

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G633	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2016
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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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W 0000 Bldg. 00	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/8/16, 2/9/16, 2/10/16, 2/11/16 and 2/17/16.</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 of this report completed by #15068 on 2/24/16.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 had a surrogate to assist him in decision making.</p>	W 0125	W125: The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual	03/18/2016

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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	<p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 from 4:45 PM through 7:00 PM and on 2/9/16 from 6:00 AM through 8:00 AM. Client #1 was observed in the group home throughout the observation periods. Client #1 required staff assistance with all areas of his daily routine, medications, mealtime, toileting, hand washing and he was non-verbal with vocalizations which were not understood by others.</p> <p>Client #1's record was reviewed on 2/9/16 at 10:11 AM. Client #1's ISP (Individual Support Plan) dated 8/12/15 indicated his diagnoses included, but were not limited to, profound level of intellectual disability, psychotic disorder and PKU (Phenylketonuria, an enzyme deficiency). Client #1's 8/12/15 ISP indicated client #1 was not independent in activities of daily living and required staff assistance in all areas of his daily life. Client #1's Informed Consent Assessment form, undated, indicated client #1 was assessed as needing a guardian.</p> <p>AS (Administrative Staff) #1 was interviewed on 2/9/16 at 1:02 PM. AS #1 indicated client #1 needed a guardian to</p>				<p>clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Team is in the process of locating Guardianship/Advocate Services for Client #1. Emails have been sent to surrounding Guardianship Companies, Case Managers, Behavior Clinicians, BDDS Coordinators and the Ombudsman to try to get assistance in locating a Guardian for client #1. <p>(Attachment A)</p> <ul style="list-style-type: none"> Application for guardianship services submitted again to Thrive Alliance on 3-7-16. (Attachment B) <p>How we will identify others:</p> <ul style="list-style-type: none"> The QIDP will continue to assist the team in finding a Guardian/Advocate for Client #1 until one is found and in place. 		

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W 0159	<p>assist him with decision making. AS #1 indicated client #1's IDT (Interdisciplinary Team) had discussed client #1's guardianship needs with recommendations for paid guardianship services on 8/4/15, 11/3/15 and 2/5/16. AS #1 indicated client #1's IDT had not obtained a guardian for client #1 at the time of the 2/9/16 review.</p> <p>9-3-2(a)</p> <p>483.430(a)</p>		<ul style="list-style-type: none"> · The QIDP will complete and review informed consent assessments to determine any needs for guardianship services. · Measures to be put in place: <ul style="list-style-type: none"> · All Team Members to continue to reach out and look for Guardianship/Advocate Services for Client #1. · Monitoring of Corrective Action: <ul style="list-style-type: none"> · Informed consent will be updated and reviewed at each annual IDT or as needed to determine the need of guardianship services. · Program Manager, Assistant Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. · <p>Completion Date: 3-18-16</p>		

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Bldg. 00	<p>QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1 and #3's active treatment program by failing to ensure client #1 had a surrogate to assist him in decision making, to ensure client #1 received aggressive and consistent professional program services regarding behavior consultant services and OT (Occupational Therapy)/ PT (Physical Therapy) services, to assess client #3's sensorimotor skills in regards to client #3's ambulation needs and/or needs for adaptive equipment and to ensure client #1's BSP (Behavior Support Plan) included specific supports regarding client #1's identified needs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1 had a surrogate to assist him in decision making. Please see W125. 2. The QIDP failed to integrate, coordinate and monitor client #1's active 	W 0159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Team is in the process of locating Guardianship/Advocate Services for Client #1. Emails have been sent to surrounding Guardianship Companies, Case Managers, Behavior Clinicians, BDDS Coordinators and the Ombudsman to try to get assistance in locating a Guardian for client #1. <p>(Attachment A)</p> <ul style="list-style-type: none"> · Application for guardianship services submitted again to Thrive Alliance on 3-7-16. <p>(Attachment B)</p> <ul style="list-style-type: none"> · Client #1 has a new behavior plan (Attachment 	03/18/2016

