STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G213		06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	414 W BROADWAY ETNA GREEN, IN 46524

(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
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: May 27, 28, 29 and June 8, 2015. Facility number: 000739 Provider number: 15G213 AIM number: 100243250 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed to thoroughly investigate an incident of coughing which led to the use of back blows for 1 additional client (#7).	W 0154	The facility must have evidence that all alleged violations are thoroughly investigated. The QIDP will be trained that any incident that requires staff intervention (ie coughing/choking) will be thoroughly investigated to	07/08/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: On 5/28/15 at 10:12 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 12/15/14 to 5/28/15 were reviewed. A BDDS report dated 12/15/14 indicated "On 12/14/14 [Client #7] was taken by staff to [Hospital Emergency Room]. [Client #7] was eating dinner, left the table and went to the restroom. A staff followed and asked if she were (sic) choking, [Client #7] replied no, but was standing over the toilet as if she were (sic) going to throw up. She was asked again if she were (sic) choking and she said no. The staff stated that she was gagging and attempting to throw up, so the staff administered a few light back blows and [Client #7] threw up clear phlegm and a few small pieces of food. Per ResCare's (facility) policy, the nurse advised the staff to take her to the Emergency Room, since back blows were administered." The report indicated "Once in the ER (emergency room), a chest x-ray was taken and was clear. She was discharged with instructions to follow-up with her PCP (primary care physician) in 2-3 days. [Client #7]'s dining plan was being followed and will be reviewed to see if any revisions are necessary."		determine if staff followed the appropriate procedures and what corrective action is necessary to prevent reoccurrence The Clinical Supervisor will review incidents as they are reported and follow up with the QIDP to insure that a thorough investigation is completed within 5 days of the incident The investigation will be reviewed by the Program Manager and the Executive Director.	

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	A BDDS follow up report dated 12/30/14 indicated "[Client #7] is doing well and has had no further incident. It was determined that [Client #7] did not actually choke. A prn (given as needed) for plate to plate was obtained through her PCP (primary care physician). When [Client #7] does not follow her plan to put her utensils down between bites, staff are to utilize plate to plate. Her dining plan has been revised to address this and staff have been trained on the revised plan." On 5/28/15 at 3:27 PM during an interview, the Administrator indicated there was no investigation for the coughing incident of Client #7 because staff had followed Client #7's dining protocol. The Administrator indicated the nurse stated "they do not teach back blows" for incidents of coughing "but yes, back blows" are taught to be used only if the client's airway is completely blocked. 9-3-2(a)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe			

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	relevant interventions to support the individual toward independence. Based on observation, interview, and record review for 1 of 4 sampled clients (#2), the client's ISP (Individual Support Plan) failed to indicate when and/or how facility staff were to use the client's gait belt. Findings include: On 5/27/15 between 4:47 PM and 6:57 PM and on 5/28/15 between 6:00 AM and 7:22 AM, group home observations were conducted. On 5/27/15 between 4:47 PM to 5:20 PM, Client #2 was at the kitchen sink doing dishes wearing a gait belt with use of walker without the assistance of staff. Between 5:34 PM and 5:50 PM, Client #2 was exercising on a stationary bike wearing her gait belt while staff sat with her 2 feet away. Throughout both observations, Client #2 ambulated independently with use of walker while wearing a gait belt. On 5/28/15 at 2:34 PM, record review indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, epilepsy, Rynando's Syndrome (affects blood vessels causing symptoms of numbness and cold sensation), constipation, osteo arthritis,	W 0240	The individual program plan must describe relevant interventions to support the individual toward independence The nurse will be trained on assuring that all adaptive equipment used for each consumer is contained in the Risk Plan The QIDP will be trained that all adaptive equipment, including when and/or how facility staff are to use the equipment is contained in the ISP The Clinical Supervisor will review each ISP/risk plan to ensure that all adaptive equipment, including when/how facility staff are to use the equipment is included in the plan, and that instructions for staff concerning when/how to use the equipment are given in the plan	07/08/2015

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	fibrositis, acute shoulder tendonitis, neurogenic bladder, glaucoma, cataracts, and depression. Record review indicated Client #2's ISP (Individual Support Plan) dated 11/1/14 included a Fall Risk Plan dated 11/1/14. Client #2's Fall Risk Plan did not indicate use of gait belt. Record review indicated Client #2 had a Physical Therapy evaluation dated 3/13/14 which indicated "The staff reports that the patient has had increased falls over the past few months. The patient reportedly has had 4 falls over the past month. Since the patient started to have increased falls the staff has had the patient use a gait belt and a rolling walker. The patient has fallen in her bedroom, fallen in the house, but most of the falls recently have been in the bathroom. The patient has even had a fall while brushing her teeth." The PT (physical therapy) evaluation indicated "Overall the patient has a 50% gait limitation demonstrated by impaired balance, some weakness, and frequent falls." The evaluation indicated "cont (continue) wearing gait belt, using RW (rolling walker), try to cont (continue) w (with) bike." On 5/28/15 at 3:27 PM during an			

