</p>	W000130	<p>COERRECTION <i>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</i></p> <p>Specifically, the facility has added additional staff, including but not limited to a one to one staff for Client #1, to assure that all clients' privacy is supported during active treatment. Review of support documentation and interview with staff suggested this deficient practice affected Clients 2 – 7. PREVENTION:</p> <p>All staff will be retrained regarding the need to assure privacy during active treatment. The QIDP will be expected to observe no less than one morning and one evening active treatment session per week and the Residential Manager will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff support privacy.</p> <p>ADDENDUM: Additionally, members of the Operations Team will conduct active treatment observations daily until the facility has</p>	05/01/2014			

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	<p>Sulfate (Iron supplement), Atarax and artificial tears in both eyes. Staff #3 asked client #4, "Do you know why you take your Atarax? It's for itching."</p> <p>___ At 4:48 PM staff #3 opened the medication room door and called to staff #2 to come and get client #4 and called to staff #1 to bring client #3 to the medication room. Staff #2 escorted client #4 back to the dining room table to sit down. While waiting on client #3 to be escorted to the medication room, staff #3 was asked why client #1 remained in the medication room. Staff #3 stated, "Because she's my one to one and there's no one else (no other staff) to watch her. I had to bring her in here with me. I didn't have any other choice. I have to give the medications."</p> <p>___ At 5 PM staff #1 escorted client #3 to the medication room to get her PM medications and stayed with client #3 while she received her medications. Client #1 continued to stand in the corner of the medication room, a couple of feet away from client #3. Staff #3 proceeded to give client #3 Effexor for OCD (Obsessive Compulsive Disorder). Staff #3 asked client #3, "What is your Claritin for? Is it for your nose?" Client #3 took her medications and was escorted back to the dining room table by staff #1.</p> <p>___ Staff #3 failed to provide clients #3 and #4 privacy while giving and discussing their medications.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) and staff #1 on 3/25/14 at 4 PM indicated client #1 was to be within arm's reach of staff at all times whenever client #1 was in the kitchen, dining room or medication room. The QIDP indicated client #1 was to be within eyesight of the staff whenever client #1 was in all other areas of the home. Staff #1 stated</p>		<p>demonstrated a pattern of compliance with meeting the privacy needs of all clients who reside at the facility.</p> <p>Operations Team monitoring will continue on a weekly basis for an additional 60 days and after two months, no less than bi-monthly for an additional 30 days. to assure privacy during active treatment is supported.</p> <p>After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team Operations Team</p>	

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W000149	<p>client #1 required "constant" staff supervision.</p> <p>During interview with the QIDP and the LPM (Lead Program Manager) on 3/25/14 at 5:10 PM, the QIDP was asked if it was ok for the staff to take client #1 to the medication room and have her stay while other clients received their medications. The QIDP stated, "We don't have any choice. They have to when they are assigned one to one with [client #1]." The QIDP stated when the staff assigned to give medications was also assigned one on one with client #1, "They had no other choice" but to keep client #1 in the medication room with the staff while giving the medications until all medications were given and then client #1 could come out of the medication room with her one on one staff.</p> <p>Interview with LPN #1 on 3/27/14 at 1:30 PM indicated all clients were to be provided privacy while medications were being administered. LPN #1 stated only one client "should be" in the medication room at a time while medications were being given.</p> <p>9-3-2(a) 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (#3 and #4), the facility neglected to implement written policy and procedures to ensure nursing services developed and implemented a plan of care in regard to client #3's history of</p>	W000149	CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically for Client #3, the nursing team has developed Comprehensive High Risk Plans that include</i>	05/01/2014			

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	<p>chronic UTIs (Urinary Tract Infections) and ensured the facility staff were trained to monitor and care for client #3 to prevent recurring infections. The facility neglected to implement written policy and procedures to ensure the staff conducted thorough body assessments and reported all unknown injuries immediately to the administrator for client #4.</p> <p>Findings include:</p> <p>1. During observations on 3/26/14 between 4 PM and 6:30 PM, client #3 was loud, cursing and kicking at anyone that walked by her. Client #3 was incontinent and the front of her pants were wet with urine. During this observation, client #3 refused to allow staff to assist her, refused to go to the bathroom to get cleaned up and refused to change her clothing. Client #3 sat in a chair at the dining room table until the evening meal was over and then moved to the living room where she sat down in an overstuffed leather love seat. Her clothing/pants were still wet from her earlier incontinence of urine. The QIDP (Qualified Intellectual Disabilities Professional) came into the living room and instructed all the other clients in the group home to stay away from client #3 as she was "not happy" and client #3 would "kick" them. Staff #4 stood close by client #3 to protect the other clients from client #3. Client #3 cursed at staff #4 saying "Get outta here!" "Leave me alone!" as she tried to kick the staff.</p> <p>Client #3's record was reviewed on 3/26/14 at 5 PM. Client #3's record indicated diagnoses of, but not limited to, Bipolar Affective Disorder, Dissociative Disorder, Obsessive Compulsive Disorder (OCD) and Chronic</p>		<p>protocols for prevention and treatment of frequent Urinary Tract Infections and perineal/bathing care. All staff have been trained toward proper implementation of the revised plans. Specifically for Client #4, the nurse had directed staff to perform a head to toe physical assessment each morning.</p> <p>PREVENTION: A new nurse is in place at the facility who has been trained regarding the need to include specific care procedures as appropriate when developing comprehensive high risk and care plans as well as the need notify all relevant team members of changes in clients' medical conditions. The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly. The nurse, QIDP and Residential Manager will each conduct record reviews and face to face assessments to assure that staff are notifying the nurse of changes in client's physical condition and health status. ADDENDUM: Additionally, Operations Team members will review medical and training documentation while auditing active treatment sessions, daily until the facility has demonstrated a pattern of compliance with complying with policies that prohibit abuse, neglect and</p>				

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 04/01/2014
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	<p>Urinary Tract Infections (UTIs).</p> <p>Client #3's 3/18/14 physician's orders indicated client #3 was taking: *Celexa, Invega, Clozaril, Anafranil and Effexor XR for Dissociative Disorder and OCD. Lamictal, Trileptal and Lithium for Bipolar Disorder. Corgard every morning for rage control. Flomax for incomplete bladder emptying/recurrent urinary tract infections.</p> <p>Client #3's physician's orders indicated client #3 was to have "53 - 63 fluid ounces of liquids per day."</p> <p>Client #3's Record of Visits forms (doctor/hospital visits) indicated: *5/3/13 "Increased aggression, crying, angry, strong smelling (urine) and frequent urination." Client #3 was started on Bactrim DS (an antibiotic) for 14 days. 5/9/13 "...increased behaviors, crying. UTI." Client #3 was started on Pyridium, a pain reliever that affects the lower part of your urinary tract (bladder and urethra). 6/24/13 "Chronic UTI. Continue current regimen." 7/12/13 "UTI symptoms, increased aggression and stuffy nose." Client #3 was placed on Amoxil (an antibiotic) for the sinus infection and was catheterized, a small tube was inserted into the bladder to obtain a urine sample for a urinalysis. 7/24/13 "Diagnosis: UTI. Abd (abdominal pain) suprapubic. Hx (history) of foul smelling urine. Behavior... aggressive." Client #3 was placed on Bactrim DS and urine cultures were obtained. 8/5/13 "Diagnosis: UTI. Recommendation for treatment: continue Amoxicillin therapy"</p>		<p>mistreatment. Operations Team monitoring will continue on a weekly basis for an additional 60 days and after two months, no less than bi-monthly for an additional 30 days. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team Operations Team</p>	

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	<p>8/13/13 "Diagnosis: UTI. Recommendation for treatment: continue Cipro (an antibiotic)."</p> <p>9/6/13 results of urine test indicated client #3 had a UTI.</p> <p>9/9/13 - UTI. "Today's instructions/counseling includes take medications as prescribed, follow up if symptoms persist or worsen, plenty of fluids, water preferably, limit caffeine, showers instead of baths and heat to abdomen and back as needed." Client #3 continued on antibiotic therapy for UTI.</p> <p>9/30/13 "FU from hosp (hospital). Results: Yeast infection. Diagnosis: Candidas of vagina. Recommendations for treatment: Diflucan (an antifungal antibiotic) treatment for 12 days."</p> <p>10/8/13 "Patient presents with verbal outbursts that are often symptomatic of a UTI. Frequent urination is also noted. Diagnosis: possible recurrent UTI. Recommendations for treatment: UA (urinalysis) with culture and sensitivity. Will wait for UA results to determine need for antibiotic therapy."</p> <p>10/17/13 - FU (follow up) on UTI. "Patient's presentation and behavior is improved from last visit but patient does seem to show signs of possible yeast infection. Diagnosis: UTI with possible yeast infection. Recommendations for treatment: Continue Macrobid (an antibiotic) until therapy is complete. Take Diflucan as directed. May repeat UA C&S (Culture and Sensitivity) 3 days after completion of antibiotic." The record indicated the doctor gave client #3 the Diflucan to treat a possible yeast infection.</p> <p>12/17/13 UTI - "Pt (patient) here with UTI hx (history) and incomplete bladder emptying. On Flomax daily and Cipro for UTI. Followed by [name of doctor], follow up with infectious disease as scheduled. Continue Flomax daily.... Today's instructions/counseling</p>			

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	<p>includes recurrent UTI hx discussed and with tx (treatment) plan and medication use (sic)." 12/18/13 - "Recurrent UTI follow up.... continue antibiotic therapy.... Order sent with patient for UA (urinalysis) C&S (Culture and Sensitivity) if needed or symptoms return." 12/23/13 Client #3 was straight catheterized to obtain a urine sample. 2/20/14 -Recheck of urine cultures, continue current medications and client to be rechecked in 3 months. 3/20/14 "Diagnosis: Recurrent UTIs, Dysuria (painful urination) and incomplete bladder emptying. Recommendations for treatment: Increase Flomax to BID (twice a day), will send urine for C&S (culture and sensitivity test)...." 3/21/14 - Client #3 saw her doctor for a "Wellness check." The doctor indicated the client was difficult to exam (examined) and "agitated." The doctor recommended the client be "catherized (sic) for urine culture." 3/22/14 - UTI. "Pyridium (Phenazopyridine) best to use for pain from UTI." Client #3 was started on Cipro. "...plenty of fluids, water preferably and limit caffeine...." 3/25/14 - UTI, d/c (discontinue) the Cipro and Gentamicin (antibiotics) and start Fortaz (antibiotic). Follow up with a CBC with differential and BMP (Basal Metabolic Panel) on 3/29/14 and 4/2/14. "3/25/14 the infectious disease doctor indicated "(gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz (an antibiotic) 2 times a day for 7 days...."</p> <p>Client #3's Behavior Review dated 11/21/13 indicated: "On 2/12/13 [client #3] saw [name of doctor], Infectious Disease Physician, referred by [client #3's doctor] due to so many UTIs. [Name of doctor] stated [client</p>			

