

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G213	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/10/2013
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 414 W BROADWAY ETNA GREEN, IN 46524		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 7/8, 7/9, and 7/10, 2013.</p> <p>Facility number: 000739 Provider number: 15G213 AIM number: 100243250</p> <p>Surveyors: Amber Bloss, QIDP-TC Paul Rowe, CMS Federal Contractor</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/19/13 by Ruth Shackelford, QIDP.</p>	W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000240	<p>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, interview, and record review, the facility failed to ensure the client's Individual Support Plan (ISP) included how facility staff were to utilize adaptive equipment in regards to safe and effective use of a gait belt and helmet for 1 of 4 sampled clients (Client #2).</p> <p>Findings include:</p> <p>On 7/8/13 between 1:57 PM and 2:40 PM, day services were observed. At 1:57 PM, Client #2 was sitting in a wheelchair with a seat belt around her waist and a gait belt, 4" (inches) wide secured around her mid section above the seat belt. Client #2 was wearing a bicycle type helmet of pink color.</p> <p>On 7/8/13 between 4:00 PM and 6:20 PM during group home observations, Client #2 was wearing the gait belt secured around her mid section and wearing her helmet. At 4:52 PM, Client #2 was observed during medication administration. DSP (Direct Support Professional) #2 was observed to remove Client #2's gait belt to flush her g-tube (gastrostomy tube) with water as the</p>	W000240	The Individual Program Plan (ISP) must describe relevant interventions to support individuals toward independence. The facility will ensure that Client #2's ISP will include how the facility staff will utilize adaptive equipment in regards to safe and effective use of gait belt and helmet. Client #2's Primary Care Physician discontinued the use of her helmet and ordered gait belt to be utilized for transfer only. Client #2's risk plan has been revised to include the proper use of gait belt. Staff was trained on risk plan on 7/30/13. The House Manager/QIDP will complete weekly active habilitation observation documentation to include adaptive equipment. The QIDP will continue to review Client #2's ISP monthly, making changes as needed.	08/02/2013			

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	<p>physician ordered. DSP #2 was observed to flush Client #2's g-tube and then secure the gait belt. At 4:58 PM, Client #2's Medication Administration Record (MAR) dated 7/1/13 indicated a current physician's order for Client #2's use of gait belt "while doing chores."</p> <p>Between 4:43 PM and 6:20 PM, dinner preparation and serving were observed. At 5:15 PM, Client #2 was moved to the dining table for supper. Client #2 sat in her wheelchair and wore a gait belt around her waist and a seat belt which was attached to her wheelchair. Client #2 was not wearing her helmet. Client #2 asked DSP #1 to help her take off her helmet because her head felt "sweaty." DSP #1 told her the helmet was not present on her head and Client #2 stated, "O.K." and began eating her supper. At 5:58 PM, Client #2 was assisted to the bathroom by DSP #1. DSP #1 was observed to assist Client #2 back to the dining room table at 6:05 PM. Client #2 was still be wearing her gait belt but it was positioned higher, under the arm pits and above the breasts. Client #2 was observed to continue to eat her dinner with her gait belt in this position. At 6:09 PM, Client #2 was observed with her helmet off. The helmet was on the floor next to her wheelchair for the remainder of the observation.</p>			

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	<p>On 7/9/13 between 6:45 AM and 8:15 AM during group home observations, Client #2 was wearing her gait belt at 7:30 AM. When Client #2 was boarding the van to go to day services at 7:56 AM, Client #2 was observed to have her gait belt and helmet on.</p> <p>On 7/9/13 at 10:31 AM, record review of Client #2's physician order dated 6/1/13 indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, seizures, depressive disorder, organic personality disorder, gastritis, and constipation. Client #2's physician order indicated "safety/gait belt while walking" and "helmet to protect from head injury PRN (used as needed), staff discretion."</p> <p>Client #2's "Lifestyle Plan" dated 9/17/12 indicated "this past quarter [Client #2] has needed more assistance with ambulating and she uses a wheelchair PRN. If she is ambulating she needs one on one assistance....the team does concur that [Client #2] have a new goal added where she ambulates 10 steps a day." Client #2's "Lifestyle Plan" indicated Client #2's "wheelchair has remained PRN but she is using it most of the time." The plan indicated Client #2 used "a gait belt and a wheelchair PRN to help her balance....a helmet to protect her head if she falls."</p>						

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	<p>Client #2's plan was modified on 4/23/13 due to new physical therapy recommendations which indicated the physical therapist "felt at this time [Client #2]'s wheelchair could remain PRN but he did not feel [Client #2] should work on ambulating as a goal but rather she work on her posture and standing." Record review indicated Client #2 had a current objective dated 7/13 which indicated "[Client #2] will stand upright for one minute with staff assisting by utilizing her gait belt with 2 verbal prompts."</p> <p>Record review indicated Client #2 had risk plans with an effective date of 11/12. Review of Client #2's fall risk plan and seizure plan indicated the plans did not mention Client #2's use of gait belt or helmet.</p> <p>A physician note dated 9/13/12 indicated "since [Client #2's] hospitalization for pneumonia in May, she has not returned to her previous functional status. Gait is more unsteady and she requires more assistance with ADL's (activities of daily living). Requires gait belt for ambulation." The physician note indicated Client #2 "wears a helmet because of her risk for falls."</p> <p>Interview with the Qualified Intellectual Disabilities Professional</p>				

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	<p>(QIDP)/Residential Manager (RM) on 7/9/13 at 2:49 PM indicated Client #2 was unable to release her own seatbelt while seated in the wheelchair and was not a fall risk while seated in her wheelchair with seatbelt secured. The QIDP/RM indicated staff were to take the gait belt off while seated out of her chair but there was no written staff instruction on the use of the gait belt. The QIDP/RM indicated there was a staff meeting on 5/28/13 during which she discussed with staff Client #2 did not need to have her helmet on all the time but there was no documentation in her ISP (Individual Support Plan) which indicated use of the helmet. The QIDP/RM stated Client #2 had been wearing the helmet due to a fall which occurred "years ago" but indicated the use of the helmet is not in the fall risk plan. The QIDP/RM indicated Client #2's mobility skills had decreased and Client #2's ISP was not updated to include changes to the use of gait belt and helmet due to increased use of a wheelchair.</p> <p>9-3-4(a)</p>			

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