STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER
15G413

A. BUILDING 00
B. WING

MULTIPLE CONSTRUCTION

DATE SURVEY COMPLETED
10/19/2018

NAME OF PROVIDER OR SUPPLIER
VOCA CORPORATION OF INDIANA

STREET ADDRESS, CITY, STATE, ZIP CODE
6525 MCFARLAND RD
INDIANAPOLIS, IN 46227

ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

W 0000

Bldg. 00

This visit was for a post-certification revisit (PCR) survey to the investigation of complaint #IN00267963 completed on August 7, 2018.

Complaint #IN00267963: Not Corrected.


Facility Number: 000927
Provider Number: 15G413
AIMS Number: 100244440

These deficiencies also reflect state findings in accordance with 460 IAC 9.

Quality review of this report completed October 22, 2018 by #09182.

W 0000

Bldg. 00

This visit was for a post-certification revisit (PCR) survey to the investigation of complaint #IN00267963 completed on August 7, 2018.

Complaint #IN00267963: Not Corrected.


Facility Number: 000927
Provider Number: 15G413
AIMS Number: 100244440

These deficiencies also reflect state findings in accordance with 460 IAC 9.

Quality review of this report completed October 22, 2018 by #09182.

W 0102

Bldg. 00

483.410

GOVERNING BODY AND MANAGEMENT

The facility must ensure that specific governing body and management requirements are met.

Based on record review and interview the facility failed to meet the Condition of Participation:

Governing Body for 2 of 3 sampled clients (A and B). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's health needs were met regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in an extended hospitalization and the need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed.

Findings include:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
_____________________________________________________________________________________________________

CORRECTION:
The facility must ensure that specific governing body and management requirements are met. Specifically:

The facility nurse with assistance from ResCare regional nursing, has performed a review of physician orders for all clients who reside in the facility, comparing diagnoses and current medications. Based on this review, nursing services has

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.
1. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure client A's health needs were met regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in an extended hospitalization and need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed. Please see W104.

2. The governing body failed to meet the Condition of Participation: Health Care Services. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure client A's health needs were met regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in an extended hospitalization and need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed. Please see W318.

This federal tag relates to complaint #IN00267963.

This deficiency was cited on 08/07/18. The facility failed to implement a systemic plan of correction to prevent recurrence.

9-3-1(a)
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAG</td>
<td>REGULATORY OR LSC IDENTIFYING INFORMATION</td>
<td>TAG</td>
<td>EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY</td>
<td></td>
</tr>
</tbody>
</table>

physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels as appropriate.

The QIDP will work with the facility nurse to coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and lab tests occur as required.

The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered.

The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered as prescribed.

Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager or designee and Registered Nurse) will review facility support documents and perform visual assessments of the facility no
less than twice weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:

Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.

Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.

Operations Team members have been trained on monitoring expectations. Specifically,
Administrative Monitoring is defined as follows:
- The role of the administrative monitor is not simply to observe & Report.
- When opportunities for training are observed, the monitor must step in and provide the training and document it.
- If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.
- Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.
- Review all relevant documentation, providing documented coaching and training as needed.

The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility – making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to:
- Assuring standing physician orders for medically indicated
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER: 15G413

DATE SURVEY COMPLETED: 10/19/2018

NAME OF PROVIDER OR SUPPLIER: VOCA CORPORATION OF INDIANA

STREET ADDRESS, CITY, STATE, ZIP CODE: 6525 MCFARLAND RD

INDIANAPOLIS, IN 46227

ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCY

(Each deficiency must be preceded by full regulatory or LSC identifying information)

483.410(a)(1) GOVERNING BODY

The governing body must exercise general policy, budget, and operating direction over the facility.

Based on record review and interview for 2 of 3 sampled clients (A and B), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's health needs were met regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in a hospitalization and the need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed.

Findings include:

The governing body failed to ensure the facility's nursing services met the health needs of clients A and B regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in an extended hospitalization and need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed. Please see W331.

CORRECTION:

The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, the governing body facilitated:

The facility nurse with assistance from ResCare regional nursing, has performed a review of physician orders for all clients who reside in the facility, comparing diagnoses and current medications. Based on this review, nursing services has obtained standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels as appropriate.
This federal tag relates to complaint #IN00267963.

This deficiency was cited on 08/07/18. The facility failed to implement a systemic plan of correction to prevent recurrence.

9-3-1(a)

The facility has obtained clarification from Client B's psychiatrist and client B is currently receiving his medications as prescribed. The facility has obtained clarification from Client B's psychiatrist and client B is currently receiving his medications as prescribed. Facility staff will complete a weekly audit of all clients' medication to assure that medications are being administered per physician orders. When discrepancies are noted, the nurse will be notified, to assure prompt resolution.

Additionally, the QIDP has assumed responsibility for supporting clients with psychiatric appointments, to assure new orders are communicated clearly and implemented promptly.

PERVENTION:
Follow-up reviews of physician orders for all clients who reside in the facility will occur as needed but no less than quarterly. These reviews will compare diagnoses and current medications. Based on this review, nursing services will obtain additional standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels as appropriate.

