

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G244		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/29/2013	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 9160 E 300 N CHURUBUSCO, IN 46723			
(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 recertification and state licensure survey.</p> <p>Dates of Survey: July 23, 24, 25, and 29, 2013.</p> <p>Facility number: 000767 Provider number: 15G244 AIM number: 100243300</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 2, 2013 by Dotty Walton, 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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W000369	<p><b>483.460(k)(2)</b> <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on record review and interview, the facility failed for 1 additional client (client #6), to ensure one medication was given according to directions, without error.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 7/24/13 from 6:08 AM until 7:30 AM. Staff #6 gave client #6 Prilosec 20 mg (milligrams) (for GERD/Gastro Esophageal Reflux Disease) at 6:24 AM. The medication label indicated client #6 was to receive the medication 1/2 hour before breakfast. Client #6 ate his breakfast at 6:27 AM.</p> <p>The medication administration record (MAR) for 7/13 was reviewed on 7/24/13 at 6:50 AM. The MAR indicated client #6 was to receive the medication 1/2 hour before breakfast. Review of client #6's 7/2013 physician's orders on 7/25/13 at 3:00 PM indicated Prilosec 20 mg should be administered 30 minutes before breakfast.</p> <p>Staff #6 was interviewed on 7/24/13 at 6:55 AM. She indicated the time client #6 ate varied and client #6 usually didn't eat until 1/2 hour after receiving the medication.</p> <p>The Director of Nursing (DON) was interviewed on 7/25/13 at 3:58 PM. She indicated the instructions to give client #6 his Prilosec 1/2 hour before breakfast were from the pharmacy. She indicated staff should follow instructions on the MAR and medication label.</p>	W000369	The facility will ensure that the system for drug administration assures that all drugs, including those that are self-administered, are administered without error. If a client is to receive a medication one half hour prior to meal, staff will make sure client is not eating prior to that time. Staff will train with client the importance of waiting to eat after medication is administered to improve its effectiveness. All staff will be trained on medication administration procedures. The Residential Manager and QIDP will complete weekly medication	08/27/2013

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	9-3-6(a)		passing observations to ensure this procedure is followed.	