

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/27/2013
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
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W000000	<p>This visit was for a post certification revisit (PCR) to the investigation of complaint #IN00134375 completed on August 22, 2013.</p> <p>Complaint #IN00134375: Not corrected.</p> <p>Dates of Survey: September 25, 26 and 27, 2013.</p> <p>Facility number: 000738 Provider number: 15G212 AIM number: 100243260</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/8/13 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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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based upon record review, interview and observation, the facility failed for 3 of 4 sampled clients (clients A, B and C), and for one additional client (client F) to ensure outside services implemented Individual Support Plan (ISP) objectives to increase dining skills and life skills (use of keys), and failed to ensure clients had unimpeded access to their lockers for personal items and lunches.</p> <p>Findings include:</p> <p>Observations were completed at the contracted day services on 9/25/13 from 11:50 AM until 2:30 PM. At 11:50 AM, clients A, C, and F waited in the lunch room for staff to bring their lunches. Workshop staff (unidentified) brought the clients their lunch without encouraging clients A, C and F to use a key to open their lockers to get their lunches. Client A ate her lunch without being asked to put her fork/spoon down between bites. Client B ate her lunch without being asked to put her eating utensil down between bites. Client B did not have a plate guard during her meal of canned vegetables and fruit placed on a plate.</p>	W000120	<p>The facility will assure that outside services meet the needs of each client. The facility will ensure outside services implement Individual Support Plan (ISP) objectives to increase dining skills and life skills (use of keys) and will ensure clients have unimpeded access to their lockers for personal items and lunches. The clients are carrying their own keys so they will have access to their own lockers for personal items and lunches. Workshop staff have been trained to encourage clients to access their own lockers independently. Staff will assist Client A and client F in using their key to open their locker daily and data collected per ISP. The workshop staff were trained to implement ISP dining objectives during mealtime for all clients while at workshop. The dining log has been updated to include the dining objectives. The dining log will be located in the dining area during mealtime to ensure dining objectives are being implemented. The QIDP will observe at the workshop at least one time per week and document those observations. The Supported Group Living Manager and/or Quality will complete workshop observations at least two times a month.</p>	10/27/2013

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	<p>Clients A, C and F did not have keys to open their lockers to secure their empty lunch bags after they were done eating and were not prompted or trained to use a key to open their locks.</p> <p>The dining log book used by staff for clients A, B, C, D, and F was reviewed on 9/25/13 at 1:30 PM and did not include dining objectives or data recording sheets to indicate progress for clients' dining objectives. The book included an objectives for clients A, C, and F to "...use key to open padlock...."</p> <p>Workshop staff #1 was interviewed on 9/25/13 at 12:30 PM. She indicated she had not been provided the dining objectives for clients A, B, C, D and F.</p> <p>Client A's record was reviewed at the day services on 9/25/13 at 1:45 PM. An ISP dated 6/13/13 indicated an objective to "put her fork/spoon down between bites." The methodology "throughout the meal, staff will prompt [client A] to lay her eating utensil down between bites," and indicated "training will occur at each meal and snack time with data recorded at morning and evening meals." The ISP objective added 8/27/13 indicated client A was to "use her key to open a padlock." The methodology indicated staff were to assist client A to use a key to open her</p>			

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	<p>padlock to her locker at breaks and lunch, and training was to be completed "every day, with data collected at each training session."</p> <p>Client B's record was reviewed at day services on 9/25/13 at 2:14 PM. An ISP dated 11/21/12 indicated a dining objective to "not talk with food in her mouth." The plan indicated training was to take place at all meals and data recorded for each meal. An objective added 8/16/13 indicated "put utensil down between bites." The methodology indicated client B was to be encouraged to chew each bite thoroughly and take a drink of water between every two bites. The plan indicated training was to take place at all meals and data recorded for each meal. A dining plan dated 8/5/13 indicated client B was to use a plate guard.</p> <p>The workshop coordinator was interviewed on 9/25/13 at 1:30 PM and indicated workshop staff were inserviced on dining plans but the plans were not kept in the dining books used by staff at the table, and stated, "They could be." She indicated the QIDP for client B had indicated client B did not need a plate guard, but the workshop had not received an updated dining plan.</p>			