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	<p>treatment program by failing to ensure client #1 received aggressive and consistent professional program services regarding behavior consultant services and OT/ PT services. Please see W164.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client #3's active treatment program by failing to assess client #3's sensorimotor skills in regards to client #3's ambulation needs and/or needs for adaptive equipment. Please see W218.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's BSP included specific supports regarding client #1's identified needs. Please see W227.</p> <p>9-3-3(a)</p>		<p>F) implemented and all staff trained on 2-23-16. (Attachment C)</p> <ul style="list-style-type: none"> ·Client #3 had a PT evaluation on 3-1-16 (Attachment D) and patient evaluated for mobility. Significant contractures, limited mobility, to stand. Recommend one therapy visit to educate nursing in sliding transfer. Possible ROM exercises if tolerated. ·Client #3 had an OT evaluation on 3-4-16 (Attachment E). Continued with Dicem, nose cup, small spoon and shower chair. Continue ROM exercises daily for bilateral LE's. ·Client #1 had a PT evaluation on 3-1-16 (Attachment G). PT ordered 1X/week times 4 weeks considered at this point with potential to discharge early based on improvement or non-improvement. ·Client #1 had an OT evaluation on 3-2-16 (Attachment H). OT ordered to continue adaptive aids of helmet as 	

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			<p>patient will wear, small spoon, high sided divided plate and dicem and cup with spouted lid.</p> <ul style="list-style-type: none"> · QIDP will be in-serviced on informed consent process, following up on outside behavior consultant services and OT/PT services. <p>How will we identify others:</p> <ul style="list-style-type: none"> · The QIDP will continueto assist the team in finding a Guardian/Advocate for Client #1 until one isfound and in place. · ResidentialManager and staff to follow all recommendations by OT/PT for allindividuals. <p>Measures to be put intoplace:</p> <ul style="list-style-type: none"> · All Team Membersto continue to reach out and look for Guardianship/Advocate Services for Client#1. · ResidentialManager and staff to follow all recommendations by OT/PT for allindividuals. 	

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W 0164 Bldg. 00	483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on record review and interview for	W 0164	<p>Monitoring of CorrectiveAction:</p> <ul style="list-style-type: none"> · Nurse Manager and QIDP to monitor and report all issues to the teammembers. · Nurse weeklyChecklist (Attachment L) to becompleted by the Nurse Coordinator weekly and send to the Nurse Manager /Program Manager weekly for monitoring of completion/issues. · Program Manager,Assistant Executive Director, Executive Director, Business Manager, HR Manager,Nursing Manager will perform Best In Class reviews at all locations within theyear. The results will be shared with all team members. <p>Completion Date: 3-18-16</p> <p>W164: Each client must</p>	03/18/2016
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	<p>1 of 4 sampled clients (#1), the facility failed to assure client #1 received aggressive and consistent professional program services regarding behavior consultant services and OT (Occupational Therapy)/ PT (Physical Therapy) services.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/9/16 at 8:35 AM. The review indicated the following:</p> <p>-BDDS report dated 12/20/15 indicated client #1 fell while attempting to stand up and fell hitting his head. The 12/20/15 BDDS report indicated client #1 was taken to the ER (Emergency Room) for assessment and was released from the ER with no findings.</p> <p>-BDDS report dated 1/15/16 indicated client #1 was walking and tripped while at day services. The 1/15/16 BDDS report indicated client #1 hit his head on the floor, sustained a cut above his left eyebrow and was transported to the ER for evaluation. The 1/15/16 BDDS report indicated client #1 sustained a 6 millimeter laceration to his eyebrow.</p>		<p>receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Corrective Action:</p> <ul style="list-style-type: none"> · Client #1 had a PT evaluation on 3-1-16 (Attachment G). PT ordered 1X/week times 4 weeks considered at this point with potential to discharge early based on improvement or non-improvement. · Client #1 had an OT evaluation on 3-2-16 (Attachment H). OT ordered to continue adaptive aids of helmet as patient will wear, small spoon, high sided divided plate and dicem and cup with spouted lid. · Team is in the process of locating Guardianship/Advocate Services for Client #1. Emails have been sent to surrounding Guardianship Companies, Case Managers, Behavior Clinicians, BDDS 	