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	interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #2's gait belt was not indicated for use in her ISP (Individual Support Plan). The QIDP indicated it had been on Client #2's Fall Risk plan. The QIDP indicated she believed the indication of use for Client #2's gait belt had been accidentally removed. 9-3-4(a)			
W 0340 Bldg. 00	483.460(c)(5)(i) 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 clients and staff as needed in appropriate health and hygiene methods. Based on record review and interview, the facility nursing services failed to ensure staff were trained for competency in choking protocols for 1 additional client (#7).	W 0340	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 clients and staff as needed in appropriate health and hygiene methods. The nurse	07/08/2015

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	Findings include: On 5/28/15 at 10:12 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 12/15/14 to 5/28/15 were reviewed. A BDDS report dated 12/15/14 indicated "On 12/14/14 [Client #7] was taken by staff to [Hospital Emergency Room]. [Client #7] was eating dinner, left the table and went to the restroom. A staff followed and asked if she were (sic) choking, [Client #7] replied no, but was standing over the toilet as if she were (sic) going to throw up. She was asked again if she were (sic) choking and she said no. The staff stated that she was gagging and attempting to throw up, so the staff administered a few light back blows and [Client #7] threw up clear phlegm and a few small pieces of food. Per ResCare's (facility) policy, the nurse advised the staff to take her to the Emergency Room, since back blows were administered." The report indicated "Once in the ER (emergency room), a chest x-ray was taken and was clear. She was discharged with instructions to follow-up with her PCP (primary care physician) in 2-3 days. [Client #7]'s dining plan was being followed and will be reviewed to see if any revisions are necessary."		retrained all staff in the home on June 30th regarding the choking protocol. They were retrained by the nurse on the difference between choking and coughing with struggle, wheezing and gasping. They were retrained on what not to do and what to do when a person is just coughing with struggle and does not display the signs of actual choking (unable to talk, no air, color change etc). They were retrained on how to recognize when someone is actually choking and what to do when that occurs. It is not ok with the facility for staff to administer back blows in a potential choking situation; they are only to administer back blows when the consumer is actually choking (no air, turning blue, inability to talk or make sounds, etc). They are to administer 5 back blows and if no success with dislodging the obstruction, they are to do abdominal thrusts. 911 is also to be called at this time. *All clients in this home could have the potential to be affected by the deficient practice. Retraining all staff in the proper protocol for choking and the difference between coughing with struggle and choking will assure that there is no longer a deficient practice with regards to this issue. The QIDP and nurse will review health risk plans at the monthly staff meeting which will include identifying what is choking and the choking protocol. Additionally*	

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	A BDDS follow up report dated 12/30/14 indicated "[Client #7] is doing well and has had no further incident. It was determined that [Client #7] did not actually choke. A prn (given as needed) for plate to plate was obtained through her PCP (primary care physician). When [Client #7] does not follow her plan to put her utensils down between bites, staff are to utilize plate to plate. Her dining plan has been revised to address this and staff have been trained on the revised plan." On 5/28/15 at 2:35 PM, an "Inservice Sign-in Sheet" dated 12/17/14 indicated the group home staff were retrained on "...[Client #7]'s diet, plate to plate due to choking risks, discussed [Client #7]'s choking incident on 12/14/15 (sic) and choking signals, when to give back blows." On 5/28/15 at 3:27 PM during an interview, the Administrator indicated the nurse stated "they do not teach back blows" for incidents of coughing "but yes, back blows" are taught to be used only if the client's airway is completely blocked. The Administrator stated she thought "the staff just panicked." The Administrator indicated staff were retrained on when to give back blows to ensure Client #7's dining/choking		*the staff will have annual training on choking. The QIDP and nurse will review all internal incident reports and retrain staff whenever it appears necessary. The Clinical Supervisor will review monthly staff meeting minutes to assure that health related issues have been discussed and addressed. The Clilnical Supervisor will also review the internal incident reports to assure that all staff training has been completed when warranted.*	