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	<p>#3's] immune system cannot fight off UTIs because the bacteria are resistant to oral antibiotics. Therefore, he ordered 7 consecutive days of IV (intravenous) antibiotics.... Early in May 2013, [client #3] had another UTI. She was placed on Bactrim. It took many days before she began feeling better. She was very verbally aggressive and physically aggressive during the recovery from the UTI.... In July [client #3] had a UTI which was difficult to get under control. She was extremely verbally aggressive with staff and housemates, physically aggressive toward staff who were trying to help her as well as she was experiencing Hallucinations/Delusions.... In September 2013, [client #3] was hospitalized for 15 days due to UTI. She continued to experience UTI symptoms.... the months of Sept. and Oct. 2013 were quite painful to [client #3] and she acted out her pain because she cannot express her wants and needs to others."</p> <p>Client #3's BSP (Behavior Support Plan) of 5/3/13 indicated client #3 had targeted behaviors of verbal/physical aggression, obsessions and hallucinations. The BSP indicated "Many times when she hits others she is ill or may be experiencing pain. She experiences frequent UTIs which causes her to be in a bad mood. She also gets sinus infections which causes her to become agitated. It is during her times of agitation that she will become physical (sic) aggressive and hit others."</p> <p>Client #3's nursing notes indicated: *2/13/14 UTI resolved. "3/11/14 UA obtained and taken to [name of hospital]. Client had change in behaviors becoming more aggressive and combative." "Client hit another client on the head...."</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374			
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	<p>"3/13/14 received order for Macrobid...."</p> <p>"3/12/14 [Client #3] kicked another client in leg."</p> <p>"3/17/14 Client slid down to floor in shower with staff assistance. She was trying to get staff. Lost balance while sitting in chair. No injuries noted." "...kicked another consumer while she was walking by."</p> <p>"3/20/14 Urology care - f/u visit. Recurrent UTI...."</p> <p>"3/21/14 Annual physical.... Pt (patient) agitated, difficult exam. Recath (recatheterized) for urine culture."</p> <p>"3/22/14 Urgent care f/u behaviors d/t (due to) recurrent UTI. Pyridium and Cipro ordered."</p> <p>"3/24/14 Pt to stop Cipro. Pt (patient) with UTI. Pt to begin Gentamicin 160 mg (milligrams) IM (Intramuscular injections) daily x 7 days."</p> <p>"3/25/14 [Name of doctor] Infectious disease Dr. Dx (diagnosis) Klebsiella (gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz 2 times a day for 7 days...."</p> <p>Client #3's MAR (Medication Administration Record) for March 2014 indicated client #3 was receiving Pyridium 200 mg (milligrams) three times a day after meals "per nurse [name of nurse]" from 3/17/14 through 3/21/14 and Phenazopyridine (Pyridium) 100 mg three times a day from 3/22/14 through 3/27/14, both medications for pain in the lower part of the urinary tract (bladder and urethra). Client #3's MAR indicated client #3 was also receiving Fortaz 500 mg IM every 12 hours for UTI.</p> <p>Client #3's Fluid consumption records for January, February and March 2014 indicated "Each individual is to be offered and</p>						

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	<p>encouraged to drink at least 6 - 8 eight ounce glasses of water per day (unless otherwise indicated, i.e. fluid restriction). The record indicated client #3 had:</p> <p>__ Five glasses of liquids on February 1, 4, 10, 11, 12, 14, 20, 21, 23, 25, January 2, 5, 11, 22, 23, 25, 29, 30, March 6, 13, 18 and 20, 2014.</p> <p>__ Four glasses of liquids on February 7, 9, 22, January 14, 24, 26, March 22, 23 and 24, 2014.</p> <p>__ Three glasses of liquids on February 27, January 10, 17 and 19, 2014.</p> <p>__ Two glasses of liquids on February 19 and January 20, 2014.</p> <p>Client #3's records indicated client #3 was not getting 6 - 8 eight ounce glasses of water per day.</p> <p>Client #3's record indicated client #3 was incontinent of urine and wore an adult depends for incontinence. Client #3's record did not indicate a toileting plan in place in regard to client #3. Client #3's record indicated nursing failed to monitor client #3's intake/output (of fluids).</p> <p>Client #3's record indicated nursing services failed to develop and implement a plan of care in regard to client #3's history of chronic UTIs that included what the staff were to monitor, what was to be reported to nursing and when, how the staff were to assist client #3 when toileting and bathing/showering to prevent further infections, how the staff were to monitor client #3 for pain in regard to client #3's history of UTIs and what the staff were to do when client #3 refused to be toileted and/or to change her clothing. Client #3's record failed to indicate a pain assessment in regard to client #3's recurring UTIs.</p>			

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	<p>Interview with staff #4 on 3/26/14 at 6:20 PM indicated the DP (day program) staff had informed staff #4 that client #3 had not urinated all day. Staff #4 indicated the DP staff tried taking her to the bathroom, but client #3 refused to go. Staff #4 was asked what do you do when client #3 refuses to be changed and/or to go to the bathroom? Staff #4 stated, "There's not much we can do. We just wait till she will go." When asked how much fluid client #4 was to have per day, staff #4 stated, "I think they all (clients #1, #2, #3, #4, #5, #6 and #7) are supposed to have like 6 glasses a day aren't they?" Staff #4 indicated client #3's intake and output was not being measured. Staff #4 stated he had been told when client #3 was "grumpy, she usually has some kind of infection."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and LPN #1 and via telephone with the CS (Clinical Supervisor) #1 on 3/27/14 at 1:30 PM, the QIDP indicated client #3 had a long history of UTIs and yeast infections. The QIDP stated client #3 had been treated multiple times with oral antibiotics to the point her body now was "immune" to most of the common antibiotics used for UTIs. The doctor had the facility giving client #3 an antibiotic via IM (an injection given in the muscle) by the facility LPN every 12 hours. LPN #1 and the QIDP indicated client #3's acting out was a pain indicator for client #3. LPN #1 stated "We've learned that when she starts acting out, more than likely she has a UTI and we get her tested right away." When asked if the staff had been trained in regard to client #3's specific pain indicators and what to look for, how to document it and when to call the nurse; LPN #1 indicated the staff had not specifically been trained to do pain</p>			

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	<p>assessments. LPN #1 indicated client #3 was to be toileted every two hours during the day. LPN #1 indicated she had wanted client #3 to toilet every two hours at night, but indicated the staff were reluctant and did not want to wake the client every two hours at night. The QIDP indicated client #3 was incontinent at night and sometimes would have bowel movements and if the staff didn't change her right away, that might be a reason for client #3's recurring UTIs. The QIDP indicated client #3 had come home from the day program on 3/26/14 and was incontinent. The QIDP indicated the DP (Day Program) had notified the group home staff that client #3 had not urinated all day. When asked what the staff were to do when client #3 refused to go to the bathroom and/or to have her clothing and adult brief changed, LPN #1 stated, "That's her right if she wants to refuse." CS #1 corrected LPN #1 and indicated the facility had a responsibility to protect client #3 and would have to implement protective measures if needed. LPN #1 and the QIDP indicated no specific investigation and/or IDT (Interdisciplinary Team) meeting in regard to client #3's recurring UTIs to try to understand why client #3 was having frequent infections. LPN #1 stated, "All of the staff know to wipe her from front to back when toileting her." When asked who is monitoring client #3's intake, LPN #1 indicated the staff are to offer all of the clients six to eight 8 oz glasses of water per day. LPN #1 indicated a specific plan of care/risk plan had not been developed and/or implemented in regard to client #3's UTIs.</p> <p>2. Observations were conducted at the day program (DP) on 3/25/14 between 10:30 AM and 11:30 AM. At 10:55 AM client #4 was sitting in a straight chair with her feet propped</p>			

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	<p>upon a stool. DP staff #1 indicated one of client #4's targeted behaviors was picking at her skin. DP staff #1 was asked if client #4 currently had any open skin areas on her at the present time. DP staff #1 stated, "No, not that I am aware of." DP staff was asked to raise client #4's pant legs to expose her lower legs. Client #4 had a band aid on her left lower leg and a small area on her right lower leg that was red and covered with a scab. DP staff #1 stated, "I think she does that at night. I'm not sure but she hasn't been picking as much as she was since you were here last." DP staff #1 indicated she did not know how client #4 received the injuries to her lower legs.</p> <p>Client #4's record was reviewed on 3/26/14 at 2 PM. Client #4's MARs (Medication Administration Records) indicated client #4 was to have a daily body assessment. Client #4's March 2014 MAR did not indicate any injury in regard to a bruise on client #4's left hand or client #4's right lower leg.</p> <p>While at the group home on 3/26/14 at 6 PM, the QIDP was asked what injuries were currently being tracked for client #4? The QIDP indicated client #4 had a scratch on her left leg. When asked how client #4 injured her right lower leg and bruised her left hand between the knuckles of her middle and ring finger, the QIDP stated, "I don't know. I didn't know she had any other injuries." The QIDP looked at client #4's right lower leg and left hand. The bruise on client #4's left hand was yellowish green and approximately 1 inch in diameter, indicating the bruise was healing and not a new injury. The QIDP indicated the DP staff had not reported any injuries of unknown origin to the group home staff in regard to client #4's right lower leg. The QIDP</p>			

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	<p>indicated client #4 was not reliable to report her own injuries and the facility staff were to conduct a full body check every day and stated the staff "should have seen those injuries and reported them immediately."</p> <p>During interview with the QIDP and LPN #1 on 3/27/14 at 1:30 PM, LPN #1 and the QIDP indicated the staff needed to be retrained in regard to doing full body assessments for injures.</p> <p>The facility's policies and procedures were reviewed on 3/25/14 at 2:45 PM. The revised 2/26/11 facility policy entitled "Abuse, Neglect, and Exploitation" indicated "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of [name of facility], and local, state and federal guidelines." The policy indicated: ___ "Program Intervention Neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review." ___ "Medical Neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide necessary medical attention, proper nutritional support or administering medications as prescribed." ___ The policy indicated injuries of unknown origin were to be reported to the Program Coordinator and then to the Administrator.</p> <p>This deficiency was cited on 2/20/14. The</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374			
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W000153	<p>facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a) 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, interview and record review for 1 of 1 injury of unknown origin for client #4, the facility failed to ensure the facility staff reported client #4's injury of unknown origin immediately to the administrator.</p> <p>Findings include:</p> <p>The facility's reportable records for March 2014 were reviewed on 3/25/14 at 2:45 PM. The facility records indicated no reported injuries of unknown origin for client #4.</p> <p>Observations were conducted at the day program (DP) on 3/25/14 between 10:30 AM and 11:30 AM. At 10:55 AM client #4 was sitting in a straight chair with her feet propped up on a stool. DP staff #1 indicated one of client #4's targeted behaviors was picking at her skin. DP staff #1 was asked if client #4 currently had any open skin areas on her at the present time. DP staff #1 stated, "No, not that I am aware of." DP staff was asked to raise client #4's pant legs to expose her lower legs. Client #4 had a band aid on her left lower leg and a small area on her right lower leg that was red and covered with a scab. DP</p>	W000153	<p>CORRECTION: <i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Facility staff have been retrained regarding procedures for completing physical assessments. Specifically for Client #4, staff will perform a head to toe physical assessment each morning and report any discovered injuries or re-injured previous injuries to a supervisor and administrative staff immediately per the governing body's incident/accident reporting protocols. A review of weekly body assessments and incident documentation confirmed that this deficient practice did not effect other clients.</i></p> <p>PREVENTION: A new Residential Manager is in place to assist with daily</p>	05/01/2014			