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	<p>-BDDS report dated 1/17/16 indicated client #1 fell while attempting to put on his shoes. The 1/17/16 BDDS report indicated client #1 sustained a 2 centimeter cut behind his right ear, and was taken to the ER for evaluation and was released with no new orders.</p> <p>-BDDS report dated 1/27/16 indicated client #1 was walking in the home, tripped and fell and sustained a cut on the right side of his forehead. The 1/27/16 BDDS report indicated client #1 was taken to the ER for evaluation and was released with no new orders.</p> <p>-BDDS report dated 1/28/16 indicated client #1 fell while walking in the group home, hit his head on a table, sustained a 1 and 1/2 inch cut on his forehead and was sent to the ER for evaluation. The 1/28/16 BDDS report indicated client #1 was released from the ER with no new orders.</p> <p>Client #1's record was reviewed on 2/9/16 at 10:11 AM. Client #1's Narrative Nurse Notes (NNNs) 3/10/15 through 2/9/16 included the following narrative nurse notes:</p> <p>-3/10/15 NNN indicated client #1 fell and hit his head while attempting to put on his shoes. Client #1 was taken to the ER</p>		<p>Coordinators and the Ombudsman to try to get assistance in locating a Guardian for client #1. (Attachment A)</p> <ul style="list-style-type: none"> ·Application for guardianship services submitted again to Thrive Alliance on 3-7-16. <p>(Attachment B)</p> <ul style="list-style-type: none"> ·Client #1 has a new behavior plan (Attachment F) implemented and all staff trained on 2-23-16. <p>(Attachment C)</p> <p>How will we identify others:</p> <ul style="list-style-type: none"> · The QIDP will continue to assist the team in finding a Guardian/Advocate for Client #1 until one is found and in place. · Residential Manager and staff to follow all recommendations by OT/PT for all individuals. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · All Team Members to continue to reach out and look for Guardianship/Advocate 				

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	<p>for evaluation and was released with no new orders.</p> <p>-6/22/15 NNN indicated, "[Client #1] was seen at the ER on 6/21/15 due to fall and hit head. [Client #1] tripped over pants and fell backwards hitting the back of his head. Scalp abrasion/contusion noted to back of head."</p> <p>-6/29/15 NNN indicated, "Seen at ER due to fall and hit head causing laceration on left eyebrow." The 6/29/15 NNN indicated client #1 received 5 stitches to close his eyebrow laceration.</p> <p>-7/15/15 NNN indicated a nursing assessment was completed on client #1 following a fall and ER visit on 7/14/15. The 7/15/15 NNN indicated client #1 sustained an abrasion on his chin and cut on his upper lip which were glued shut.</p> <p>-7/29/15 NNN indicated client #1 had fallen on 7/28/15 and was seen at the ER for assessment. No injury was noted.</p> <p>-1/4/16 NNN indicated client #1 was seen at the ER for a fall with an abrasion to the top and back of his head on 1/3/16. No stitches or glue required to close the wound.</p> <p>-1/14/16 NNN indicated client #1 fell and</p>		<p>Services for Client#1.</p> <ul style="list-style-type: none"> · Nurse Manager, ResidentialManager and staff to follow all recommendations by OT/PT for all individuals. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · ClinicalSupervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within theyear. The results will be shared with all team members. <p>Completion Date: 3-18-16</p>	

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	<p>sustained a 6 millimeter facial laceration. No stitches or glue required to close the wound.</p> <p>-1/18/16 NNN indicated client #1 fell, hit his head and was taken to the ER on 1/17/16. No stitches or glue required to close the wound.</p> <p>-1/22/16 NNN indicated, "Emergency IDT (Interdisciplinary Team) meeting today. Recent falls. Fall high risk plan will be updated. Staff continue to monitor."</p> <p>-1/27/16 NNN indicated, "Seen at home for follow up from ER visits two times in the last 24 hours due to falls. On 1/26/16, fell at home and struck head on wall leaving a 2 centimeter scalp laceration on right side. Second, fall on 1/27/16 at day program. Striking left forehead on wall. Also, seen at ER per policy. Large laceration on left forehead."</p> <p>-1/31/16 NNN indicated, "Seen by [primary care physician] on 1/28/16. Multiple falls. All episodes are mechanical imbalance." The 1/31/16 NNN indicated, "[Client #1] does not tolerate helmet placement. Unfortunately, no interventions are available to [client #1] who cannot be educated. Standby safety measures."</p>			

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	<p>-2/9/16 NNN indicated, "Fall on 2/8/16 and hit head. Tripped over another client's feet. [Client #1] was taken to ER. Staff to monitor for 24 hours, head injury protocol being completed."</p> <p>Client #1's IDT note dated 8/4/15 indicated, "Meeting Agenda. Medical: 6/29/15, 6/22/15, 6/30/15 (stitches out), 7/14/15 and 7/28/15 ER visits." Client #1's 8/4/15 IDT note indicated, "Define in BSP (Behavior Support Plan) blocking used to prevent falls." Client #1's 8/4/15 IDT note indicated, "... suggest OT (Occupational Therapy)/PT (Physical Therapy) evaluations for suggestions for [client #1]." Client #1's 8/4/15 IDT note indicated, "Seek Behavior Specialist."</p> <p>Client #1's IDT note dated 11/3/15 indicated client #1 was assessed by a behavior consultant to develop a new BSP for behaviors.</p> <p>Client #1's IDT note dated 2/5/16 indicated, "1/3/16 ER fall, 1/14/16 Fall, 1/17/16 Fall, 1/26/16 Fall, 1/27/16 Fall." Client #1's IDT note dated 2/5/16 indicated, "Outside Behavior Consultant has still not coordinated training for new plan." The 2/5/16 IDT note indicated, "[Client #1] does have a referral for a</p>			