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	<p>Observations were completed at the workshop on 9/26/13 from 11:33 AM until 12:35 PM. At 11:35 AM, workshop staff #2 brought client A, C, and F's lunches to the lunchroom without encouraging the clients to use a key to open their lockers. Client A ate her lunch without being prompted to lay her utensil down between bites. Client A was prompted to take a drink between bites during the meal. Client B ate her meal without being asked to put her utensil down between bites. Client B talked with food in her mouth twice during the meal and was not prompted to chew her food before talking.</p> <p>Workshop #2 was interviewed on 9/26/13 at 11:40 AM. She indicated she was unaware clients A, C, and F were to use a key to unlock their lockers.</p> <p>Workshop staff #1 was interviewed on 9/26/13 at 12:00 PM and indicated she was unsure of where client A, C and F's keys were. She indicated client B had the only key to client A, C, and F's lockers for lunches yesterday. She indicated the clients were to have keys in their possession, but the clients would often lose their keys and indicated client A's key was bent.</p> <p>Workshop staff #4 was interviewed on</p>						

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	<p>9/26/13 at 12:16 PM. She indicated client A, C, and F's keys had been stored in a locked room in the client's communication book when they arrived in the morning. She indicated clients A, C and F did not have unimpeded access to the keys to their lockers.</p> <p>Workshop staff #3 was interviewed on 9/26/13 at 12:26 PM and when asked about client B's dining objective, stated, "I don't have anything."</p> <p>The workshop coordinator was interviewed on 9/26/13 at 12:35 PM and indicated the workshop staff used client dining plans during meals, but not objectives. She indicated staff were expected to implement clients' dining objectives after they received annual training on the objectives.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 9/26/13 at 1:40 PM and indicated the workshop staff should be implementing dining objectives, and clients were to carry their keys to open their lockers.</p> <p>Client F's record was reviewed on 9/27/13 at 2:45 PM. An objective added 8/27/13 indicated client F was to use her key to open a padlock. The methodology indicated client F was to carry the key to</p>			

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	<p>her padlock to work every morning. "At breaks and lunch, staff will demonstrate for [client F] how to insert the key into the padlock and turn the key to open the padlock. If [client F] does not understand what is expected, staff will demonstrate the procedure again. If [client F] needs assistance, staff will provide hand-over-hand assistance to get the lock open." The plan indicated training was to take place daily and data collected at each training session.</p> <p>This deficiency was cited on 8/22/13. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-1(a)</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (client B), the QIDP (Qualified Developmental Disabilities Professional) failed to ensure client B's needs in regards to eating safely were assessed.</p> <p>Findings include:</p> <p>Observations were completed at the contracted day services on 9/25/13 from 11:50 AM until 2:30 PM and again on on 9/26/13 from 11:33 AM until 12:35 PM. During the observations, client B ate her lunches with staff placing one bite of food on her plate at a time.</p> <p>Client B's record was reviewed at day services on 9/25/13 at 2:14 PM. A dining plan dated 8/5/13 indicated client B was to eat using a "Plate to Plate Dining Program d/t (due to) rapid eating, all meals to be monitored; staff to sit next to or across from [client B] and place food onto [client B's] plate one bite at a time to encourage her to slow down during meals." An ISP (Individual Support Plan) dated 11/21/12 indicated a dining</p>	W000159	The facility will ensure that each client's active treatment program will be integrated, coordinated and monitored by the QIDP. A swallow study was completed for client B on 10/1/13. It was determined that client B does not have any difficulties in chewing or swallowing solid food. The study indicated that she gulps liquids. It was recommended that she have a metered cup (slow flow) for all liquids. The metered cup has been purchased. Client B's plan has been revised and all staff has been trained on her plan. Since there were no swallowing difficulties with solid foods, she no longer has plate to plate dining program. The QIDP will review clients dining plans at least monthly to ensure they remain appropriate according to individual need.	10/27/2013