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 04/01/2014
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	<p>staff #1 stated, "I think she does that at night. I'm not sure but she hasn't been picking as much as she was since you were here last." DP staff #1 indicated she did not know how client #4 received the injuries to her lower legs.</p> <p>While at the group home on 3/26/14 at 6 PM the QIDP (Qualified Intellectual Disabilities Professional) was asked what injuries were currently being tracked for client #4. The QIDP indicated client #4 had a scratch on her left leg. When asked how client #4 injured her right lower leg and bruised her left hand between the knuckles of her middle and ring finger, the QIDP stated, "I don't know. I didn't know she had any other injuries." The QIDP looked at client #4's right lower leg and left hand. The bruise on client #4's left hand was yellowish green and approximately 1 inch in diameter, indicating the bruise was healing and not a new injury. The QIDP indicated the DP staff had not reported any injuries of unknown origin to the group home staff in regard to client #4's right lower leg. The QIDP indicated client #4 was not reliable to report her own injuries and the facility staff were to conduct a full body check every day. The QIDP stated the staff "should have seen those injuries and reported them immediately." The QIDP indicated client #4 was not reliable in telling the staff about her injuries. The QIDP indicated all injuries of unknown origin were to be reported immediately to the administrator.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>monitoring and oversight. Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation including but not limited to injuries of unknown origin, the governing body will administer written corrective action up to and including termination of employment.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>		

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 04/01/2014
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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to provide sufficient direct care staff to supervise and care for the clients to meet the clients' needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/25/14 between 3:45 PM and 6:30 PM. During this observation, there were three direct care staff, the QIDP (Qualified Intellectual Disabilities Professional) and the GHD (Group Home Director). At 3:55 PM clients #2, #3, #4, #5, #6 and #7 returned home from the day program to join client #1, a total of 7 clients living in the group home.</p> <p>__Client #1 was a young woman who was quick and unpredictable with her actions and required constant staff supervision due to food seeking behaviors. Client #1 wore a soft helmet on her head and a brace on her right foot. When food seeking, client #1 did not watch where she was going nor pay attention to anything or anyone around her.</p> <p>__Client #3 wore a gait belt and a soft sided helmet and used a walker while ambulating. Client #3 required staff assistance for all</p>	W000186	<p>CORRECTION:</p> <p><i>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the operation is filling current staff vacancies to reach budgeted staffing hours. Until the staffing shortage is resolved with permanent employees, the governing body is supplying staff from other facilities to fill gaps in the staffing matrix –paying mileage and arranging for overnight accommodations as needed. All fill-in staff receive client-specific training on each individual prior to working a shift at the facility. Additionally, a specific one to one staff has been assigned to work exclusively with Client #1.</i></p> <p>PREVENTION:</p> <p>The Residential Manager and/or QIDP will submit schedule revisions to the Clinical Supervisor and Program Manager for approval prior to implementation. The Operations Team will monitor weekly staffing</p>	05/01/2014

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 04/01/2014
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	<p>mobility/transfers and ADLs (Adult Daily Living Skills). During this observation, client #3 came home from the day program, went to the bathroom and sat at the dining room table. Client #3 required a staff member within arm's reach of her at all times due to client #3's risk of injury due to falls.</p> <p>__Client #4 wore a gait belt and used a walker with hands on assistance from the staff. Client #4 walked with a pronounced forward flexed posture, leaning to the right and had an unsteady gait. The staff who walked with client #4 used two hands holding onto the gait belt to steady client #4 while she walked. Client #4 required staff assistance for all mobility/transfers and all ADLs (Adult Daily Living Skills). During this observation, client #4 came home from the day program, went to the bathroom and then sat at the dining room table until time for the evening meal. Client #4 did not engage in conversation and/or activity without staff prompting. Client #4 did not self initiate and did not independently participate in activities.</p> <p>__The facility's medication room was a small room off of the kitchen and was approximately 16 to 20 square feet. There was a straight chair, a refrigerator, a small set of book shelves and cabinets with a countertop in the medication room. With more than two individuals in the room, the room was crowded.</p> <p>__At 4:30 PM staff #3 went to the medication room with client #1 and proceeded to give client #1 her PM medications.</p> <p>__At 4:40 PM staff #3 opened the medication room door and called to staff #2 to bring client #4 to the medication room for her PM medications. Staff #2 escorted client #4 to the medication room where client #4 sat down in the chair while client #1 stood within two feet of client #4 and in the corner of the</p>		<p>hour reports and a Clinical Supervisor will perform periodic spot checks of facility time and attendance records to assure actual staffing matches the weekly staff schedule. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>		

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	<p>room. Staff #3 proceeded to give client #4 her PM medications in chocolate pudding. Client #1 held a plastic spoon in her hand and was manipulating the spoon, tapping her face with it. Staff #3 stated, "Stop that before you hurt yourself" and continued feeding client #4 the rest of the pudding.</p> <p>__At 4:48 PM staff #3 opened the medication room door and called to staff #2 to come and get client #4 and to staff #1 to bring client #3 to the medication room. Staff #2 escorted client #4 back to the dining room table to sit down. While waiting on client #3 to be escorted to the medication room, staff #3 was asked why client #1 was in the medication room. Staff #3 stated, "Because she's my one to one and there's no one else to watch her. I had to bring her in here with me. I didn't have any other choice." Staff #3 stated "We don't have enough people to watch everybody and do everything we're supposed to do like they tell us." When asked had this happened in the past when staff had to have client #1 stay in the medication room while medications were passed due to lack of sufficient staff, staff #3 stated, "Yes."</p> <p>__At 5 PM staff #1 escorted client #3 to the medication room to get her PM medications and stayed with client #3 while she received her medications. Client #1 continued to stand in the corner of the room, a couple of feet away from client #3. Client #1 continued to manipulate a plastic spoon.</p> <p>__At 5:05 PM client #1 stepped toward the door wanting to leave the medication room. Staff #3 put his hand up and stated, "No, not yet. We're not done." Client #3 took her medications and was escorted back to the dining room table by staff #1.</p> <p>__At 5:20 PM staff #3 and client #1 left the medication room. Client #1 walked to the living room and was prompted to sit in the</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>recliner.</p> <p>__During this observation, client #1 was restricted by the staff from leaving the medication room until all PM medications had been given because of insufficient numbers of staff to provide all the clients in the group home (clients #1, #2, #3, #4, #5, #6 and #7) the supervision and care needed.</p> <p>Client #1's record was reviewed on 3/26/14 at 3 PM. Client #1's record indicated client #1 was at risk of choking. Client #1's BSP (Behavior Support Plan) of 6/27/13 indicated client #1 had targeted behaviors of "grabbing food/drinks from others, self injurious behaviors, physical aggression, running through the house, spinning/twirling while standing, AWOL (Absent Without Leave), flopping in her chair, squealing and screaming." The BSP indicated "She (client #1) will try and take food from a hot stove or oven. She will also attempt to secure food from the refrigerator or cabinets or from other people's plates and even hands. Since [client #1] can go 'AWOL' or elope, it is in [client #1's] best interest and safety that she has one-on-one staff during her waking hours. When she is in the dining room and kitchen she is within arm's length distance from staff. When she is in the fireplace living room, she can be within eye sight of staff. While in bed at night, she has a 'Personal Safety Monitor' on her so that staff can know if she is in her bed."</p> <p>Client #3's record was reviewed on 3/26/14 at 5 PM. Client #3's ISP of 5/3/13 indicated client #3 "falls if no one is with her while she is walking." Client #3's record indicated client #3 uses a rolling walker and was to have one to one supervision while ambulating to prevent falls.</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>Client #4's record was reviewed on 3/26/14 at 2 PM. Client #4's record indicated client #4 had a history of falls with fractures, used a rolling walker and gait belt while ambulating and required staff assistance. Client #4's Person Centered Planning Profile of 3/28/13 indicated "Whenever [client #4] ambulates, she requires a staff holding onto her gait belt which is considered 'Contact Guard Assistance.' [Client #4] requires assistance in all areas of ADL's (sic) and general adult daily living skills." Client #4's record indicated client #4 required assistance with participating in activities.</p> <p>Review of the March 2014 staffing schedules on 3/26/14 at 12 PM indicated staffing numbers of three and four staff for the day shifts and evening shifts and three staff on weekends.</p> <p>Interview with the QIDP and staff #1 on 3/25/14 at 4 PM indicated client #1 was to be within arm's reach of staff at all times whenever client #1 was in the kitchen, dining room or medication room. The QIDP indicated client #1 was to be within eyesight of the staff whenever client #1 was in all other areas of the home. Staff #1 indicated client #1 wore the soft sided helmet due to self injurious behaviors of hitting herself. Staff #1 stated client #1 required "constant" staff supervision. The QIDP indicated client #1 had recently had an incident of food seeking and had stuffed her mouth with meatloaf and had choked to the point emergency interventions of the Heimlich maneuver was required and the staff called 911. Staff #1 indicated client #3 required one to one staff supervision at all times to prevent falls. Staff #1 indicated client #4 required one to one</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>staff supervision and assistance whenever ambulating.</p> <p>Confidential interview (CI) #1 stated, "We don't have enough staff to take care of these people." CI #1 stated the staff could not supervise and assist clients #2, #5, #6 and #7 "like we're supposed to" because of the demands on the staff to supervise, assist and care for clients #1, #3 and #4.</p> <p>During interview with the QIDP and the Lead Program Manager (LPM) on 3/25/14 at 5:10 PM, the QIDP was asked if it was ok for the staff to take client #1 to the medication room and have her stay while other clients received their medications. The QIDP stated, "We don't have any choice. They (the staff) have to when they are assigned one to one with [client #1]." The QIDP indicated when there were only three staff, the staff assigned to give medications was also assigned to be one on one with client #1. The QIDP stated "They had no other choice" but to keep client #1 in the medication room with the staff while giving the medications. The QIDP indicated because of a recent choking incident involving client #1, the facility had to terminate a staff, two staff were currently suspended due to allegations of abuse and another staff had recently quit. The QIDP stated "I'm working all I can to try and fill in, but I can't do it all. We can't pull people out of the sky." The LPM indicated the facility was trying to fill the vacant positions as quickly as possible as the facility knew there was a need for additional staff to provide the care for the clients currently in the group home.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of</p>			

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W000240	<p>correction to prevent recurrence.</p> <p>9-3-3(a) 483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the client's Individualized Support Plan (ISP) failed to address how the staff were to monitor client #3 in regard to her frequent UTIs (Urinary Tract Infections), to assist client #3 when toileting/bathing/showering to prevent further infections, what the staff were to do when client #3 refused to go to the bathroom and/or to change her soiled clothing and how the staff were to ensure client #3 consumed adequate fluids throughout the day.</p> <p>Findings include:</p> <p>During observations on 3/26/14 between 4 PM and 6:30 PM, client #3 was loud, cursing and kicking at anyone that walked by her. Client #3 was incontinent and the front of her pants was wet with urine. During this observation, client #3 refused to allow staff to assist her, refused to go to the bathroom to get cleaned up and refused to change her clothing. Client #3 sat in a chair at the dining room table until the evening meal was over and then moved to the living room where she sat down in an overstuffed leather love seat, her clothing/pants still wet where she was incontinent of urine earlier. The QIDP came into the living room and stated to all the clients living in the group home to stay away</p>	W000240	<p>CORRECTION: <i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically for Client #3, protocols for prevention and treatment of frequent Urinary Tract Infections and perineal/bathing care have been developed and staff have been trained on their implementation. Additionally the interdisciplinary team will revise Client #3's Behavior Support Plan to address toileting refusals. A review of current supports indicated that this deficient practice is not affecting other clients who reside at the facility.</i></p> <p>PREVENTION: A new nurse is in place at the facility who has received training regarding the need to develop specific supports to address safety and medical needs as assessed by the interdisciplinary team. Members of the Operations Team will conduct active treatment observations and reviews of support documents at the facility on a weekly basis for the next 60 days and after two months, for an additional 30 days,</p>	05/01/2014			