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	<p>helmet but refuses to wear it."</p> <p>Client #1's IDT notes dated 8/4/15, 11/3/15 and 2/5/16 did not indicate documentation of participation or input from professional services regarding OT/PT or behavior consultants.</p> <p>Client #1's OT/PT evaluation form dated 5/20/11 indicated client #1 was evaluated for recommendations from OT/PT services on 5/20/11. Client #1's 5/20/11 OT/PT evaluation form indicated the facility should utilize contrast tape on the walls and floors to assist client #1 with his vision/cataract issues. Client #1's record did not indicate documentation of additional OT/PT recommendations or IDT input regarding client #1's falls.</p> <p>Client #1's record indicated documentation of two BSPs. Client #1's 8/12/15 BSP was developed by AS (Administrative Staff) #1 who was a non-degreed professional. Client #1's 10/27/15 Functional Behavioral Analysis and BSP were completed by a certified behavioral consultant.</p> <p>AS (Administrative Staff) #1, QIDP (Qualified Intellectual Disabilities Professional) #1 and LPN (Licensed Practical Nurse) #1 were interviewed on 2/9/16 at 1:02 PM. AS #1 indicated client</p>			

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	<p>#1 was evaluated by a behavior consultant on 10/27/15. AS #1 indicated the facility was not implementing the behavior consultant's 10/27/15 BSP. AS #1 indicated the behavior consultant who authored the 10/27/15 BSP had not returned to the group home to train staff regarding the implementation of the 10/27/15 BSP. AS #1 indicated the group home and the day services were utilizing the 8/12/15 BSP. AS #1 indicated she was a non-degreed professional and had developed the 8/12/15 BSP. AS #1 indicated the home's residential manager had attempted to coordinate training times with the behavior consultant but had not been successful in receiving reciprocal communication from the behavior consultant. LPN #1 indicated client #1's most recent OT/PT evaluation was 5/20/11. LPN #1 indicated the 8/3/15 IDT discussion had included requesting OT/PT recommendations to address client #1's falls. AS #1 and LPN #1 indicated the behavior consultant and/or OT/PT services had not participated in client #1's IDT meetings to make recommendations regarding client #1's behaviors or falls.</p> <p>9-3-3(a)</p>			

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W 0218 Bldg. 00	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 4 sample clients (#3), the facility failed to assess client #3's sensorimotor skills in regards to client #3's ambulation needs and/or needs for adaptive equipment.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 from 4:45 PM through 7:00 PM. Client #3 was observed throughout the observation period. Client #3 was in a manual wheelchair and was non ambulatory, she did not walk independently. Client #3 was immobile/paralyzed from the waist down. At 6:03 PM, staff #2 encouraged client #3 to transfer from her wheelchair to a recliner. Staff #2 positioned client #3's wheelchair in front of a recliner. Staff #2 physically assisted client #3 to a standing position. Client #3 was not wearing a gait belt. Staff #2 physically held client #3's hands attempting to balance her. Staff #2 repeatedly stated, "Turn around [client #3], we need to sit down." Client #3 remained in a standing position, and was unable to sit. Client #3 began to lean backwards while standing one foot away</p>	W 0218	<p>W218: The comprehensive functional assessment must include sensorimotor development. Corrective Action:</p> <ul style="list-style-type: none"> · Client #3 had a PT evaluation on 3-1-16 (Attachment D) and patient evaluated for mobility. Significant contractures, limited mobility, to stand. Recommend one therapy visit to educate nursing in sliding transfer. Possible ROM exercises if tolerated. · Client #3 had an OT evaluation on 3-4-16 (Attachment E). Continued with Dicem, nose cup, small spoon and shower chair. Continue ROM exercises daily for bilateral LE's. · QIDP will be in-serviced on OT/PT services and follow up from any recommendations. <p>How will we identify</p>	03/18/2016
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	<p>from the recliner. Home Manager (HM) #1 then physically pushed the recliner underneath client #3.</p> <p>Client #3's record was reviewed on 2/9/16 at 9:26 AM. Client #3's Doctor's Orders and Progress Notes Form (DOPNF) dated 9/23/15 indicated Client #3 had an Occupational Therapy evaluation and wheelchair assessment. Client #3's DOPNF dated 9/23/15 indicated, "For team discussions, consider using gait belt for all transfers due to fall risk/history of fall during transfer."</p> <p>Client #3's Risk Plan dated 3/12/15 indicated, "At risk for falls related to immobility 2 (sic) moderate spastic paralysis." Client #3's Risk Plan dated 3/12/15 indicated, "Staff will assist [client #3] with transfers as needed." Client #3's Risk Plan dated 3/12/15 did not indicate documentation regarding specific methodologies of how staff should assist client #3 with transfers.</p> <p>Client #3's record did not indicate documentation of a Physical Therapy (PT) evaluation to make recommendations regarding specific methodologies of how staff should assist client #3 with transfers.</p>		<p>others:</p> <ul style="list-style-type: none"> · Residential Manager and staff to follow all recommendations by OT/PT for all individuals. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Nurse Manager, Residential Manager and staff to follow all recommendations by OT/PT for all individuals. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Nurse Manager and QIDP to monitor and report all issues to the team members. · Program Manager, Assistant Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <p>Completion Date: 3-18-16</p>	

