

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G633	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/11/2013
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 153 WHITE OAK WAY NORTH VERNON, IN 47265
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 5, 6, 7, 8 and 11, 2013</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>Facility Number: 001206 Provider Number: 15G633 AIMS Number: 100240180</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/19/13 by Ruth Shackelford, Medical Surveyor III.</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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W000153	<p>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. Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure an unknown injury was immediately reported to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance with state law.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 3/6/13 at 1:47 PM. The medical record of an x-ray done 1/10/13 at a local hospital indicated the client was refusing to put weight on the ankle and there was swelling. The nursing notes dated 1/16/13 indicated the following: "Was in the house on 1/10/13. [Client #2] was LOA (leave of absence) to urgent care and [local hospital] for x-rays of (L) (left) ankle. Noted mod. (moderate) edema and sl. (slight) bruising. X-rays revealed no fx (fracture) or trauma to foot... Saw (client #2) @ (at) day services today. Foot ankle remains sl. (slight) swollen with 1+ mod. (moderate) pitting edema and sl. (slight) bruising."</p>	W000153	<p>W153: 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 the other officials in accordance with State law through established procedures. Corrective action: · Clinical Supervisor and Nursing Director have been inserviced on reporting and investigating incidents (Attachment A). How we will identify others: Operation Manager and Quality Assurance Director will review incident reports to ensure investigations have been completed, if required. Measures to be put in place: Active treatment observations (Attachment C) will be performed weekly by Clinical Supervisors. Nursing observations will be completed quarterly to ensure that no injuries are present (Attachment D). Monitoring of Corrective Action: Operation's Manager and Director of Health Services will review active treatment observations and nursing observations. Best in Class reviews will be completed</p>	03/26/2013			

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	<p>Review of the BDDS incident reports and internal incident reports was conducted on 3/5/13 at 9:00 AM. There was no report for the unknown injury.</p> <p>Interview with staff #2, Clinical Supervisor, on 3/6/13 at 3:30 PM indicated he did not turn an incident report into the office. Staff #2 indicated he wasn't sure how or if the client had injured her foot.</p> <p>Interview with staff #4, Director of Nursing, on 3/8/13 at 9:30 AM indicated an incident report had not been completed because they were not sure if the swelling/bruising was an injury.</p> <p>9-3-2(a)</p>		<p>periodically to ensure that investigations are completed, if required. Completion Date: 03/25/2013</p>		

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 4 sample clients (client #1) and 1 additional client (client #5), the facility failed to ensure an assessment had been conducted for client #1 using a wrist weight while eating and for client #5 having a wheelchair without foot rests.</p> <p>Findings include:</p> <p>During the observation period on 3/5/13 from 2:00 PM to 6:20 PM, client #5 was observed sitting in a wheelchair without foot rests. Client #5's feet were dangling and 4 inches from the floor. Dinner was served at 5:29 PM. Client #1 was observed with tremors while trying to eat and staff took a wrist weight and put it on his wrist. Client #1 indicated the weight helped steady his hand.</p> <p>Record review for client #1 was conducted on 3/6/13 at 1:06 PM. The dining plan, undated, indicated client #1 was supposed to use a plate guard and a weighted spoon.</p> <p>Interview with staff #2, Clinical</p>	W000210	<p>W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the primary evaluation conducted prior to admission.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Client #4 was referred for a consultation for an OT/PT evaluation. Appointment Thursday 04/04/13 (Attachment E). · Client #1 was referred for a consultation for OT evaluation. Appointment 04/15/13 (Attachment F). · Clinical Supervisor inserviced on following dining plans and scheduling / keeping ot and pt appointments (Attachment M). <p>How we will identify</p>	03/26/2013			

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	<p>Supervisor, on 3/5/13 at 4:00 PM indicated the foot rests were not included with the wheel chair. Staff #2, Clinical Supervisor, indicated they had tried to get a new wheelchair for client #5, but it had been turned down by Medicare. Staff #2, Clinical Supervisor, indicated another client had the wrist weights, but they thought it would help client #1 to get the food to his mouth. Staff #2, Clinical Supervisor, indicated there had not been an assessment from Occupational Therapy or Physical Therapy.</p> <p>9-3-4(a)</p>		<p>others: Nursing Coordinators will review High Risk Plans, Dining Plans, and ensure clients' needs are being met.</p> <p>Measures to be put in place: IDT will complete quarterly reviews to ensure clients needs are being met (Attachment G).</p> <p>Monitoring of Corrective Action: Operation's Manager and Director of Health Services will review active treatment observations and nursing observations. Best in Class reviews will be completed periodically to ensure that dining plans and modified diets are being followed and adaptive equipment documented.</p> <p>Completion Date: 03/25/2013</p>		