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 04/01/2014
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	<p>from client #3 as she was "not happy" and client #3 would "kick" them. Staff #4 stood close by client #3 to protect the other clients from client #3. Client #3 cursed at staff #4 saying "Get outta here!" "Leave me alone!" as she tried to kick the staff.</p> <p>Client #3's record was reviewed on 3/26/14 at 5 PM. Client #3's record indicated diagnoses of, but not limited to, Bipolar Affective Disorder, Dissociative Disorder, Obsessive Compulsive Disorder (OCD) and Chronic Urinary Tract Infections (UTIs).</p> <p>Client #3's 3/18/14 physician's orders indicated client #3 was taking Flomax for incomplete bladder emptying/recurrent urinary tract infections. Client #3's physician's orders indicated client #3 was to have "53 - 63 fluid ounces of liquids per day."</p> <p>Client #3's Record of Visits forms (doctor/hospital visits) indicated: *5/3/13 "Increased aggression, crying, angry, strong smelling (urine) and frequent urination." Client #3 was started on Bactrim DS (an antibiotic) for 14 days. 5/9/13 "...increased behaviors, crying. UTI." Client #3 was started on Pyridium, a pain reliever that affects the lower part of your urinary tract (bladder and urethra). 6/24/13 "Chronic UTI. Continue current regimen." 7/12/13 "UTI symptoms, increased aggression and stuffy nose." Client #3 was placed on Amoxil (an antibiotic) for the sinus infection and was catheterized, a small tube was inserted into the bladder to obtain a urine sample for a urinalysis. 7/24/13 "Diagnosis: UTI. Abd (abdominal pain) suprapubic. Hx (history) of foul smelling urine. Behavior... aggressive." Client #3 was</p>		<p>no less than bi-monthly to assure healthcare/risk plans meet the needs of all clients and are implemented as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. The observations will be designed to assure that training programs and interventions are in place to support health, safety and dignity. These observations will include interviews with direct support staff to assess and address as needed competency and knowledge of updated behavior supports.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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 04/01/2014
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	<p>placed on Bactrim DS and urine cultures were obtained.</p> <p>8/5/13 "Diagnosis: UTI. Recommendation for treatment: continue Amoxicillin therapy."</p> <p>8/13/13 "Diagnosis: UTI. Recommendation for treatment: continue Cipro (an antibiotic)."</p> <p>9/6/13 results of urine test indicated client #3 had a UTI.</p> <p>9/9/13 - UTI. "Today's instructions/counseling includes take medications as prescribed, follow up if symptoms persist or worsen, plenty of fluids, water preferably, limit caffeine, showers instead of baths and heat to abdomen and back as needed." Client #3 continued on antibiotic therapy for UTI.</p> <p>9/30/13 "FU from hosp (hospital). Results: Yeast infection. Diagnosis: Candidas of vagina. Recommendations for treatment: Diflucan (an antifungal antibiotic) treatment for 12 days."</p> <p>10/8/13 "Patient presents with verbal outbursts that are often symptomatic of a UTI. Frequent urination is also noted. Diagnosis: possible recurrent UTI. Recommendations for treatment: UA (urinalysis) with culture and sensitivity (C&S). Will wait for UA results to determine need for antibiotic therapy."</p> <p>10/17/13 - FU (follow up) on UTI. "Patient's presentation and behavior is improved from last visit but patient does seem to show signs of possible yeast infection. Diagnosis: UTI with possible yeast infection. Recommendations for treatment: Continue Macrobid (an antibiotic) until therapy is complete. Take Diflucan as directed. May repeat UA C&S 3 days after completion of antibiotic." The record indicated the doctor gave client #3 the Diflucan to treat a possible yeast infection.</p> <p>12/17/13 UTI - "Pt (patient) here with UTI hx (history) and incomplete bladder emptying.</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>On Flomax daily and Cipro for UTI. Followed by [name of doctor], follow up with infectious disease as scheduled. Continue Flomax daily.... Today's instructions/counseling includes recurrent UTI hx discussed and with tx (treatment) plan and medication use (sic)." 12/18/13 - "Recurrent UTI follow up.... continue antibiotic therapy.... Order sent with patient for UA (urinalysis) C&S (Culture and Sensitivity) if needed or symptoms return." 12/23/13 Client #3 was straight catheterized to obtain a urine sample. 2/20/14 -Recheck of urine cultures, continue current medications and client to be rechecked in 3 months. 3/20/14 "Diagnosis: Recurrent UTIs, Dysuria (painful urination) and incomplete bladder emptying. Recommendations for treatment: Increase Flomax to BID (twice a day), will send urine for C&S (culture and sensitivity test)...." 3/21/14 - Client #3 saw her doctor for a "Wellness check." The doctor indicated the client was difficult to exam and "agitated." The doctor recommended the client be "catherized (sic) for urine culture." 3/22/14 - UTI. "Pyridium (Phenazopyridine) best to use for pain from UTI." Client #3 was started on Cipro. "...plenty of fluids, water preferably and limit caffeine...." 3/25/14 - UTI, d/c (discontinue) the Cipro and Gentamicin (antibiotics) and start Fortaz (antibiotic). Follow up with a CBC with differential and BMP (Basal Metabolic Panel) on 3/29/14 and 4/2/14. "3/25/14 the infectious disease doctor indicated "(gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz (an antibiotic) 2 times a day for 7 days...."</p> <p>Client #3's Rescare Inc Behavior Review</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>dated 11/21/13 indicated: "On 2/12/13 [client #3] saw [name of doctor], Infectious Disease Physician, referred by [client #3's doctor] due to so many UTIs. [Name of doctor] stated [client #3's] immune system cannot fight off UTIs because the bacteria are resistant to oral antibiotics. Therefore, he ordered 7 consecutive days of IV (Intravenous) antibiotics.... Early in May 2013, [client #3] had another UTI. She was placed on Bactrim. It took many days before she began feeling better. She was very verbally aggressive and physically aggressive during the recovery from the UTI.... In July [client #3] had a UTI which was difficult to get under control. She was extremely verbally aggressive with staff and housemates, physically aggressive toward staff who were trying to help her as well as she was experiencing Hallucinations/Delusions.... In September 2013, [client #3] was hospitalized for 15 days due to UTI. She continued to experience UTI symptoms.... the months of Sept. and Oct. 2013 were quite painful to [client #3] and she acted out her pain because she cannot express her wants and needs to others."</p> <p>Client #3's BSP (Behavior Support Plan) of 5/3/13 indicated client #3 had targeted behaviors of verbal/physical aggression, obsessions and hallucinations. The BSP indicated "Many times when she hits others she is ill or may be experiencing pain. She experiences frequent UTIs which causes her to be in a bad mood. She also gets sinus infections which causes her to become agitated. It is during her times of agitation that she will become physical (sic) aggressive and hit others."</p> <p>Client #3's nursing notes indicated: 2/13/14 UTI resolved.</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374			
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	<p>"3/11/14 UA obtained and taken to [name of hospital]. Client had change in behaviors becoming more aggressive and combative." "Client hit another client on the head...." "3/13/14 received order for Macrobid...." "3/12/14 [Client #3] kicked another client in leg." "3/17/14 Client slid down to floor in shower with staff assistance. She was trying to get staff. Lost balance while sitting in chair. No injuries noted." "...kicked another consumer while she was walking by." "3/20/14 Urology care - f/u (follow-up) visit. Recurrent UTI...." "3/21/14 Annual physical.... Pt (patient) agitated, difficult exam. Recath (recatheterized) for urine culture." "3/22/14 Urgent care f/u behaviors d/t (due to) recurrent UTI. Pyridium and Cipro ordered." "3/24/14 Pt to stop Cipro. Pt with UTI. Pt to begin Gentamicin 160 mg (milligrams) IM (Intramuscular injections) daily x 7 days." "3/25/14 [Name of doctor] Infectious disease Dr. Dx (diagnosis) Klebsiella (gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz 2 times a day for 7 days...."</p> <p>Client #3's MAR (Medication Administration Record) for March 2014 indicated client #3 was receiving Pyridium 200 mg (milligrams) three times a day after meals "per nurse [name of nurse]" from 3/17/14 through 3/21/14 and Phenazopyridine (Pyridium)100 mg three times a day from 3/22/14 through 3/27/14, both medications for pain in the lower part of the urinary tract (bladder and urethra). Client #3's MAR indicated client #3 was also receiving Fortaz 500 mg IM every 12 hours for UTI.</p>						

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 04/01/2014	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374			
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	<p>Client #3's Fluid consumption records for January, February and March 2014 indicated "Each individual is to be offered and encouraged to drink at least 6 - 8 eight ounce glasses of water per day (unless otherwise indicated, i.e. fluid restriction). The record indicated client #3 had:</p> <p>___Five glasses of liquids on February 1, 4, 10, 11, 12, 14, 20, 21, 23, 25, January 2, 5, 11, 22, 23, 25, 29, 30, March 6, 13, 18 and 20, 2014.</p> <p>___Four glasses of liquids on February 7, 9, 22, January 14, 24, 26, March 22, 23 and 24, 2014.</p> <p>___Three glasses of liquids on February 27, January 10, 17 and 19, 2014.</p> <p>___Two glasses of liquids on February 19 and January 20, 2014.</p> <p>Client #3's records indicated client #3 was not getting 6 - 8 eight ounce glasses of water per day.</p> <p>Client #3's ISP dated 5/3/13 did not indicate how the staff were to monitor client #3 in regard to her frequent UTIs (Urinary Tract Infections), to assist client #3 when toileting/bathing/showering to prevent further infections and what the staff were to do when client #3 refused to go to the bathroom and/or to change her soiled clothing. The ISP did not indicate how the staff were to ensure client #3 received the amount of fluids throughout the day recommended by the client's physician.</p> <p>Interview with staff #4 on 3/26/14 at 6:20 PM indicated the DP (day program) staff had informed staff #4 that client #3 had not urinated all day. Staff #4 indicated the DP staff tried taking her to the bathroom, but client #3 refused to go. Staff #4 was asked what do you do when client #3 refuses to be</p>						