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W 0227 Bldg. 00	<p>Administrative Staff (AS) #1 was interviewed at 2/10/16 at 2:20 PM. AS #1 stated, "[Client #3] used to transfer with assistance but has regressed." AS #1 indicated client #3 was not able to pivot and needs a new PT assessment.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1's BSP (Behavior Support Plan) included specific supports regarding client #1's identified needs.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/9/16 at 8:35 AM. The review indicated the following:</p> <p>-BDDS report dated 12/20/15 indicated client #1 fell while attempting to stand up and fell hitting his head. The 12/20/15 BDDS report indicated client #1 was</p>	W 0227	<p>W227: The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Corrective Action:</p> <ul style="list-style-type: none"> · Addendum to BSP to add all fall risks and to incorporate to prevent falls added on 3-1-16. (Attachment I) · Staff trained on fall risk plans which includes all information added to BSP 	03/18/2016

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	<p>taken to the ER (Emergency Room) for assessment and was released from the ER with no findings.</p> <p>-BDDS report dated 1/15/16 indicated was walking and tripped while at day services. The 1/15/16 BDDS report indicated client #1 hit his head on the floor, sustained a cut above his left eyebrow and was transported to the ER for evaluation. The 1/15/16 BDDS report indicated client #1 sustained a 6 millimeter laceration to his eyebrow.</p> <p>-BDDS report dated 1/17/16 indicated client #1 fell while attempting to put on his shoes. The 1/17/16 BDDS report indicated client #1 sustained a 2 centimeter cut behind his right ear, was taken to the ER for evaluation and was released with no new orders.</p> <p>-BDDS report dated 1/27/16 indicated client #1 was walking in the home, tripped and fell and sustained a cut on the right side of his forehead. The 1/27/16 BDDS report indicated client #1 was taken to the ER for evaluation and was released with no new orders.</p> <p>-BDDS report dated 1/28/16 indicated client #1 fell while walking in the group home, hit his head on a table, sustained a 1 and 1/2 inch cut on his forehead and</p>		<p>addendum. (Attachment J)</p> <ul style="list-style-type: none"> · QIDP will be in-serviced on informed consent process, following up on outside behavior consultant services. <p>How will we identify others:</p> <ul style="list-style-type: none"> · QIDP to implement and monitor BSP and addendum's to include specifics regarding client's identified needs. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · QIDP to implement and monitor BSP and addendum's to include specifics regarding client's identified needs. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Nurse Manager and QIDP to monitor and report all issues to the team members. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class 	

