

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G211	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/16/2013
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 810 CARLYLE ST COLUMBIA CITY, IN 46725
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(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
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 14, 15, 16, 2013.</p> <p>Provider Number: 15G211 Facility Number: 000737 AIM Number: 100243270</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/21/13 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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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview, the facility's nursing services failed to ensure the instructions of the pharmacy label matched the physician's orders and medication administration record (MAR) for 1 of 16 medications administered involving 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/15/13 from 6:00 AM until 9:05 AM. During the administration of medication at 6:30 AM, staff #12 gave client #2 Albuterol (asthma medication) via nebulizer. The label on the medication indicated, "Albuterol .083% use 1 vial per nebulizer every 4 hours as needed for coughing and wheezing."</p> <p>The 5/13 MAR and 3/19/13 physician's orders were reviewed on 5/15/13 at 6:40 AM. The MAR indicated documentation client #2 received Albuterol at 7:00 AM in a section marked, "Albuterol .083% use one vial per nebulizer twice daily for hx (history) of COPD (Chronic Obstructive Pulmonary Disorder)/Bronchitis." A section of the MAR without</p>	W000331	<p>The facility will provide clients with nursing services in accordance with their needs. The facility will ensure that instructions from the pharmacy label match the physicians orders and medication administration (MAR). Staff have been trained on how to check the pill packs/box labels against the MAR to ensure that the proper medications are being given at every medication pass. The nurse will work with the Medical Coach at the beginning of the month to ensure that all medications and instructions from the pharmacy label match the physicians orders and medication administration (MAR). The RM and QMRP will complete monthly medication passing observations to assure that staff are following proper med passing procedures.</p>	06/07/2013			

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	<p>documentation indicated "Albuterol .083% use 1 vial per nebulizer every 4 hours as needed for coughing and wheezing." The physician's orders indicated client #2 had orders to receive Albuterol twice daily for COPD/Bronchitis and also every 4 hours as needed for coughing and wheezing.</p> <p>Staff #12 was interviewed on 5/15/13 at 6:41 AM. She indicated client #2 was to receive Albuterol twice daily, and was unsure why the label did not indicate the same instructions.</p> <p>The nurse was interviewed on 5/16/13 at 3:15 PM and indicated the wrong label had been placed on the medication client #2 received and it was being corrected in the pharmacy. She indicated the label on the medication should match the MAR and physician's orders and the medication coach and the nurse had the responsibility to check for accuracy.</p> <p>9-3-6(a)</p>			