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>changed and/or to go to the bathroom? Staff #4 stated, "There's not much we can do. We just wait till she will go." When asked how much fluid client #3 was to have per day, staff #4 stated, "I think they (clients #1, #2, #3, #4, #5, #6 and #7) are all supposed to have like 6 glasses a day aren't they?" Staff #4 indicated client #3's intake and output was not being measured. Staff #4 stated he had been told when client #3 was "grumpy, she usually has some kind of infection."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and LPN #1 on 3/27/14 at 1:30 PM, the QIDP indicated client #3 had a long history of UTIs and yeast infections. LPN #1 indicated client #3 was to be toileted every two hours during the day. The QIDP indicated client #3 had come home from the day program on 3/26/14 and was incontinent. The QIDP indicated the DP had notified the group home staff that client #3 had not urinated all day. When asked what the staff were to do when client #3 refused to go to the bathroom and/or to have her clothing and adult brief changed, LPN #1 stated, "That's her right if she wants to refuse." LPN #1 stated, "All of the staff know to wipe her from front to back when toileting her." LPN #1 indicated the staff are to offer all of the clients six to eight 8 ounce glasses of water per day. LPN #1 indicated no specific plan of care/risk plan had been developed and/or implemented in regard to client #3's UTIs and client #3's ISP did not address how the staff were to monitor client #3 in regard to her frequent UTIs, how the staff were to assist client #3 when toileting/bathing/showering to prevent further infections, what the staff were to do when client #3 refused to go to the bathroom and/or to change her soiled clothing and did</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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W000249	<p>not address how the staff were to ensure client #3 received adequate fluids throughout the day.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a) 483.440(d)(1) PROGRAM IMPLEMENTATION 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, interview and record review for 1 of 4 sample clients (#1), the facility failed to ensure the staff implemented client #1's ISP/BSP (Individual Support Plan/Behavior Support Plan) in regard to providing one to one supervision while in the medication room and to ensure the staff provided client #1 with a choice of activities or training objectives while supervising client #1.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/25/14 between 3:45 PM and 6:30 PM. Client #1 was a young woman who was quick and unpredictable with her actions and required constant staff supervision due to food seeking behaviors. A staff was within arms reach of client #1 at all times throughout the observation. The facility</p>	W000249	<p>CORRECTION: <i>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.</i></p> <p>Specifically, the team has provided a one to one staff to work exclusively with Client #1, to assure Client #1 has a choice of activities in which to participate during active treatment.</p> <p>PREVENTION: The QIDP will be expected to observe no less than one morning and one evening active treatment</p>	05/01/2014

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 04/01/2014
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	
	<p>medication room was a small room off of the kitchen and became crowded with more than two individuals in the room at the same time.</p> <p>___At 4:20 PM staff #3 went into the medication room with client #1 and proceeded to give client #1 her PM medications.</p> <p>___At 4:40 PM staff #3 opened the medication room door and called to staff #2 to bring client #4 to the medication room for her PM medications. Staff #2 escorted client #4 to the medication room where client #4 sat down in the chair and client #1 stood within two feet of client #4 and in the corner of the room by the latched gait. Staff #3 proceeded to give client #4 her PM medications in chocolate pudding. Client #1 held a plastic spoon in her hand and was manipulating the spoon and tapping her face with it. Staff #3 stated, "Stop that before you hurt yourself" and continued feeding client #4 the rest of the pudding.</p> <p>___At 4:48 PM staff #3 opened the medication room door and called to staff #2 to come get client #4 and for staff #1 to escort client #3 to the medication room. Staff #2 escorted client #4 back to the dining room table to sit down. While waiting on client #3 to be escorted to the medication room, staff #3 was asked why client #1 remained in the medication room. Staff #3 stated, "Because she's my one to one and there's no one else (no other staff) to watch her. I had to bring her in here with me. I didn't have any other choice. I have to give the medications." Staff #3 stated "We don't have enough people to watch everybody and do everything we're supposed to do like they tell us." When asked had this happened in the past when staff had to have client #1 stay in the medication room while medications were passed due to a lack of sufficient number of staff, staff #3 stated,</p>		<p>session per week and the Residential Manager will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff provide all clients with reasonable choices of activities. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days to assure staff implement learning objectives and implement behavior supports and risk plans as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>		

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 04/01/2014	
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			
	<p>"Yes."</p> <p>___At 5 PM staff #1 escorted client #3 to the medication room to get her PM medications and stayed with client #3 while she received her medications. Client #1 continued to stand in the corner of the room, a couple of feet away from client #3 and continued to manipulate a plastic spoon. At this time, there were two clients, two staff and myself (the surveyor) in the medications room. The room was crowded and movement was limited.</p> <p>___At 5:05 PM client #1 stepped toward the door wanting to leave the medication room. Staff #3 put his hand up and stated, "No, not yet. We're not done." Client #3 took her medications and was escorted back to the dining room table by staff #1 while client #1 remained in the medication room with staff #3.</p> <p>___At 5:20 PM staff #3 and client #1 left the medication room. Client #1 walked to the living room and was prompted to sit in the recliner. During this observation, client #1 was restricted to the medication room and was not offered training and/or a choice of activities.</p> <p>Client #1's record was reviewed on 3/26/14 at 3 PM. Client #1's BSP (Behavior Support Plan) of 6/27/13 indicated client #1 had targeted behaviors of "grabbing food/drinks from others, self injurious behaviors, physical aggression, running through the house, spinning/twirling while standing, AWOL (Absent Without Leave), flopping in her chair, squealing and screaming." The BSP indicated "She (client #1) will try and take food from a hot stove or oven. She will also attempt to secure food from the refrigerator or cabinets or from other people's plates and even hands. Since [client #1] can go 'AWOL' or elope, it is in [client #1's] best interest and</p>						

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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			
	<p>safety that she has one-on-one staff during her waking hours. When she is in the dining room and kitchen she is within arm's length distance from staff. When she is in the fireplace living room, she can be within eyesight of staff. While in bed at night, she has a 'Personal Safety Monitor' on her so that staff can know if she is in her bed."</p> <p>Client #1's ISP of 6/27/13 indicated objectives: *To participate in an activity for up to two minutes. To turn the radio on. To follow one step directions. To touch her nose when asked why she takes her Singulair (for allergies). To identify coins. To wipe the table before eating. To choose between several different colored items. To brush her teeth. To unlock her bedroom door with the key.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/25/14 at 4 PM the QIDP indicated client #1's ISP/BSP indicated client #1 was to be within arm's reach of staff at all times whenever client #1 was in the kitchen, dining room or medication room and within eyesight of staff when in all other areas of the group home. The QIDP indicated the staff were to offer the clients training objectives or choices of leisure activities whenever the clients were not actively involved in an activity. The QIDP stated when "only three staff" were in the home, one of the staff was required to provide client #1 one on one supervision while also passing medications to all other clients in the group home because of insufficient numbers of staff.</p>						

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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W000318	<p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a) 483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 3 of 4 sampled clients (#1, #3 and #4). The facility's nursing services failed to develop and implement a plan of care in regard to client #3's history of chronic UTIs (Urinary Tract Infections), to ensure the staff were trained/retrained in regard to client #3's pain assessments and conducting full body assessments for client #4 and to ensure the dietician was advised of the results/recommendations from a swallow study for client #1.</p> <p>Findings include:</p> <p>1. The facility's nursing services failed to develop and implement a plan of care in regard to client #3's history of chronic UTIs (Urinary Tract Infections), to ensure the plan included what the staff were to monitor, when and how the staff were to assist client #3 when toileting/bathing/showing to prevent further infections, how client #3's fluid intake and output were to be monitored, when the staff were to notify nursing of and what the staff were to do when client #3 refused to be toileted and/or to have incontinence brief</p>	W000318	<p>CORRECTION: <i>The facility must ensure that specific health care services requirements are met.</i> Specifically:</p> <p>Specifically for Client #3, the nursing team has developed Comprehensive High Risk Plans that include protocols for prevention and treatment of frequent Urinary Tract Infections and perineal/bathing care. Additionally, the team completed a 7-day fluid input-output study to assure Client #3's urinary system was functioning properly. A fluid consumption tracking chart is now in use and a toileting program has been established to assure appropriate output.</p> <p>Also for Client #3, the nurse has developed a pain assessment tool to assist staff with monitoring Client #3's level of pain and or discomfort and will develop parameters for notifying nursing staff of changes in Client #3's condition.</p> <p>Specifically for Client #4, the</p>	05/01/2014

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 04/01/2014
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374		
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	<p>changed. The facility's nursing services failed to develop and implement a plan to address how/when the staff were to monitor client #3 for pain in regard to UTIs and to ensure the staff were trained to do pain assessments in regard to client #3's medical needs. The facility's nursing services failed to ensure the facility staff were trained/retrained in regard to conducting full body assessments for client #4 to assess for injuries. The facility's nursing services failed to ensure the dietician was advised of the results/recommendations from a swallow study for client #1. Please see W331.</p> <p>2. The facility's nursing services failed to ensure the staff were trained to conduct pain assessments for client #3 in regard to recurring UTIs and full body assessments for injury for client #4. Please see W342.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>nurse had directed staff to perform a head to toe physical assessment each morning.</p> <p>PREVENTION: A new nurse is in place at the facility and has been trained regarding the need to include specific care procedures as appropriate when developing comprehensive high risk and care plans as well as the need to notify all relevant team members of changes in clients' medical conditions. The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly.</p> <p>The nurse, QIDP and Residential Manager will each conduct record reviews and face to face assessments to assure that staff are notifying the nurse of changes in client's physical condition and health status.</p> <p>Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative</p>		

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 04/01/2014
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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview and record review for 3 of 4 sampled clients (#1, #3 and #4), the facility's nursing services failed to develop and implement a plan of care in regard to client #3's history of chronic UTIs (Urinary Tract Infections), to ensure the plan included what the staff were to monitor in regard to the client's frequent UTIs and resistance to antibiotics, how the staff were to assist client #3 with toileting, bathing, showering and hygiene to prevent further infections, how client #3's fluid intake and output was to be monitored, when the staff were to notify nursing of and what the staff were to do when client #3 refused to be toileted and/or to have her incontinence brief changed. The facility's nursing services failed to develop and implement a plan to address how/when the staff were to monitor client #3 for pain in regard to UTIs and to ensure the staff were trained to do pain assessments in regard to client #3's medical needs. The facility's nursing services failed to ensure the facility staff were trained/retrained to assess client #4 for skin picking and injuries of unknown origin. The facility's nursing services failed to ensure the dietician was advised of the results/recommendations from a swallow study for client #1.</p>	W000331	<p>presence in the home to no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p> <p>CORRECTION: <i>The facility must provide clients with nursing services in accordance with their needs.</i></p> <p>Specifically for Client #3, the nursing team has developed Comprehensive High Risk Plans that include protocols for prevention and treatment of frequent Urinary Tract Infections and perineal/bathing care and has developed a pain assessment scale. Additionally, the team completed a 7-day fluid input-output study to assure Client #3's urinary system was functioning properly. A fluid consumption tracking chart is now in use and a toileting program has been established to assure appropriate output.</p> <p>Facility staff have been retrained regarding procedures for completing physical assessments. Specifically for Client #4, the nurse had directed staff to perform a head to toe physical assessment each morning.</p>	05/01/2014