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	<p>was sent to the ER for evaluation. The 1/28/16 BDDS report indicated client #1 was released from the ER with no new orders.</p> <p>Client #1's record was reviewed on 2/9/16 at 10:11 AM. Client #1's Narrative Nurse Notes (NNNs) 3/10/15 through 2/9/16 included the following narrative nurse notes:</p> <p>-3/10/15 NNN indicated client #1 fell and hit his head while attempting to put on his shoes. Client #1 was taken to the ER for evaluation and was released with no new orders.</p> <p>-6/22/15 NNN indicated, "[Client #1] was seen at the ER on 6/21/15 due to fall and hit head. [Client #1] tripped over pants and fell backwards hitting the back of his head. Scalp abrasion/contusion noted to back of head."</p> <p>-6/29/15 NNN indicated, "Seen at ER due to fall and hit head causing laceration on left eyebrow." The 6/29/15 NNN indicated client #1 received 5 stitches to close his eyebrow laceration.</p> <p>-7/15/15 NNN indicated a nursing assessment was completed on client #1 following a fall and ER visit on 7/14/15. The 7/15/15 NNN indicated client #1</p>		<p>reviews at all locations within theyear. The results will be shared with all team members.</p> <p>Completion Date: 3-18-16</p>	

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	<p>sustained an abrasion on his chin and cut on his upper lip which were glued shut.</p> <p>-7/29/15 NNN indicated client #1 had fallen on 7/28/15 and was seen at the ER for assessment. No injury was noted.</p> <p>-1/4/16 NNN indicated client #1 was seen at the ER for a fall with an abrasion to the top and back of his head on 1/3/16. No stitches or glue required to close the wound.</p> <p>-1/14/16 NNN indicated client #1 fell and sustained a 6 millimeter facial laceration. No stitches or glue required to close the wound.</p> <p>-1/18/16 NNN indicated client #1 fell, hit his head and was taken to the ER on 1/17/16. No stitches or glue required to close the wound.</p> <p>-1/22/16 NNN indicated, "Emergency IDT (Interdisciplinary Team) meeting today. Recent falls. Fall high risk plan will be updated. Staff continue to monitor."</p> <p>-1/27/16 NNN indicated, "Seen at home for follow up from ER visits two times in the last 24 hours due to falls. On on 1/26/16, fell at home and struck head on wall leaving a 2 centimeter scalp</p>			

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	<p>laceration on right side. Second, fall on 1/27/16 at day program. Striking left forehead on wall. Also, seen at ER per policy. Large laceration on left forehead."</p> <p>-1/31/16 NNN indicated, "Seen by [primary care physician] on 1/28/16. Multiple falls. All episodes are mechanical imbalance." The 1/31/16 NNN indicated, "[Client #1] does not tolerate helmet placement. Unfortunately, no interventions are available to [client #1] who cannot be educated. Standby safety measures."</p> <p>-2/9/16 NNN indicated, "Fall on 2/8/16 and hit head. Tripped over another client's feet. [Client #1] was taken to ER. Staff to monitor for 24 hours, head injury protocol being completed."</p> <p>Client #1's IDT note dated 8/4/15 indicated, "Meeting Agenda. Medical: 6/29/15, 6/22/15, 6/30/15 (stitches out), 7/14/15 and 7/28/15 ER visits." Client #1's 8/4/15 IDT note indicated, "Define in BSP (Behavior Support Plan) blocking used to prevent falls."</p> <p>Client #1's IDT note dated 2/5/16 indicated, "1/3/16 ER fall, 1/14/16 Fall, 1/17/16 Fall, 1/26/16 Fall, 1/27/16 Fall." Client #1's IDT note dated 2/5/16 indicated, "Outside Behavior Consultant</p>			

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W 0368 Bldg. 00	<p>has still not coordinated training for new plan."</p> <p>Client #1's 8/12/15 BSP did not indicate documentation of specific blocking techniques to indicate how staff should prevent client #1 from falling.</p> <p>AS (Administrative Staff) #1, QIDP (Qualified Intellectual Disabilities Professional) #1 and LPN (Licensed Practical Nurse) #1 were interviewed on 2/9/16 at 1:02 PM. AS #1 indicated client #1's IDT recommendations should be implemented.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), plus 3 additional clients (#4, #5 and #6), the facility failed to ensure clients #1, #2, #4, #5 and #6's medications were administered according to their physician's orders.</p> <p>Findings include:</p>	W 0368	<p>W368: The system for drugadministration must assure that all drugs are administered in compliance withthe physician's orders. Corrective Action:</p> <ul style="list-style-type: none"> All staff re-trained on 2-23-16 on MedicationAdministration 	03/18/2016