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	protocol was implemented properly. 9-3-6(a)			
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, the facility failed to ensure a wheelchair was ordered as prescribed for 1 of 4 sampled clients (#3). Findings include: On 5/27/15 between 4:47 PM and 6:57 PM and on 5/28/15 between 6:00 AM and 7:22 AM, group home observations were conducted. During both group home observations, Client #3 used a transfer wheelchair pushed by staff for mobility around the group home. On 5/28/15 at 10:12 AM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 12/15/14 to 5/28/15 were reviewed. A	W 0436	The facility must furnish, maintain in good repair and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces and other devices identified by the interdisciplinary team as needed by the client. The wheelchair was ordered and has been received. No other clients have been affected by this deficient practice. The QIDP has been trained that in the event that a client needs medical equipment and insurance is slow to process or not going to pay, the Cinical Supervisor needs to be informed so the facility can purchased the needed equipment in a timely manner. The Clinical Supervisor will monitor by asking about adaptive equipment needs at her montly meeting with the QIDP	07/08/2015

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	BDDS report dated 5/7/15 indicated "On 5/6/15 at 6:15 p.m., [Client #3] fell off the toilet while in the bathroom. Staff assisted her up and noticed a cut to her left eyebrow. The agency nurse was notified. The nurse instructed staff to take [Client #3] to [Hospital Emergency Room]. [Client #3] received a 1 1/2 inch cut to her left eyebrow and bit the inside of her bottom lip. Dermabond liquid adhesive was used to close the cut, and the doctor felt the lip would heal itself. No labs or diagnostics were done, and [Client #3] was released with no follow-up orders given. Staff were instructed by the nurse to start neuros (neurological checks) and complete a skin assessment every shift until healed. Tylenol (acetaminophen) and ice to be used as needed. [Client #3] does have a fall risk plan in place and it was being followed." The report indicated "[Client #3] has been leaning forward while sitting for the past few weeks, and an order for a chest harness is being requested. To prevent further incidents of this type, staff have been instructed to stay in the bathroom while [Client #3] is toileting." On 5/28/15 at 3:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, profound intellectual disabilities, hypertension,		and by monthly observations in the home.	

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	chronic thrombocytopenia (low blood platelet count), constipation, and epilepsy. Record review indicated Client #3 had physical therapy note dated 1/30/15 which indicated "patient continuous to have significant functional deficits affecting transfers." The physical therapy note indicated "cont (continue) with therapy to work on standing." A physical therapy note dated 2/4/15 indicated "2x (times)/wk (week) cont (continue) to work on standing frame for facilitating standing /transferring at home. Pt (patient) still leans forward & strugg (struggles) c (with) full knee ext (extension) in standing." A physical therapy note dated 2/9/15 indicated "she is not making progress in therapy. She continues to lack functional deficits c (with) limited mobility. Feel neuro (neurological) consult would be beneficial." Record review indicated a physician order dated 2/16/15 for "wheelchair with seatbelt." Record review indicated the QIDP (Qualified Intellectual Disabilities Professional) monthly summary for Client #3 which indicated the following (not all inclusive):			

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	1/8/15 "[doctor] said she wants [Client #3] to have outpatient physical therapy to see if it helps her motor skills with walking. The Dr. (doctor) also, said that [Client #3] should continue to use the wheel chair." 2/8/15 "On January 14th [Client #3] had a physical therapy evaluation due to muscle weakness which was recommended the previous month from her psychiatrist, [doctor]. The PT (physical therapy) said she had significant mobility deficits along with decreased strength, he recommended PT twice a week to work on sturdy and strength. She then had inpatient therapy on the 20th, 23th, 28th, and 30th of this month to work on her strength." 3/8/15 "Due to [Client #3] not ambulating at this time and her Dr. (doctor) continuing to have us using a wheel chair (sic)." 4/8/15 "Due to [Client #3] not ambulating at this time and her Dr. continuing to have us using a wheel chair we are encouraging [Client #3] to do her PT exercises and to help if she can as staff transfer her to bed, toilet, or chair." 5/8/15 "In the month of April [Client #3]			

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	has continued to show regression. [Client #3] continues to want to sleep all day, she is not walking or helping with her transfers and she needs assistance with eating. We have more recently seen occasional slight hand tremors. She is also, now leaning forward more while sitting." On 5/28/15 at 1:27 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #3's neurologist indicated Client #3's decline in mobility might be due to onset of Parkinson's disease. The QIDP indicated the neurologist wanted to rule out a medication induced Parkinson's symptoms. The QIDP stated Client #3 only used a wheelchair on a "PRN (used as needed) long distances." The QIDP indicated Client #3's physician's order for a wheelchair with a seatbelt dated 2/16/15 was forwarded to the wheelchair provider but had not been ordered. The QIDP indicated Client #3's insurance has not approved the payment for the wheelchair so it had not been ordered. The Administrator indicated they had a staff meeting earlier in the day and had discussed Client #3's wheelchair. The Administrator indicated the facility would purchase the wheelchair while the insurance is processed. The Administrator indicated Client #3 needed			

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	the wheelchair as prescribed by the physician. 9-3-7(a)			