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 04/01/2014
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	<p>Findings include:</p> <p>1. During observations on 3/26/14 between 4 PM and 6:30 PM, client #3 was loud, cursing and kicking at anyone that walked by her. Client #3 was incontinent and the front of her pants was wet with urine. During this observation period, client #3 refused to allow staff to assist her, refused to go to the bathroom to get cleaned up and refused to change her urine soaked clothing. Client #3 sat in a chair at the dining room table until the evening meal was over and then moved to the living room where she sat down in an overstuffed leather love seat. Her clothing/pants were still wet where she was incontinent of urine previously. The QIDP (Qualified Intellectual Disabilities Professional) came into the living room and instructed all the other clients in the group home to stay away from client #3. The QIDP stated client #3 was "not happy" and client #3 "would kick them (client #3's housemates)." Staff #4 stood close by client #3 to protect the other clients from client #3. Client #3 cursed at staff #4 saying "Get outta here!" "Leave me alone!" as she tried to kick the staff.</p> <p>Client #3's record was reviewed on 3/26/14 at 5 PM. Client #3's record indicated diagnoses of, but not limited to, Bipolar Affective Disorder, Dissociative Disorder, Obsessive Compulsive Disorder (OCD) and Chronic Urinary Tract Infections (UTIs).</p> <p>Client #3's 3/18/14 physician's orders indicated client #3 was taking: *Celexa, Invega, Clozaril, Anafranil and Effexor XR for Dissociative Disorder and OCD.</p>		<p>Specifically for Client #1, the facility has notified the dietician of Client #1's swallow study.</p> <p>All staff have been retrained on proper implantations of all clients' nursing care plans.</p> <p>PREVENTION: A new nurse is in place at the facility and has been trained regarding the need to include specific care procedures as appropriate when developing comprehensive high risk and care plans as well as the need notify all relevant team members of changes in clients' medical conditions. The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly. Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p>	

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>Lamictal, Trileptal and Lithium for Bipolar Disorder. Corgard every morning for rage control. Flomax for incomplete bladder emptying/recurrent urinary tract infections.</p> <p>Client #3's physician's orders indicated client #3 was to have "53 - 63 fluid ounces of liquids per day."</p> <p>Client #3's Record of Visits (doctor/hospital visits) indicated: 5/3/13 "Increased aggression, crying, angry, strong smelling (urine) and frequent urination." Client #3 was started on Bactrim DS (an antibiotic) for 14 days. 5/9/13 "...increased behaviors, crying. UTI." Client #3 was started on Pyridium, a pain reliever that affects the lower part of your urinary tract (bladder and urethra). 6/24/13 "Chronic UTI. Continue current regimen." 7/12/13 "UTI symptoms, increased aggression and stuffy nose." Client #3 was placed on Amoxil (an antibiotic) for the sinus infection and was catheterized, a small tube was inserted into the bladder to obtain a urine sample for a urinalysis. 7/24/13 "Diagnosis: UTI. Abd (abdominal pain) suprapubic. Hx (history) of foul smelling urine. Behavior... aggressive." Client #3 was placed on Bactrim DS and urine cultures were obtained. 8/5/13 "Diagnosis: UTI. Recommendation for treatment: continue Amoxicillin therapy." 8/13/13 "Diagnosis: UTI. Recommendation for treatment: continue Cipro (an antibiotic)." 9/6/13 results of urine test indicated client #3 had a UTI. 9/9/13 - UTI. "Today's instructions/counseling includes take medications as prescribed, follow up if symptoms persist or worsen,</p>		<p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>plenty of fluids, water preferably, limit caffeine, showers instead of baths and heat to abdomen and back as needed." Client #3 continued on antibiotic therapy for UTI.</p> <p>9/30/13 "FU from hosp (hospital). Results: Yeast infection. Diagnosis: Candidas of vagina. Recommendations for treatment: Diflucan (an antifungal antibiotic) treatment for 12 days."</p> <p>10/8/13 "Patient presents with verbal outbursts that are often symptomatic of a UTI. Frequent urination is also noted. Diagnosis: possible recurrent UTI. Recommendations for treatment: UA (urinalysis) with culture and sensitivity. Will wait for UA results to determine need for antibiotic therapy."</p> <p>10/17/13 - FU (follow up) on UTI. "Patient's presentation and behavior is improved from last visit but patient does seem to show signs of possible yeast infection. Diagnosis: UTI with possible yeast infection. Recommendations for treatment: Continue Macrobid (an antibiotic) until therapy is complete. Take Diflucan as directed. May repeat UA C&S (Culture and Sensitivity) 3 days after completion of antibiotic." The record indicated the doctor gave client #3 the Diflucan to treat a possible yeast infection.</p> <p>12/17/13 UTI - "Pt (patient) here with UTI hx (history) and incomplete bladder emptying. On Flomax daily and Cipro for UTI. Followed by [name of doctor], follow up with infectious disease as scheduled. Continue Flomax daily.... Today's instructions/counseling includes recurrent UTI hx discussed and with tx (treatment) plan and medication use (sic)."</p> <p>12/18/13 - "Recurrent UTI follow up.... continue antibiotic therapy.... Order sent with patient for UA (urinalysis) C&S (Culture and Sensitivity) if needed or symptoms return."</p> <p>12/23/13 Client #3 was straight catheterized</p>				