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/9/16 at 8:35 AM. The review indicated the following:</p> <p>1. BDDS report dated 8/17/15 indicated, "[Client #1] did not receive his 8:00 AM dose of Cogentin (hypertension) 0.5 milligrams."</p> <p>-BDDS report dated 11/10/15 indicated, "On 11/8/15 medication pass, it was discovered that [client #1] did not receive his Gabapentin (psychosis) 600 milligram tablet at his 11/8/15 8:00 PM dose."</p> <p>-BDDS report dated 1/26/16 indicated, "On 1/25/16 at 8:00 PM, it was reported that [client #1] received 3 milligrams Risperidone (anxiety) tablet instead of the 2 milligrams tablet for his 8:00 PM dose on 1/24/16."</p> <p>Client #1's record was reviewed on 2/9/16 at 10:11 AM. Client #1's POs (physician's orders) dated 1/7/16 indicated client #1 had physician's orders for Cogentin 0.5 milligrams, one tablet by mouth twice daily (7:00 AM and 8:00 PM).</p> <p>2. BDDS report dated 1/27/16 indicated, "On 1/26/16 at 8:00 PM, staff discovered</p>		<p>Policy, monthly cycle fill to ensure all meds is dropped off perphysician orders, and all vitals' completed as ordered.</p> <p>Howwill we identify others:</p> <ul style="list-style-type: none"> ResidentialManager to complete weekly audits (AttachmentM) on medications and ensure all prescribed medicine is present in the homewith at least a seven day supply. Allmedications will be ordered when the remaining amount is seven days or less. NursingCoordinator to review all Physician Orders with MAR's prior to beginning of amonth to guarantee accuracy/completion. <p>Measures to be put inplace:</p> <ul style="list-style-type: none"> ResidentialManager to complete weekly audits (AttachmentM) on medications and ensure all prescribed medicine is present in the homewith at least a 3 day supply. Allmedications will be 	

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	<p>[client #2] did not receive his Lisinopril (hypertension) 40 milligrams one half tablet dose on 1/20/16 at 7:00 AM."</p> <p>Client #2's record was reviewed on 2/9/16 at 12:35 PM. Client #2's POs dated 1/7/16 indicated client #2 had a physician's order for Lisinopril tablet 40 milligrams, give one half tablet (20 milligrams) by mouth daily for hypertension.</p> <p>3. BDDS report dated 1/23/16 indicated, "[Client #4] failed to receive his Xaretto (sic) (blood thinner) 15 milligrams dose on 1/21/16 at 5:00 PM."</p> <p>-BDDS report dated 1/27/16 indicated, "On 1/26/16 at 8:00 PM, staff discovered [client #4] received Tamsulosin/Flomax (prostate health) 4 milligrams dose at 7:00 PM and this is a 7:00 AM one time a day medicine."</p> <p>Client #4's record was reviewed on 2/9/16 at 11:50 AM. Client #4's POs dated 1/7/16 indicated client #4 had physician's orders for Xarelto tablet 15 milligrams, give one tablet by mouth at 5:00 PM for stroke prevention and Tamsulosin capsule 0.4 milligrams, give one capsule by mouth every morning for enlarged prostate.</p>		<p>ordered when there is three or less days' worth of medications.</p> <ul style="list-style-type: none"> Nursing Coordinator to review all Physician Orders with MAR's prior to beginning of a month to guarantee accuracy/completion. Medication administration policy implementation to occur after every medication error. Staff will receive correct re-training/corrective action per policy. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Med Review and Medical Supply Weekly Checklist (Attachment L) to be completed by the Nurse Coordinator weekly and send to the Nurse Manager / Program Manager weekly for monitoring of completion/issues. The Med Review and Medical Supplies Weekly checklist is a form created to ensure the nurse is on site to train, teach, model, and monitor the medication administration program. 		

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	<p>4. BDDS report dated 11/10/15 indicated, "On 11/8/15 at 8:00 PM medication pass, it was discovered that [client #5] did not receive his Ranitidine (ulcers) 150 milligrams tablet at his 11/8/15 8:00 PM dose."</p> <p>Client #5's record was reviewed on 2/9/16 at 1:30 PM. Client #5's POs dated 1/7/16 indicated client #5 had a physician's order for Ranitidine tablet 150 milligrams, give one tablet by mouth twice daily for GERD.</p> <p>5. BDDS report dated 1/23/16 indicated, "[Client #6] did not receive his Levetiracetam (seizures) 750 milligrams tablet on 1/21/16 at 5:00 PM."</p> <p>Client #6's record was reviewed on 2/9/16 at 1:40 PM. Client #6's POs dated 1/7/16 indicated client #6 had a physician's order for Levetiracetam 750 milligrams tablet, give one tablet by mouth twice daily for seizures.</p> <p>6. BDDS report dated 10/3/15 indicated, "On 10/3/15 at 8:00 PM, staff went to pass [client #7's] 8:00 PM dose of Topomax (sic) (seizures) 25 milligrams tablet and realized there wasn't any in the home."</p> <p>-BDDS report dated 10/6/15 indicated,</p>		<p>The form mandates a weekly medication audits performed by the nurse and the staff involved in the audit are to sign and date the form as well.</p> <p>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within theyear. The results will be shared with all team members.</p> <p>Completion Date: 3-18-16</p>	

