

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE MAIN AND JEFFERSON DUPONT, IN 47231
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W 0000 Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: May 18, 19 and 20, 2015.</p> <p>Facility Number: 000852 Provider Number: 15G334 AIM Number: 100243920</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients who received medications to manage behaviors (#4), the facility failed to ensure the client's program plan included all medications and contained withdrawal criteria for all the behavior medications.</p>	W 0312	<p>W312: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual</p>	06/19/2015

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>Record review for client #4 was done on 5/19/15 at 9:00 AM. Client #4's record contained a Behavior Support Plan/BSP dated 12/27/14. The BSP indicated client #4's behavior management medications were Seroquel (anti-psychotic) and Depakote (anti-convulsant). The client's record indicated the Depakote had been withdrawn and discontinued due to side effects. The record contained a psychiatrist's note dated 3/2/15 which indicated client #4 had been started on Celexa (anti-depressant) 10 milligrams/mg at hour of sleep (HS). The behaviors, for which the Celexa was used, were not specifically written into the BSP. The plan contained no reduction criteria for the Celexa.</p> <p>QIDP-designee/Qualified Developmental Disabilities Professional designee #1 was interviewed on 5/20/15 at 3:35 PM. The interview indicated QIDP-d #1 had not been informed of medication changes so the BSP had not been revised to include drug withdrawal criteria for the Celexa.</p> <p>9-3-5(a)</p>				<p>elimination of the behaviors for which the drugs are employed.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · QIDP has been in serviced on including medication reduction plan to the Behavior Support Plan addendum when a new medication is prescribed. (Attachment A) · Residential Manager in-serviced on relaying any medication changes to the QIDP. (Attachment A) · Medication Reduction plan has been included on Client #4's Behavior Support Plan addendum (Attachment B) <p>How we will identify others:</p> <ul style="list-style-type: none"> · QIDP will review medication reduction plans to ensure that reductions are included for each medication. <p>Measures to be put in place:</p>		

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W 9999 Bldg. 00	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: 460 IAC 9-3-1(a) Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:	W 9999	<p>Clinical Supervisor will review Behavior Support Plan addendums to ensure that medication reduction plans are included.</p> <p>Monitoring of Corrective Action:</p> <p>Clinical Supervisor will review Behavior Support addendums monthly to ensure medication reductions are included in plan.</p> <p>Completion Date: 6-19-15</p> <p>W 9999:</p> <p>Governing Body: The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: (14)(f) any occurrence of skin breakdown related to decubitus ulcer, regardless of severity.</p> <p>Corrective action:</p>	06/19/2015	

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	<p>"14) A significant injury to an individual that includes, but is not limited to: f. any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity...."</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview for 1 of 1 Bureau of Developmental Disabilities Services (BDDS) incident report reviewed indicating a significant injury (client to client aggression) affecting one additional client (#6), the facility failed to report to BDDS, in accordance with state law, a decubitus ulcer which required months of treatment.</p> <p>Findings include</p> <p>On 5/19/15 at 8:30 AM, client #6's record was reviewed. The review indicated client #6's diagnosis included, but was not limited to, Diabetes with accompanying skin integrity issues. The review of client #6's record indicated documentation client #6's Primary Care Physician/PCP recommended he be seen at a local wound care center on 11/7/14. Client #6 was treated for a decubitus ulcer of the left lower leg (shin) until 3/30/15. The client was seeing his PCP for healing wound care at the time of the</p>		<ul style="list-style-type: none"> · All appropriate parties have been in-serviced on the time frame to report any incident including skin breakdowns related to decubitus ulcers. (Attachment A) · All appropriate parties have been in-serviced on BDDS reportable standards. (Attachment A & C) <p>How we will identify others:</p> <ul style="list-style-type: none"> · All BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · All incident report data will be reviewed by safety committee. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete 		

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	<p>survey.</p> <p>A review of the facility's BDDS reports was conducted on 5/20/15 at 1:25 PM. An incident with client #4 on 10/27/14 at 6:15 AM wherein clients #6 and #4 kicked each other on the lower legs was reported. Client #6 sustained a one inch laceration which was treated at a local Urgent Care center. This laceration made by client #4's work boots resulted in the ulcer on client #6's left lower extremity. The facility did not provide documentation client #6's decubitus ulcer of his left lower leg (shin) was reported to BDDS.</p> <p>On 5/20/15 at 3:00 PM, Clinical Supervisor #1 indicated the peer to peer physical aggression was reported 10/27/14. The subsequent decubitus ulcer sustained by client #6 had not been reported to the state.</p> <p>9-3-1(b)</p>		<p>adherence to state requirements.</p> <p>Clinical Supervisor, Program Manager, 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> <p>Completion Date: 6-19-15</p>		