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>to obtain a urine sample.</p> <p>2/20/14 -Recheck of urine cultures, continue current medications and client to be rechecked in 3 months.</p> <p>3/20/14 "Diagnosis: Recurrent UTIs, Dysuria (painful urination) and incomplete bladder emptying. Recommendations for treatment: Increase Flomax to BID (twice a day), will send urine for C&S (culture and sensitivity test)...."</p> <p>3/21/14 - Client #3 saw her doctor for a "Wellness check." The doctor indicated the client was difficult to exam (examine) and "agitated." The doctor recommended the client be "catherized (sic) for urine culture."</p> <p>3/22/14 - UTI. "Pyridium (Phenazopyridine) best to use for pain from UTI." Client #3 was started on Cipro. "...plenty of fluids, water preferably and limit caffeine...."</p> <p>3/25/14 - UTI, d/c (discontinue) the Cipro and Gentamicin (antibiotics) and start Fortaz (antibiotic). Follow up with a CBC with differential and BMP (Basal Metabolic Panel) on 3/29/14 and 4/2/14.</p> <p>"3/25/14 the infectious disease doctor indicated "(gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz (an antibiotic) 2 times a day for 7 days...."</p> <p>Client #3's Rescare Inc Behavior Review dated 11/21/13 indicated: "On 2/12/13 [client #3] saw [name of doctor], Infectious Disease Physician, referred by [client #3's doctor] due to so many UTIs. [Name of doctor] stated [client #3's] immune system cannot fight off UTIs because the bacteria are resistant to oral antibiotics. Therefore, he ordered 7 consecutive days of IV (Intravenous) antibiotics.... Early in May 2013, [client #3] had another UTI. She was placed on Bactrim. It took many days before she began feeling</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>better. She was very verbally aggressive and physically aggressive during the recovery from the UTI.... In July [client #3] had a UTI which was difficult to get under control. She was extremely verbally aggressive with staff and housemates, physically aggressive toward staff who were trying to help her as well as she was experiencing Hallucinations/Delusions.... In September 2013, [client #3] was hospitalized for 15 days due to UTI. She continued to experience UTI symptoms.... the months of Sept. and Oct. 2013 were quite painful to [client #3] and she acted out her pain because she cannot express her wants and needs to others."</p> <p>Client #3's BSP (Behavior Support Plan) of 5/3/13 indicated client #3 had targeted behaviors of verbal/physical aggression, obsessions and hallucinations. The BSP indicated "Many times when she hits others she is ill or may be experiencing pain. She experiences frequent UTIs which causes her to be in a bad mood. She also gets sinus infections which causes her to become agitated. It is during her times of agitation that she will become physical (sic) aggressive and hit others."</p> <p>Client #3's nursing notes indicated: *2/13/14 UTI resolved. "3/11/14 UA obtained and taken to [name of hospital]. Client had change in behaviors becoming more aggressive and combative." "Client hit another client on the head...." "3/13/14 received order for Macrobid...." "3/12/14 [Client #3] kicked another client in leg." "3/17/14 Client slid down to floor in shower with staff assistance. She was trying to get staff. Lost balance while sitting in chair. No injuries noted." "...kicked another consumer</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>while she was walking by." "3/20/14 Urology care - f/u (follow up) visit. Recurrent UTI...." "3/21/14 Annual physical.... Pt agitated, difficult exam. Recath (recatheterization) for urine culture." "3/22/14 Urgent care f/u behaviors d/t (due/to) recurrent UTI. Pyridium and Cipro ordered." "3/24/14 Pt to stop Cipro. Pt with UTI. Pt to begin Gentamicin 160 mg (milligrams) IM (Intramuscular injections) daily x 7 days." "3/25/14 [Name of doctor] Infectious disease Dr. Dx (diagnosis) Klebsiella (gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz 2 times a day for 7 days...."</p> <p>Client #3's MAR (Medication Administration Record) for March 2014 indicated client #3 was receiving Pyridium 200 mg (milligrams) three times a day after meals "per nurse [name of nurse]" from 3/17/14 through 3/21/14 and Phenazopyridine 100 mg three times a day from 3/22/14 through 3/27/14, both medications for pain in the lower part of the urinary tract (bladder and urethra). Client #3's MAR indicated client #3 was also receiving Fortaz 500 mg IM (intramuscular injection) every 12 hours for UTI.</p> <p>Client #3's Fluid consumption records for January, February and March 2014 indicated "Each individual is to be offered and encouraged to drink at least 6 - 8 eight ounce glasses of water per day (unless otherwise indicated, i.e. fluid restriction). The record indicated client #3 had: __Five glasses of liquids on February 1, 4, 10, 11, 12, 14, 20, 21, 23, 25, January 2, 5, 11, 22, 23, 25, 29, 30, March 6, 13, 18 and</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>20, 2014.</p> <p>___Four glasses of liquids on February 7, 9, 22, January 14, 24, 26, March 22, 23 and 24, 2014.</p> <p>___Three glasses of liquids on February 27, January 10, 17 and 19, 2014.</p> <p>___Two glasses of liquids on February 19 and January 20, 2014.</p> <p>Client #3's records indicated client #3 was not getting 6 - 8 eight ounce glasses of water per day.</p> <p>Client #3's record indicated client #3 was incontinent of urine and wore an adult depends for incontinence. Client #3's record did not indicate a toileting plan in place in regard to client #3. Client #3's record indicated nursing failed to monitor client #3's fluid intake/output.</p> <p>Client #3's record indicated nursing services failed to develop and implement a plan of care in regard to client #3's history of chronic UTIs that included what the staff were to monitor, what was to be reported to nursing and how the staff were to assist client #3 with toileting, bathing, hygiene and showering to prevent further infections, how the staff were to monitor client #3 for pain in regard to client #3's history of UTIs and what the staff were to do when client #3 refused to be toileted and/or to change her clothing. Client #3's record failed to indicate a pain assessment in regard to client #3's recurring UTIs.</p> <p>Interview with staff #4 on 3/26/14 at 6:20 PM indicated the DP (day program) staff had informed staff #4 that client #3 had not urinated all day. Staff #4 indicated the DP staff tried taking her to the bathroom, but client #3 refused to go. Staff #4 was asked what do you do when client #3 refuses to be</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>changed and/or to go to the bathroom? Staff #4 stated, "There's not much we can do. We just wait till she will go." When asked how much fluid client #4 was to have per day, staff #4 stated, "I think they are all supposed to have like 6 glasses a day aren't they?" Staff #4 indicated client #4's fluid intake and output was not being measured. Staff #4 stated he had been told when client #3 was "grumpy, she usually has some kind of infection."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and LPN #1 and via telephone with the CS (Clinical Supervisor) #1 on 3/27/14 at 1:30 PM, the QIDP indicated client #3 had a long history of UTIs and yeast infections. The QIDP stated client #3 had been treated multiple times with oral antibiotics to the point her body now was "immune" to most of the common antibiotics used for UTIs and the doctor had the facility giving client #3 an antibiotic via IM by the facility LPN every 12 hours. LPN #1 and the QIDP indicated client #3's acting out was a pain indicator for client #3. LPN #1 stated "We've learned that when she starts acting out, more than likely she has a UTI and we get her tested right away." When asked if the staff had been trained in regard to client #3's specific pain indicators and what to look for, how to document them and when to call the nurse, LPN #1 indicated the staff had not specifically been trained to do pain assessments. LPN #1 indicated client #3 was to be toileted every two hours during the day. LPN #1 indicated she had wanted client #3 to toilet every two hours at night, but indicated the staff were reluctant and did not want to wake the client every two hours at night. The QIDP indicated client #3 was incontinent at night and sometimes would have bowel</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>movements and if the staff didn't change her right away it might be a reason for client #3's recurring UTIs. The QIDP indicated client #3 had come home from the day program on 3/26/14 and was incontinent. The QIDP indicated the DP had notified the group home staff that client #3 had not urinated all day. When asked what the staff were to do when client #3 refused to go to the bathroom and/or to have her clothing and adult brief changed, LPN #1 stated, "That's her right if she wants to refuse." CS #1 corrected LPN #1 and indicated the facility had a responsibility to protect client #3 and would have to implement protective measures if needed. LPN #1 and the QIDP indicated no specific investigation and/or IDT (Interdisciplinary Team) meeting in regard to client #3's recurring UTIs to try to understand why client #3 was having frequent infections. LPN #1 stated, "All of the staff know to wipe her from front to back when toileting her." When asked who was monitoring client #3's fluid intake, LPN #1 indicated the staff were to offer all of the clients six to eight 8 ounce glasses of water per day. LPN #1 indicated a specific plan of care/risk plan had not been developed and/or implemented in regard to client #3's UTIs.</p> <p>2. The facility's reportable and investigative records were reviewed on 3/25/14 at 2:45 PM. The facility's records indicated:</p> <p>I/A (Incident/Accident) report - 10/10/13 at 6:30 PM "[Client #1] was finishing eating her dinner with staff sitting next to her. When staff looked away, [client #1] grabbed the last piece of chicken off of staff's plate and shoved it in her mouth. Staff tried to get the food out of her mouth and move her away</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>from the rest of the food on the table. [Client #1's] face turned red and her eyes started watering so before abdominal thrusts were performed another staff dug the food out of her mouth. The QMRP (Qualified Mental Retardation Professional) did several abdominal thrusts until the food was totally removed and she started breathing normally." The report indicated the IDT (Interdisciplinary Team) met 10/11/13 and "decided that while [client #1] is one-on-one during her meals and snacks, the staff with [client #1] will not eat while [client #1] is eating. When [client #1] is finished with her meal the staff will hold onto [client #1's] left hand and walk her out of the dining room where she can be within staff eye sight (sic) from the dining room."</p> <p>I/A report - On 12/5/13 at 10 AM. "[Client #1] and I (the staff) were in the bathroom and when we came out I stopped in the kitchen to get her a cup of water while she went to the dining room. When I got to the doorway of the dining room I seen (sic) [client #1] stuffing her mouth. I put the water down and immediately did a sweep (finger sweep of the mouth) to get the food out she was stuffing/pushing in her mouth, not chewing, when I got the food out what looked like egg sandwich (sic) I didn't know there was any food in the dining room at the time. After getting the food out of her mouth I found out that staff had come in for the shift and layed (sic) their food on the hutch while they attended to another consumer. The food was in the store wrapper and laying (sic) on the hutch." The I/A report indicated "Staff will receive further training regarding [client #1] and that staff cannot leave food lying around on counter or hutch or table for [client #1] to get into and eat."</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>BDDS (Bureau of Developmental Disabilities Services) report - On 1/9/14 at 7:15 PM "A group home staff member came out of the bathroom and witnessed [client #1] in the kitchen without staff assistance. She (the staff) saw [client #1] standing at the kitchen counter over the stewed tomato bowl with pieces of pork chop hanging out of her mouth. Staff then performed mouth sweeps, but found nothing in her mouth. The Residential Manager came into the kitchen and saw that [client #1] was not choking and [client #1] was noted to be making her normal vocal sounds ([client #1] is a person who does not speak using words). The Residential Manager then gave [client #1] some water to drink to be sure fluids could get down her throat. [Client #1] had no problem swallowing. Then [client #1] went to the dining room and sat down at the table with the Residential Manager." The report indicated the staff person assigned to client #1 at the time of the incident had been suspended pending an investigation. The follow up BDDS report of 1/16/14 indicated the allegation of neglect was not substantiated, the staff with client #1 at the time of the incident was to receive disciplinary action and all staff would be retrained on client #1's "one-on-one staffing procedures."</p> <p>BDDS report - On 2/12/14 at 9 PM "[Client #1] was sitting in her chair in the living room. The staff who was assigned to her left her line of sight to take care of another task. A staff who was outside for a break looked in the door window and noted [client #1] was no longer sitting in her chair. He ran into the house toward the kitchen observing [client #1] shoving meatloaf into her mouth from a</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>pan of meatloaf sitting on the stove being used for lunch preparation for the next day. [Client #1] began choking because she was trying to eat and swallow the food before staff could stop her. Staff began doing mouth sweeps, abdominal thrusts and back blows until her airway was clear and she was breathing. During the choking incident [client #1's] eyes were red and watering and she was coughing. After the incident she coughed a few more times. She was given water to drink to be sure her airway was clear. The water went down without problem. 911 was activated per [client #1's] High Risk Health Plan for choking following the incident. She was taken to [name of hospital] for further evaluation and assessment.... Plan to resolve: Staff responsible for [client #1] will receive Disciplinary Action for not following [client #1's] protocol.... All staff will be retrained regarding leaving food sit on counters and table tops. Bold signs will be made and posted on kitchen cabinets reminding staff to put away all food; not leaving food items sitting around." The facility record did not indicate the staff involved had been suspended and/or an investigation would be conducted.</p> <p>Client #1's record was reviewed on 3/26/14 at 3 PM. Client #1's dietary assessment of 2/24/14 indicated client #1 was to have a mechanical soft diet. "Per staff, resident with recent choking incidents r/t (due to) stealing food/tolerates current diet order although swallow study has been requested to rule out worsening dysphagia. Staff also reports resident becoming upset when other residents receive a snack at 4 PM and she does not because her snack is scheduled at 2 PM. Suggest offering 2 smaller snacks at 2 PM and 4 PM to prevent resident from</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>becoming agitated...." Client #1's record indicated a swallow eval (evaluation) dated 3/11/14 with recommendations to continue the mechanical soft diet at meal times but to change client #1's snack to regular consistency with one to one supervision and small portions. Client #1's physician's orders dated 3/18/14 indicated a mechanical soft diet with regular consistency snacks with 1:1 supervision with small portions. May have fresh veggies if cut into small pieces. Client #1's record did not indicate the dietician was informed or consulted of the recommendation to change client #1's snack items to a regular consistency that would include chopped up fresh vegetables.</p> <p>Interview with LPN #1 on 3/27/14 at 1:30 PM indicated the dietician had not been consulted and/or informed of the change in the consistency of client #1's snack items to regular consistency food to include fresh vegetables. The LPN stated client #1's physician had been informed of the recommendation and client #1's diet orders had been changed, "But I didn't call the dietitian." LPN #1 indicated the dietician was a member of client #1's IDT (Interdisciplinary Team) and the dietician "should have" been notified and/or consulted.</p> <p>3. Observations were conducted at the day program (DP) on 3/25/14 between 10:30 AM and 11:30 AM. At 10:55 AM client #4 was sitting in a straight chair with her feet propped upon a stool. DP staff #1 indicated one of client #4's targeted behaviors was picking at her skin. DP staff #1 was asked if client #4 currently had any open skin areas on her at the present time. DP staff #1 stated, "No, not that I am aware of." DP staff was asked to raise client #4's pant legs to expose her lower</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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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
	<p>legs. Client #4 had a band aid on her left lower leg and an area on her right lower leg that was red and covered with a scab. DP staff #1 stated, "I think she does that at night. I'm not sure but she hasn't been picking as much as she was since you were here last." DP staff #1 indicated she did not know how client #4 received the injuries to her lower legs.</p> <p>Client #4's record was reviewed on 3/26/14 at 2 PM. Client #4's MARs (Medication Administration Records) indicated client #4 was to have a daily body assessment. Client #4's March 2014 MAR did not indicate any injury in regard to a bruise on client #4's left hand or client #4's right lower leg.</p> <p>While at the group home on 3/26/14 at 6 PM, the QIDP was asked what injuries were currently being tracked for client #4. The QIDP indicated client #4 had a scratch on her left leg. When asked how client #4 injured her right lower leg and bruised her left hand between the knuckles of her middle and ring finger, the QIDP stated, "I don't know. I didn't know she had any other injuries." The QIDP looked at client #4's right lower leg and left hand. The bruise on client #4's left hand was yellowish green and approximately 1 inch in diameter, indicating the bruise was healing and not a new injury. The QIDP indicated the DP staff had not reported any injuries of unknown origin to the group home staff in regard to client #4's right lower leg. The QIDP indicated client #4 was not reliable to report her own injuries and the facility staff were to conduct a full body check every day and "should have seen those injuries and reported them immediately."</p> <p>During interview with the QIDP and LPN #1</p>			

