

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G646	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2013
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3715 W GODMAN MUNCIE, IN 47304
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: January 23, 24, 25, 28, and 29, 2013.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Facility Number: 001054 Provider Number: 15G646 AIMS Number: 100240210</p> <p>This federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed February 6, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000		
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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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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 1 of 1 sampled client (#3) who had a history of open skin areas, and for one additional client (client #7), for 1 of 12 medications observed being administered at the evening medication administration time; the facility's nursing services failed to meet the health needs of client #3 by failing to develop a risk plan/nursing protocol for client #3's right elbow skin integrity. The facility's nursing services failed to ensure facility staff followed the policy and procedure to ensure client #7's medication label matched his MAR (Medication Administration Record) and client #7's physician's order.</p> <p>Findings include:</p> <p>1. On 1/23/13 from 3:15pm until 5:37pm and on 1/24/13 from 5:40am until 7:45am, at the group home client #3 wore a right elbow protector and had a pillow positioned between her wheelchair arm rest frame and her right arm.</p> <p>Client #3's record was reviewed on 1/24/13 at 10am. Client #3's 4/30/12 Record of Visit (ROV) to the wound clinic indicated client #3 had a "Decubitus</p>	W0331	<p>The facility will provide all clients with nursing services in accordance with their needs. The health care plan for client #3 has been revised to include when staff are to monitor and record the monitoring of client #3's skin integrity, the use of client #3's right elbow protector, keeping her elbow covered and/or repositioning client every two hours during the night. All staff will be trained on client #3's revised health care plan on 2/15/13. All staff will be retrained on 2/15/13 on the agency's policy and procedure to ensure that the medication label matches the clients MAR (Medication Administration Record) and physician's order and to contact the nurse if they do not match. On 2/15/13, all staff will be retrained on when making any changes on the MAR, it needs to be initialed and dated by the person making the change. The House Manager and QMRP will complete weekly active habilitation observations.</p>	02/15/2013	

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	<p>Ulcer" on her right elbow. Client #3's Nurses Notes (NN) from 1/1/2012 through 1/24/2013 were reviewed. Client #3's 4/30/12 NN indicated client #3 had been referred to the wound clinic for her "Decubitus Ulcer" on her right elbow. Client #3's 4/20/12 NN indicated a decubitus ulcer from "pressure" had developed on her right elbow and facility staff had contacted the nurse. Client #3's record included a "Flow Record" for client #3's open area for the months of 4/2012, 5/2012, and 6/2012. Client #3's 6/2012 "Flow Record" indicated her right elbow decubitus ulcer had healed on 6/4/2012. Client #3's 6/4/12 NN indicated client #3's "Right elbow healed, client discharged from wound care to home, and nurse advised nursing measure to keep padded elbow cover on to protect healed elbow as precaution." Client #3's 6/4/12 NN indicated staff were to reposition client #3 in her bed at night every two hours.</p> <p>Client #3's record did not indicate the facility's nurse monitored client #3's skin as the nurse did not document any physical assessment in regard to the client's former open area from 6/4/12 through 1/24/13.</p> <p>Client #3's 1/27/2012 Individual Support Plan (ISP) and/or risk plans did not</p>						

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	<p>indicate client #3 had a history of skin integrity problems. Client #3's 4/15/2012 "Health Care Plan (HCP)" indicated client #3 did have a risk plan for "Potential for alteration in skin integrity due to wheelchair bound, occasional incontinence at night, and limited mobility." Client #3's HCP record and risk plan did not include when staff were to monitor and/or record the monitoring of client #3's skin integrity. Client #3's HCP did not include the use of the right elbow protector, keeping client #3's elbow covered, and/or repositioning client #3 every two hours during the night.</p> <p>Interview with the LPN (Licensed Practical Nurse) on 1/24/13 at 9:45am, indicated client #3 had an open area from 4/2012 until 6/2012 on her right elbow. The LPN stated client #3's open area was from pressure and was a "decubitus ulcer" developed at the group home. The LPN indicated the facility staff were to complete skin assessments for client #3 every day to monitor client #3's skin integrity. The LPN indicated facility staff completed client #3's skin assessments during bathing daily. The LPN indicated client #3's risk plan and HCP for skin integrity did not include the use of the elbow protector, keeping client #3's elbow covered, and/or repositioning client #3's elbow every two hours during the night.</p>						

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	<p>The LPN stated there was no "Flow Sheet" to determine if or when the facility staff monitored client #3's skin integrity. The LPN indicated client #3 did not have a protocol in regard to her right elbow.</p> <p>2. During observation at the group home on 1/23/13 at 4:30pm, DCS (Direct Care Staff) #1 administered client #7's medication from a medication blister package which indicated "Seroquel 300mg (milligrams) 1 tab (tablet) q (every) afternoon for Schizoaffective Disorder take with 50mg = 350mg (to equal 350mg)" at 4pm. No 50mg tablet was administered.</p> <p>At 4:40pm, a review of client #7's 1/2013 MAR indicated, "Seroquel 300mg give 1 tablet by mouth every afternoon take with 50mg for Schizoaffective Disorder." An uninitialed line was drawn through client #7's "take with 50mg" Seroquel instruction section of the 1/2013 MAR.</p> <p>On 1/24/13 at 12 noon, a review of Client #7's medication pill pack label indicated client #7 was to be given Seroquel 300mg one tablet every afternoon for Schizoaffective Disorder taken with 50mg to equal 350mg at 4pm. No information was available to determine who made the entry change in client #7's record.</p> <p>On 1/24/13 at 12 noon, a review of Client</p>						

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	<p>#7's 12/3/12 "Physician's Order" indicated client #7 was to be given "Seroquel 300mg give 1 tablet by mouth every afternoon take with 50mg for Schizoaffective Disorder." An uninitialed line was drawn through client #7's "take with 50mg" Seroquel instruction section of the 12/3/2012 Physician's order. Client #7's 12/3/12 "Physician's Order" indicated an unsigned discontinuation order on 11/28/12 for "Seroquel 50mg give one tablet by mouth every afternoon take with 300mg." No information was available to determine who made the unsigned entry changes in client #7's medication record.</p> <p>Interview with DCS (Direct Care Staff) #1 on 1/23/13 at 4:40pm indicated she had not noticed the labels for client #7's medication, did not match client #7's 1/2013 MAR. DCS #1 stated the nurse should have been notified of the discrepancy, but "Apparently no one caught it."</p> <p>Interview with the facility nurse on 1/24/13 at 9:45 AM indicated all medications were to be given as the physician had prescribed and as directed on the MAR. The facility nurse indicated the DCS were to triple check the medication with the physician's orders, the MAR and the pill pack to ensure all three matched. The facility nurse</p>						

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	<p>indicated the DCS should have notified nursing of the discrepancy for client #7's Seroquel medication before it was administered. The Nurse indicated she had not received a call from the staff on 1/23/13 or 1/24/13 regarding client #7's medication directions not matching. The Nurse indicated she had not made the entry into client #7's medication records and could not identify who had made the changes. The Nurse indicated client #7 received the correct medication dose on 1/23/13 because he had a medication change on 11/28/12. The Nurse indicated changes made in the client records should have been initialed by the person who made the changes and dated when it had occurred.</p> <p>9-3-6(a)</p>				