| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 02/10/2012 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| VOCA CORPORATION OF INDIANA | 428 S 15TH ST<br>RICHMOND, IN 47374 |

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| W0000 | This visit was for an annual fundamental recertification and state licensure survey.<br><br>Survey Dates: January 23, 25, 26, 27, 30 and February 10, 2012<br><br>Facility Number: 000857<br>Provider Number: 15G341<br>Aim Number: 100243690<br><br>Surveyor: Jo Anna Scott, Medical Surveyor III<br><br>These deficiencies also reflect state findings in accordance with 460 IAC 9.<br><br>Quality Review completed on 2/21/12 by Tim Shebel, Medical Surveyor III. | W0000 | | |

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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| W0249 | 483.440(d)(1)<br>PROGRAM IMPLEMENTATION<br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.<br><br>Based on observation, record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure client #2 was prompted to participate in any activity or objective currently in his program plan.<br><br>Findings include:<br><br>During the observation period on 1/25/12 from 4:00 PM to 7:30 PM, client #2 had dinner at 5:40 PM. Staff had prepared his plate and a plastic dome lid was over the food. Staff #4 was seated to the left of client #2 and removed the dome lid and client #2 immediately took a large bite. Staff #4 did prompt client #2 to chew his food and would use the dome lid to remove some of the food from the spoon. During the observation period on 1/26/12 from 6:00 AM to 9:50 AM. Client #2 ate breakfast at 8:50 AM. Staff #5 assisted client #2 and would remove the dome lid from the plate and allowed client #2 to take a bite. Client #2 put as much food as | W0249 | CORRECTION: *As soon as the interdisciplinary team has formulated the client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.* Specifically, staff have been retrained to follow Client #2's Active Treatment Schedule and to offer him the opportunity for skills training activities at regular intervals.<br>PREVENTION: Professional staff will be retrained regarding the need to assure that staff provide continuous active treatment to all clients, including but not limited to clients who do not have day service or work placement.<br>Members of the Operations Team will periodically monitor day shift active treatment sessions to assure staff provide clients with skills training per their active treatment schedules.<br>Responsible Parties: QDDP, Support Associates, Operations | 03/11/2012 |

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| | he could on his spoon, put the food in his mouth and swallowed. He did not attempt to chew the food. During the observation period on 1/27/12 from 10:00 AM to 2:00 PM, client #2 did not come downstairs until 11:30 AM. Staff #5 indicated he went back to bed that morning, but was going on an outing in the afternoon. Staff #5 indicated client #2 was the only client at home and liked to stay in his room on the mornings he didn't attend workshop.<br><br>Record review for client #2 was conducted on 1/26/12 at 2:05 PM. The record indicated client #2 had the following goals:/<br>1. "Given any time [client #2] is taking his Topamax medication with the question 'Why do you take your Topamax medication?' [client #2] will sign the words 'Calm or Peaceful'."<br>2. "[Client #2] will thoroughly rinse soap off his hands for 30 seconds."<br>3. "[Client #2] will brush his lower inside/outside teeth for 1 minute."<br>4. "[Client #2] will slow down his pace of eating by laying down his utensils to chew between bites."<br>5. "[Client #2] will scoop only a single 1/2 inch cube onto his "junior spoon/fork" or with his fingers."<br>6. "[Client #2] will correctly point to each of the 2 coin denominations." | | Team | |

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| | 7. "[Client #2] will hold down the lever of the can opener until the lid comes off."<br>8. "[Client #2] will exercise for 45 minutes daily.<br>9. "[Client #2] will push the correct numbers/buttons on the phone for his mother's phone number."<br><br>Interview with staff #2, Home Manager (HM), on 1/26/12 at 3:30 PM indicated client #2 did not attend the workshop every day and only went to the workshop for a couple of hours when he went. Staff #2 indicated there was too much going on for client #2 to stay any longer. Staff #2, HM, indicated client #2 had to have a staff with him when he ate. Staff #2, HM, indicated client #2 was to have a Mechanical Soft diet and they were to use a dome lid to cover the plate to slow his pace of eating. Staff #2, HM, indicated staff should prompt client #2 to slow down while eating, take the correct size of bite and to chew. Staff #2, HM, indicated client #2 did not like to get up in the mornings and would "sneak" back to his room whenever he could.<br><br>9-3-4(a) | | | |

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| W0340 | 483.460(c)(5)(i)<br>NURSING SERVICES<br>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.<br><br>Based on observation, record review and interview for 1 for 24 doses of medication administered, the facility failed to ensure the staff disposed of pill that was dropped on the Medication Administration Record (MAR).<br><br>Findings include:<br><br>During the observation period on 1/26/12 from 6:00 AM to 9:50 AM, the morning medication pass started at 6:45 AM. Client #6 received his medication at 7:30 AM. Staff #6 prepared the medication on a counter top that had the MAR opened and the bubble packs holding the medication and a tray with a paper towel. Staff #6 took the medicine cup and laid it on the opened MAR. One of client #6"s pills fell on top of the opened MAR page and staff #6 picked the pill up and put it in the medicine cup. Client #6 took the medicine cup and put all the pills in his mouth.<br><br>Interview with staff #6 on 1/26/12 at 7:40 | W0340 | CORRECTION: *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.* Specifically, direct support staff have been retrained regarding proper handling and disposal of medications which have been dropped or otherwise rendered inappropriate for administration.<br>PREVENTION: Professional staff will monitor administration of medication on an ongoing basis and perform no less than one observation of a complete medication administration session per quarter for all direct support staff, to assure medications are administered and handled per agency policy. In addition the nurse will observe professional staff perform a complete medication administration session no less than annually.<br>Responsible Parties: QDDP, Support Associates, Health Services Team | 03/11/2012 |

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| | AM indicated the pill should have been disposed of instead of giving it to the client to take.<br><br>9-3-6(a) | | | |