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W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #1), the QMRP (Qualified Mental Retardation Professional) failed to revise the achieved training goals.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 3/6/13 at 1:06 PM. The Individual Support Plan (ISP) dated 11/7/12 indicated client #1 had the following goals:</p> <p>"1. Brush his lower gum line for a minute with a physical prompt 50% of the opportunities..." "2. Take sips of drink between each bite of food with 3 verbal prompts 50% of the opportunities...." "4. Will identify his calcium with 2 verbal prompts 40% of the opportunities..." "5. Will identify a quarter with 2 physical prompts 40% of the opportunities..." "6. Will unlock kitchen cabinets with 2 physical prompts 70% of the</p>	W000255	<p>W255: Program monitoring and change.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Clinical supervisor was inserviced on reviewing and updated goals , if needed (Attachment H). <p>How we will identify others:</p> <p>Clinical supervisor and IDT will review client progress at each quarterly. Goals will be revised if needed.</p> <p>Measures to be put in place:</p> <p>Clinical supervisor and IDT will review client progress at each quarterly. Goals will be revised if needed (Attachment G).</p> <p>Monitoring of Corrective Action:</p>	03/26/2013

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	<p>opportunities...."</p> <p>The quarterly review dated 2/11/13 for client #1 indicated goal #1 was 100% for November, 100% for December and 100% for January. Goal #2 was 100% for November, 83% for December and 100% for January. Goal #4 was 50% for November, December and January. Goal #5 was 100% for November, December and January. Goal #6 was 93% for November, 100% for December, and 83% for January.</p> <p>Interview with staff #2, Clinical Supervisor, on 3/6/13 at 2:30 PM indicated he didn't realize the goals had to be changed.</p> <p>Interview with staff #3, Operations Manager, on 3/7/13 at 9:30 AM indicated she had reviewed all the records and must have missed seeing client #1 achieve his goals.</p> <p>9-3-4(a)</p>		<p>Operation Manager will visit homes and review quarterlies (Attachment G).</p> <p>Completion Date: 03/25/2013</p>				

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W000356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure the dentist recommendation for a tooth extraction had been followed.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 3/6/13 at 1:06 PM. The dental record dated 1/10/12 indicated the following: "Referring to oral surgeon for extraction sent referral with staff...." The dental record dated 4/24/12 indicated "no cavities. #12 needs to be extracted by oral surgeon." The dental record dated 8/7/12 indicated "Set up appt (appointment) with Dr. [name of doctor] to have #12 ext. (extracted)." The dental appointment dated 2/7/13 indicated "Still needs to have #12 extracted...."</p> <p>Interview with staff #2, Clinical Supervisor, on 3/6/13 at 2:00 PM indicated he was not aware client #1 needed to make an appointment with the oral surgeon and it had not been done.</p>	W000356	<p>W356: Comprehensive Dental Treatment</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Client #1 Physician order where teeth were extracted on 03/14/2013 (Attachment J). · Clinical Supervisor inserviced on following physician and dentist orders (Attachment I). <p>How we will identify others:</p> <p>Clinical Supervisors and Nursing Coordinators will review all physician and dental orders to ensure that treatment and orders have been followed.</p> <p>Measures to be put in place:</p> <p>A weekly Nursing Coordinator checklist has been implemented (Attachment I) Clinical Supervisors will perform weekly checklist</p>	03/26/2013			

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	Interview with staff #4, Director of Nursing, on 3/8/13 at 2:30 PM indicated she was not aware client #1 needed to have a tooth extracted and the appointment had not been made. 9-3-6(a)		(Attachment K) to ensure orders and recommendations have been followed. Monitoring of Corrective Action: Operation's Manager and Director of Health Services will review checklist and will review orders during book reviews. Best in Class reviews will be completed periodically to ensure that all physician orders have been followed. Completion Date: 03/25/2013		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to conduct an evacuation drill for the fourth quarter of 2012 during the day shift.</p> <p>Findings include:</p> <p>The evacuation drills were reviewed on 3/5/13 at 2:00 PM. The record indicated the evacuation drills for Clients #1, #2, #3, #4, #5, #6, #7 and #8 for the the day shift hours of 6:00 AM to 2:00 PM had a drill on 8/12/12 at 11:00 AM. There was no indication of an evacuation being done in September, October, November, December, 2012 for the day shift.</p> <p>Interview with Staff #2, Clinical Supervisor, on 3/5/13 at 2:30 PM indicated they had not conducted an evacuation during this time. Staff #2, Clinical Supervisor, indicated he forgot to schedule an evacuation.</p> <p>9-3-7(a)</p>	W000440	<p>W440: Evacuation Drills</p> <p>Corrective action: Clinical Supervisor inserviced on scheduling and supervising drills (Attachment L).</p> <p>How we will identify others: Clinical Supervisors and Quality Assurance Director will review all evacuation drills and will oversee that they are completed as scheduled.</p> <p>Measures to be put in place: A weekly Clinical Supervisor checklist has been implemented and sent to the Operations Manager to ensure that all evacuation drills were completed (Attachment K)</p> <p>Monitoring of Corrective Action: Operation's Manager will review checklist. Best in</p>	03/26/2013			

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			<p>Class reviews will be completed periodically to ensure that all drills have been completed.</p> <p>Completion Date: 03/25/2013</p>	