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 02/17/2016
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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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W 0369 Bldg. 00	<p>"On 10/5/15 at 8:00 PM, staff discovered [client #7] did not get her 10/5/15 8:00 AM dose of Carbamaepin (sic) (seizures) 300 milligrams and Topriamate (sic) 25 milligrams tablets."</p> <p>Client #7's record was reviewed on 2/9/16 at 1:50 PM. Client #7's POs dated 1/7/16 indicated client #7 had physician's orders for Carbamazepin capsule 300 milligrams, give one capsule by mouth every twelve hours (8:00 AM and 8:00 PM) for convulsions and Topiramate tablet 100 milligrams, one tablet daily.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/9/16 at 1:02 PM. LPN #1 indicated clients #1, #2, #4, #5, #6 and #7's medications should be administered as ordered by their physician's orders.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's medication was administered without error.</p>	W 0369	<p>W369: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Corrective Action: · All staff</p>	03/18/2016

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 2/9/16 from 6:00 AM through 8:00 AM. At 7:30 AM, client #4 received his morning medications which included Metoprolol 25 milligram tablet (blood pressure). Staff #1, who administered client #4's Metoprolol, did not take client #4's blood pressure or heart rate prior to administration.</p> <p>Staff #1 was interviewed on 2/9/16 at 7:40 AM. When asked when client #4's blood pressure should be taken, staff #1 stated, "[Client #4] only gets his blood pressure taken at 4:00 PM."</p> <p>Client #4's Metoprolol 25 milligram tablet pharmacy label was reviewed on 2/9/16 at 7:35 AM. Client #4's Metoprolol 25 milligram tablet pharmacy label indicated, "Hold if blood pressure is less than 105."</p> <p>Client #4's record was reviewed on 2/9/16 at 11:50 AM. Client #4's Physician's Orders form dated 12/24/15 indicated, "Metoprolol Tablet 25 milligram. Hold if blood pressure is less than 105...."</p>		<p>re-trained on 2-23-16 on MedicationAdministration Policy, monthly cycle fill to ensure all meds is dropped off perphysician orders, and all vitals' completed as ordered. Howwill we identify others:</p> <ul style="list-style-type: none"> · ResidentialManager to complete weekly audits (AttachmentM) on medications and ensure all prescribed medicine is present in the homewith at least a seven day supply. Allmedications will be ordered when the remaining amount is seven days or less. · NursingCoordinator to review all Physician Orders with MAR's prior to beginning of amonth to guarantee accuracy/completion. <p>Measures to be put inplace:</p> <ul style="list-style-type: none"> · ResidentialManager to complete weekly audits (AttachmentM) on medications and ensure all prescribed medicine is present in the homewith at least a 3 day supply. Allmedications will be ordered when there is three or less days' worth ofmedications. · NursingCoordinator to review all Physician Orders with MAR's prior to beginning of amonth to guarantee accuracy/completion. · Medication administration policyimplementation to occur after every medication error. Staff will receive correctre-training/corrective active per policy. Monitoring of Corrective Action: · Med Review andMedical Supply Weekly Checklist (AttachmentL) to be completed by the Nurse 				

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	<p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/9/16 at 1:00 PM. LPN #1 indicated medication should be administered as ordered by the physician. LPN #1 indicated client #4's blood pressure should be taken before administration of Metoprolol 25 milligram tablet. LPN #1 indicated client #4's Metoprolol 25 milligram tablet should be held if blood pressure is less than 105.</p> <p>9-3-6(a)</p>		<p>Coordinator weekly and send to the NurseManager / Program Manager weekly for monitoring of completion/issues. The Med Review and Medical Supplies Weeklychecklist is a form created to ensure the nurse is on site to train, teach,model, and monitor the medication administration program. The form mandates a weekly medication auditis performed by the nurse and the staff involved in the audit are to sign anddate the form as well.</p> <p>· ClinicalSupervisor, Program Manager, Executive Director, Business Manager, HR Manager,Nursing Manager will perform Best In Class reviews at all locations within theyear. The results will be shared with all team members. Completion Date: 3-18-16</p>				