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 04/01/2014	
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			
W000342	<p>on 3/27/14 at 1:30 PM, LPN #1 and the QIDP indicated the staff needed to be retrained in regard to doing full body assessments for injures.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a) 483.460(c)(5)(iii) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, record review and interview for 2 of 4 sample clients (#3 and #4), nursing services failed to ensure the staff were trained to conduct pain assessments for client #3 and full body assessments for injury for client #4.</p> <p>Findings include:</p> <p>1. During observations on 3/26/14 between 4 PM and 6:30 PM, client #3 was loud, cursing and kicking at anyone that walked by her. Client #3 was incontinent and the front of her pants was wet with urine. During this observation, client #3 refused to allow staff to assist her, refused to go to the bathroom to get cleaned up and refused to change her clothing. Client #3 sat in a chair at the dining room table until the evening meal was over</p>	W000342	<p>CORRECTION: <i>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. Specifically the nurse has developed a pain assessment tool to assist staff with monitoring Client #3's level of pain and or discomfort and will develop parameters for notifying nursing staff of changes in Client #3's condition. Specifically for Client #4, the nurse had directed</i></p>	05/01/2014			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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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
	<p>and then moved to the living room where she sat down in an overstuffed leather love seat, her clothing/pants still wet where she was incontinent of urine earlier. The QIDP (Qualified Intellectual Disabilities Professional) came into the living room and instructed all the other clients in the group home to stay away from client #3. The QIDP stated client #3 was "not happy" and client #3 would "kick" them. Staff #4 stood close by client #3 to protect the other clients from client #3. Client #3 cursed at staff #4 saying "Get outta here!" "Leave me alone!" as she tried to kick the staff.</p> <p>Client #3's record was reviewed on 3/26/14 at 5 PM. Client #3's record indicated a diagnosis of, but not limited to, Chronic Urinary Tract Infections (UTIs).</p> <p>Client #3's Record of Visits (doctor/hospital visits) indicated: *5/3/13 "Increased aggression, crying, angry, strong smelling (urine) and frequent urination." Client #3 was started on Bactrim DS (an antibiotic) for 14 days. 5/9/13 "...increased behaviors, crying. UTI." Client #3 was started on Pyridium, a pain reliever that affects the lower part of the urinary tract (bladder and urethra). 6/24/13 "Chronic UTI. Continue current regimen." 7/12/13 "UTI symptoms, increased aggression and stuffy nose." Client #3 was placed on Amoxil (an antibiotic) for the sinus infection and was catheterized, a small tube was inserted into the bladder to obtain a urine sample for a urinalysis. 7/24/13 "Diagnosis: UTI. Abd (abdominal pain) suprapubic. Hx (history) of foul smelling urine. Behavior... aggressive." Client #3 was</p>		<p>staff to perform a head to toe physical assessment each morning. PREVENTION: The nurse, QIDP and Residential Manager will each conduct record reviews and face to face assessments to assure that staff are notifying the nurse of changes in client's physical condition and health status. ADDENDUM: Additionally, Operations Team members will review medical documentation while auditing active treatment sessions daily until the facility has demonstrated a pattern of compliance with meeting the medical needs of all clients who reside at the facility. Operations Team monitoring will continue on a weekly basis for an additional 60 days and after two months, no less than bi-monthly for an additional 30 days. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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 04/01/2014
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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
	<p>placed on Bactrim DS and urine cultures were obtained.</p> <p>8/5/13 "Diagnosis: UTI. Recommendation for treatment: continue Amoxicillin therapy."</p> <p>8/13/13 "Diagnosis: UTI. Recommendation for treatment: continue Cipro (an antibiotic)."</p> <p>9/6/13 results of urine test indicated client #3 had a UTI.</p> <p>9/9/13 - UTI. "Today's instructions/counseling includes take medications as prescribed, follow up if symptoms persist or worsen, plenty of fluids, water preferably, limit caffeine, showers instead of baths and heat to abdomen and back as needed." Client #3 continued on antibiotic therapy for UTI.</p> <p>9/30/13 "FU (follow-up) from hosp (hospital). Results: Yeast infection. Diagnosis: Candidas of vagina. Recommendations for treatment: Diflucan (an antifungal antibiotic) treatment for 12 days."</p> <p>10/8/13 "Patient presents with verbal outbursts that are often symptomatic of a UTI. Frequent urination is also noted. Diagnosis: possible recurrent UTI. Recommendations for treatment: UA (urinalysis) with culture and sensitivity. Will wait for UA results to determine need for antibiotic therapy."</p> <p>10/17/13 - FU (follow up) on UTI. "Patient's presentation and behavior is improved from last visit but patient does seem to show signs of possible yeast infection. Diagnosis: UTI with possible yeast infection. Recommendations for treatment: Continue Macrobid (an antibiotic) until therapy is complete. Take Diflucan as directed. May repeat UA C&S (Culture and Sensitivity) 3 days after completion of antibiotic." The record indicated the doctor gave client #3 the Diflucan to treat a possible yeast infection.</p> <p>12/17/13 UTI - "Pt (patient) here with UTI hx (history) and incomplete bladder emptying.</p>			

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 04/01/2014
--	---	--	---

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
	<p>On Flomax daily and Cipro for UTI. Followed by [name of doctor], follow up with infectious disease as scheduled. Continue Flomax daily.... Today's instructions/counseling includes recurrent UTI hx discussed and with tx (treatment) plan and medication use (sic)."</p> <p>12/18/13 - "Recurrent UTI follow up.... continue antibiotic therapy.... Order sent with patient for UA (urinalysis) C&S (Culture and Sensitivity) if needed or symptoms return."</p> <p>12/23/13 Client #3 was straight catheterized to obtain a urine sample.</p> <p>2/20/14 -Recheck of urine cultures, continue current medications and client to be rechecked in 3 months.</p> <p>3/20/14 "Diagnosis: Recurrent UTIs, Dysuria (painful urination) and incomplete bladder emptying. Recommendations for treatment: Increase Flomax to BID (twice a day), will send urine for C&S (culture and sensitivity test)...."</p> <p>3/21/14 - Client #3 saw her doctor for a "Wellness check." The doctor indicated the client was difficult to exam (examine) and "agitated." The doctor recommended the client be "catherized (sic) for urine culture."</p> <p>3/22/14 - UTI. "Pyridium (Phenazopyridine) best to use for pain from UTI." Client #3 was started on Cipro. "...plenty of fluids, water preferably and limit caffeine...."</p> <p>3/25/14 - UTI, d/c (discontinue) the Cipro and Gentamicin (antibiotics) and start Fortaz (antibiotic). Follow up with a CBC with differential and BMP (Basal Metabolic Panel) on 3/29/14 and 4/2/14.</p> <p>"3/25/14 the infectious disease doctor indicated "(gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz (an antibiotic) 2 times a day for 7 days...."</p> <p>Client #3's Behavior Review dated 11/21/13</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
---	--

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	<p>indicated: "On 2/12/13 [client #3] saw [name of doctor], Infectious Disease Physician, referred by [client #3's doctor] due to so many UTIs. [Name of doctor] stated [client #3's] immune system cannot fight off UTIs because the bacteria are resistant to oral antibiotics. Therefore, he ordered 7 consecutive days of IV (intravenous) antibiotics.... Early in May 2013, [client #3] had another UTI. She was placed on Bactrim. It took many days before she began feeling better. She was very verbally aggressive and physically aggressive during the recovery from the UTI.... In July [client #3] had a UTI which was difficult to get under control. She was extremely verbally aggressive with staff and housemates, physically aggressive toward staff who were trying to help her as well as she was experiencing Hallucinations/Delusions.... In September 2013, [client #3] was hospitalized for 15 days due to UTI. She continued to experience UTI symptoms.... the months of Sept. and Oct. 2013 were quite painful to [client #3] and she acted out her pain because she cannot express her wants and needs to others."</p> <p>Client #3's BSP (Behavior Support Plan) of 5/3/13 indicated client #3 had targeted behaviors of verbal/physical aggression, obsessions and hallucinations. The BSP indicated "Many times when she hits others she is ill or may be experiencing pain. She experiences frequent UTIs which causes her to be in a a bad mood. She also gets sinus infections which causes her to become agitated. It is during her times of agitation that she will become physical (sic) aggressive and hit others."</p> <p>Client #3's nursing notes indicated: 2/13/14 UTI resolved.</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>"3/11/14 UA obtained and taken to [name of hospital]. Client had change in behaviors becoming more aggressive and combative." "Client hit another client on the head...." "3/13/14 received order for Macrobid...." "3/12/14 [Client #3] kicked another client in leg." "3/17/14 Client slid down to floor in shower with staff assistance. She was trying to get staff. Lost balance while sitting in chair. No injuries noted." "...kicked another consumer while she was walking by." "3/20/14 Urology care - f/u visit. Recurrent UTI...." "3/21/14 Annual physical.... Pt (patient) agitated, difficult exam. Recath (recatheterization) for urine culture. "3/22/14 Urgent care f/u behaviors d/t recurrent UTI. Pyridium and Cipro ordered." "3/24/14 Pt to stop Cipro. Pt with UTI. Pt to begin Gentamicin 160 mg (milligrams) IM (Intramuscular injections) daily x 7 days." "3/25/14 [Name of doctor] Infectious disease Dr. Dx (diagnosis) Klebsiella (gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz 2 times a day for 7 days...."</p> <p>Client #3's MAR (Medication Administration Record) for March 2014 indicated client #3 was receiving Pyridium 200 mg (milligrams) three times a day after meals "per nurse [name of nurse]" from 3/17/14 through 3/21/14 and Phenazopyridine 100 mg three times a day from 3/22/14 through 3/27/14, both medications for pain in the lower part of the urinary tract (bladder and urethra).</p> <p>Client #3's record indicated no pain assessments in regard to client #3's UTIs.</p> <p>Interview with staff #4 on 3/26/14 at 6:20 PM</p>			

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 04/01/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>indicated the staff had not been trained in regard to doing pain assessments. Staff #4 stated he had been told when client #3 was "grumpy, she usually has some kind of infection."</p> <p>During interview with the QIDP and LPN #1 on 3/27/14 at 1:30 PM, the QIDP indicated client #3 had a long history of UTIs and yeast infections. The QIDP indicated client #3 had been treated multiple times with oral antibiotics to the point her body now was immune to most of the common antibiotics used for UTIs and the doctor had the facility giving client #3 an antibiotic via IM (Intramuscular injections) by the facility LPN every 12 hours. LPN #1 and the QIDP indicated client #3's acting out was a pain indicator for client #3. LPN #1 stated "We've learned that when she starts acting out, more than likely she has a UTI and we get her tested right away." When asked if the staff had been trained in regard to client #3's specific pain indicators and what to look for, how to document it and when to call the nurse, LPN #1 indicated the staff had not specifically been trained to do pain assessments.</p> <p>2. Observations were conducted at the day program (DP) on 3/25/14 between 10:30 AM and 11:30 AM. At 10:55 AM client #4 was sitting in a straight chair with her feet propped upon a stool. DP staff #1 indicated one of client #4's targeted behaviors was picking at her skin. DP staff #1 was asked if client #4 currently had any open skin areas on her at the present time. DP staff #1 stated, "No, not that I am aware of." DP staff was asked to raise client #4's pant legs to expose her lower legs. Client #4 had a band aid on her left lower leg and an</p>			

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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	<p>area on her right lower leg that was red and covered with a scab. DP staff #1 stated, "I think she does that at night. I'm not sure but she hasn't been picking as much as she was since you were here last." DP staff #1 indicated she did not know how client #4 received the injuries to her lower legs.</p> <p>Client #4's record was reviewed on 3/26/14 at 2 PM. Client #4's MARs indicated client #4 was to have a daily body assessment. Client #4's March 2014 MAR did not indicate any injury in regard to a bruise on client #4's left hand or client #4's right lower leg.</p> <p>While at the group home on 3/26/14 at 6 PM the QIDP was asked what injuries were currently being tracked for client #4. The QIDP indicated client #4 had a scratch on her left leg. When asked how client #4 injured her right lower leg and bruised her left hand between the knuckles of her middle and ring fingers, the QIDP stated, "I don't know. I didn't know she had any other injuries." The QIDP looked at client #4's right lower leg and left hand. The bruise on client #4's left hand was yellowish green and approximately 1 inch in diameter, indicating the bruise was healing and not a new injury. The QIDP indicated the DP staff had not reported any injuries of unknown origin to the group home staff in regard to client #4's right lower leg. The QIDP indicated client #4 was not reliable to report her own injuries and the facility staff were to conduct a full body check every day and "should have seen those injuries and reported them immediately."</p> <p>During interview with the QIDP and LPN #1 on 3/27/14 at 1:30 PM, LPN #1 and the QIDP indicated the staff needed to be retrained in regard to doing full body assessments for</p>			

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	<p>injures.</p> <p>This deficiency was cited on 2/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>				