

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 06/26/2014
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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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W000000	<p>This visit was for the investigation of complaint #IN00149191.</p> <p>Complaint #IN00149191 - Substantiated, federal/state deficiency related to the allegation is cited at W339.</p> <p>Dates of Survey: June 24, 25 and 26, 2014.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 001206 Provider Number: 15G633 AIMS Number: 100240180</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/8/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000339	<p>483.460(c)(4) NURSING SERVICES Nursing services must include other nursing</p>			

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>care as prescribed by the physician or as identified by client needs.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility's nursing services failed to ensure the client's medical issues were addressed via referrals to other health care professionals according to the client's identified needs.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the afternoon/evening of 6/25/14 from 5:00 PM until 10:00 PM. Client B was observed to be sitting in an adapted wheelchair during the observation period which included the evening meal. Client B leaned over and forward in his wheelchair in a non-functional position for mealtime activities. Client B did not feed himself the evening meal. Staff #10 prompted client B to eat fruit cocktail by feeding him bits of fruit by hand. Client B indicated a dislike for pears during the meal. Staff #9 prepared a ham sandwich for client B and cut it into bite sized pieces which client B ate without coaxing. Client B did not have additional padding in the seat of his wheelchair.</p> <p>According to review of client B's record on 6/25/14 at 8:30 PM the client had</p>	W000339	<p>W339: The facility will provide other nursing care as prescribed by the physician or as identified by the client needs.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Client B visited the wound care clinic, Dr. Kavelman on July 2, 2014. The stage II decubitus ulcer was debrided at this appointment. Dr. ordered a wheelchair assessment with the Home Health Depot also to get elbow protectors. Follow-up to occur in one week, July 9th (Attachment A). · Client B returned to the wound clinic, Dr. Kavelman July 9th. The decubitus ulcer was debrided again. Staff to follow all orders from doctor (Attachment B). · Client B dining plan changed to reflect correct diet texture and assistance needed at mealtime and staff retrained on 7/11/14 (Attachment C). · On 6/26/14, Multivitamin, 	07/18/2014			

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	<p>been admitted to the facility on 4/22/14. The client's diagnoses included, but were not limited to, profound level of intellectual disability, cerebral palsy, onychogryphosis (nail growth abnormality), history of anemia, and seizure disorder. Review of client B's record indicated the former RN (RN #14) had evaluated client B during his admittance and it was determined on 4/22/14 his "skin (was) intact." Client B's record indicated the client had a stage II decubitus ulcer on the left hip trochanter (upper bony prominence of the femur where muscles attach) as diagnosed during a visit to an Urgent Care Center on 5/13/14.</p> <p>Confidential interview #1 indicated the wheelchair's seating contributed to the decubitus ulcer. Extra seat padding/additional cushions had not been obtained for the wheelchair at the time of the survey.</p> <p>The record review indicated client B had been evaluated by his primary care physician (PCP) on 6/10/14 and she had indicated his stage II decubitus ulcer of the left buttock area "warrants surgical debridement." The PCP indicated the local wound care center could treat client B and provide/address the right hip pad and a left elbow pad for client B's</p>		<p>Vitamin C, Zinc Sulfate, Beneprotein, and Boost Supplement were added to client B's MAR's due to nutritional and medical concerns (Attachment D).</p> <ul style="list-style-type: none"> Client B's Riskplan updated to include a repositioning schedule for risk of impaired skin integrity. On July 11, 2014, all homestaff trained on Client B's documentation of skin assessment, MAR's-ensuring no holes are present and correct diet texture at mealtime, High Risk plan for skin integrity. (Attachment E). Client B's new pressure relieving foam mattress was delivered to home from Home Health Depot on 7/8/14 (Attachment F). On July 11, 2014, Home Health Depot came to home for evaluation of Client B's wheelchair padding and elbow pads. Home Health Depot to return on July 23rd for specialized fitting of new pads. (Attachment G). 				

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	<p>wheelchair and nutritional concerns via PEG (feeding) tube placement. Vitamin supplements were also recommended for the client to increase his body's ability to heal via nutritional supports. These things (wound debridement, wheelchair padding and vitamin supplements) had not been accomplished at the time of survey. The record indicated the client's sister/guardian had not given permission for the feeding tube placement. The record review indicated the facility's LPN #3 had indicated client B should get Mepilex wound care dressing over his stage II ulcer every 72 hours. The client's 6/14 MAR/Medication Administration Record indicated on 6/25/14 at 9:00 PM, staff initials of dressing application of Mepilex on 6/19/14 at 8:00 PM. The 8:00 PM slot of the 6/14 MAR was blank on 6/20, 21, 22, 23, 24, and 25/14.</p> <p>Interview with staff #10 on 6/25/14 at 9:15 PM indicated the Mepilex should have been initialed as having been changed since 6/19/14.</p> <p>This federal tag relates to complaint #IN00149191.</p> <p>9-3-6(a)</p>		<p>How we will identify others: Nursing Coordinators will review and complete the Nurse's Weekly Home Visit Checklist (Attachment H) and ensure all missing items are followed up and completed timely.</p> <p>Measures to be put in place: The Nursing Coordinator will review the weekly checklist with the Residential Manager with any issues that need to be addressed and followed up on. The Nurse and RM were in service July 18, 2014. (Attachment I).</p> <p>Monitoring of Corrective Action: The Nursing Coordinator will be present in the home weekly and will follow up and address all outstanding issues.</p> <p>Completion Date: 7-18-14</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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