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	<p>objective to "not talk with food in her mouth," and to "independently use her napkin." An objective dated 8/16/13 indicated "...put her utensil down between bites...."</p> <p>Client B's record at the group home was reviewed on 9/25/13 at 4:20 PM. A nutritional assessment dated 7/26/13 indicated client B was "independent" in eating ability, with "No noted chewing or swallowing deficits. She eats quickly and tends to stuff solids in her mouth. Staff limits drinks at meals to 32 oz as [client B] guzzles liquids without completely swallowing her bites leading to coughing episodes. She is now receiving a mechanical soft diet temporarily and plate to plate feedings/beverages d/t (due to) her quick eating. Staff reports this is only until they determine if unsafe eating is due to behaviors or an underlying medical issue. Is being evaluated by her psychiatrist for this. [Client B] reports she does not like her food ground up, but understands (sic) she has been eating too quickly to be safe." Client B's 7/24/13 and 9/17/13 psychiatric visits did not include an evaluation of her eating and drinking too quickly. There was no other evidence in the record of an evaluation of client B's rapid eating and drinking or of her swallowing ability.</p>			

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	<p>The QIDP was interviewed on 9/25/13 at 5:14 PM and indicated client B had not yet been evaluated for her swallowing abilities. The QIDP indicated she had failed to ensure the need for assessment of client B's needs in regards to swallowing food had been discussed with client B's primary care physician until 9/23/13, and she had overlooked scheduling the evaluation until client B's visit on that date for an upper respiratory infection.</p> <p>This deficiency was cited on 8/22/13. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>			

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W000217	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (client B), the facility failed to assess client B's dietary needs in regards to a change in swallowing ability.</p> <p>Findings include:</p> <p>Observations were completed at the contracted day services on 9/25/13 from 11:50 AM until 2:30 PM and again on on 9/26/13 from 11:33 AM until 12:35 PM. During the observations, client B ate her lunches with staff placing one bite of food on her plate at a time.</p> <p>Client B's record was reviewed at day services on 9/25/13 at 2:14 PM. A dining plan dated 8/5/13 indicated client B was to eat using a "Plate to Plate Dining Program d/t (due to) rapid eating, all meals to be monitored; staff to sit next to or across from [client B] and place food onto [client B's] plate one bite at a time to encourage her to slow down during meals." An ISP (Individual Support Plan) dated 11/21/12 indicated a dining objective to "not talk with food in her mouth," and to "independently use her napkin." An objective dated 8/16/13</p>	W000217	The facility will ensure that the comprehensive functional assessment will include nutritional status. A swallow study was completed for client B on 10/1/13. It was determined that client B does not have any difficulties in chewing or swallowing solid food. The study indicated that she gulps liquids. It was recommended that she have a metered cup (slow flow) for all liquids. The metered cup has been purchased. Client B's plan has been revised and all staff has been trained on her plan. Since there were no swallowing difficulties with solid foods, she no longer has plate to plate dining program. The QIDP will review clients dining plans at least monthly to ensure they remain appropriate according to individual need.	10/27/2013	

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	<p>indicated "...put her utensil down between bites...."</p> <p>Client B's record at the group home was reviewed on 9/25/13 at 4:20 PM. A nutritional assessment dated 7/26/13 indicated client B was "independent" in eating ability, with "No noted chewing or swallowing deficits. She eats quickly and tends to stuff solids in her mouth. Staff limits drinks at meals to 32 oz as [client B] guzzles liquids without completely swallowing her bites leading to coughing episodes. She is now receiving a mechanical soft diet temporarily and plate to plate feedings/beverages d/t (due to) her quick eating. Staff reports this is only until they determine if unsafe eating is due to behaviors or an underlying medical issue. Is being evaluated by her psychiatrist for this. [Client B] reports she does not like her food ground up, but understands (sic) she has been eating too quickly to be safe." Client B's 7/24/13 and 9/17/13 psychiatric visits did not include an evaluation of her eating and drinking too quickly. There was no other evidence in the record of an evaluation of client B's rapid eating and drinking or of her swallowing ability.</p> <p>The QIDP was interviewed on 9/25/13 at 5:14 PM and indicated client B had not yet been evaluated for her swallowing</p>			

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	<p>abilities and she had overlooked scheduling the evaluation.</p> <p>9-3-4(a)</p>			