The QIDP will work with the facility
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td></td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
<tr>
<td></td>
<td>nurse to coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and lab tests occur as required.</td>
<td></td>
<td>The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered.</td>
</tr>
<tr>
<td></td>
<td>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered as prescribed.</td>
<td></td>
<td>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager or designee and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than twice weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence. After this period of</td>
</tr>
</tbody>
</table>
## Statement of Deficiencies and Plan of Correction
**Identification Number:** MULTIPLE CONSTRUCTION
**Date Survey Completed:** 10/19/2018

### Name of Provider or Supplier
**VOCA CORPORATION OF INDIANA**
6525 MCFARLAND RD
INDIANAPOLIS, IN 46227

### Summary Statement of Deficiencies
**Prefix:** ID
**Tag:** PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Tag</th>
<th>Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The role of the administrative monitor is not simply to observe &amp; Report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- When opportunities for training</td>
</tr>
</tbody>
</table>
### Summary Statement of Deficiencies

If gaps in active treatment are observed, the monitor must step in and provide the training and document it.

- If gaps in active treatment are observed, the monitor is expected to step in, and model the appropriate provision of supports.
- Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.
- Review all relevant documentation, providing documented coaching and training as needed.

The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility – making recommendations as appropriate.

As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to:

- Assuring standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels are present for all clients.
- Assuring prescribed lab tests take place as required.
- Assuring medications are...
<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>W 0318</td>
<td>0318</td>
<td>00</td>
<td>HEALTH CARE SERVICES</td>
<td>W 0318</td>
<td>0318</td>
<td>00</td>
<td>CORRECTION:</td>
<td>10/26/2018</td>
</tr>
</tbody>
</table>

HEALTH CARE SERVICES
The facility must ensure that specific health care services requirements are met.

Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 2 of 3 sampled clients (A and B). The facility's health care services failed to ensure client A's health needs were met regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in an extended hospitalization and the need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed.

Findings include:

1. The facility failed to ensure the facility's nursing services met client A's health needs regarding the failure to ensure critical laboratory tests were ordered by the physician which resulted in an extended hospitalization and the need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed. Please see W331.

9-3-6(a)
<table>
<thead>
<tr>
<th>STATEMENT OF DEFICIENCIES</th>
<th>X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</th>
<th>X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</th>
<th>X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>15G413</td>
<td>00</td>
<td>10/19/2018</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF PROVIDER OR SUPPLIER</th>
<th>STREET ADDRESS, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOCA CORPORATION OF INDIANA</td>
<td>6525 MCFARLAND RD INDIANAPOLIS, IN 46227</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Administered per physician orders. When discrepancies are noted, the nurse will be notified, to assure prompt resolution. Additionally, the QIDP has assumed responsibility for supporting clients with psychiatric appointments, to assure new orders are communicated clearly and implemented promptly. <strong>PREVENTION:</strong> Follow-up reviews of physician orders for all clients who reside in the facility will occur as needed but no less than quarterly. These reviews will compare diagnoses and current medications. Based on this review, nursing services will obtain additional standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels as appropriate. The QIDP will work with the facility nurse to coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and lab tests occur as required. The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered.</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

FORM CMS-2567(02-99) Previous Versions Obsolete
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15G413</td>
<td>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered as prescribed. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager or designee and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than twice weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(X4) ID</td>
<td>SUMMARY STATEMENT OF DEFICIENCY</td>
<td>ID</td>
<td>PROVIDER'S PLAN OF CORRECTION</td>
<td>(X5) COMPLETION DATE</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------</td>
<td>----</td>
<td>-------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>PREFIX</td>
<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>PREFIX</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td></td>
</tr>
<tr>
<td>TAG</td>
<td></td>
<td>TAG</td>
<td></td>
<td>DATE</td>
</tr>
</tbody>
</table>

and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.

Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.

Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:

- The role of the administrative monitor is not simply to observe & Report.
- When opportunities for training are observed, the monitor must step in and provide the training and document it.
- If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.
- Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.
- Review all relevant documentation, providing
W 0331 483.460(c) NURSING SERVICES
The facility must provide clients with nursing services in accordance with their needs.
Based on record review and interview for 2 of 3

RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director

documented coaching and training as needed.

The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility – making recommendations as appropriate.

As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to:

- Assuring standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels are present for all clients.
- Assuring prescribed lab tests take place as required.
- Assuring medications are administered as prescribed.

CORRECTION: 10/26/2018

Event ID: ECVV12 Facility ID: 000927
sampled clients (A and B), the facility's nursing services failed to meet the health needs of client A regarding the failure to ensure critical lab tests were ordered by the physician which resulted in an extended hospitalization and the need for in-patient rehabilitation for client A and to ensure client B's physician's orders were followed.

Findings include:

The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/15/18 at 1:21 PM.

1. A BDDS report dated 10/4/18 indicated on 10/3/18, "... [Client A] was lethargic and complained of not feeling well. Staff took vital signs and notified the [Agency] nurse that [client A's] pulse was low. Staff called 911 (Emergency Services) and informed the [Agency] nurse. [Client A] was transported via ambulance to the [Name] Hospital Emergency Department and admitted with a diagnosis of lithium (Mood Stabilizer) toxicity (lithium overdose). He (client A) is currently receiving nothing by mouth and his seizure medication Keppra will be administered intravenously... [Client A] remains hospitalized... [Client A's] risk plans will be updated after discharge.".

-A review of the BDDS report dated 10/4/18 indicated client A was lethargic. The review indicated staff contacted the agency nurse and checked client A's pulse. The review indicated client A's pulse was low and he was sent to the emergency room via ambulance. The review indicated client A was admitted to the hospital with a diagnosis of lithium toxicity.

Client A's record was reviewed on 10/16/18 at 9:24

The facility must provide clients with nursing services in accordance with their needs. Specifically:

The facility nurse with assistance from ResCare regional nursing, has performed a review of physician orders for all clients who reside in the facility, comparing diagnoses and current medications. Based on this review, nursing services has obtained standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels as appropriate.

The facility has obtained clarification from Client B's psychiatrist and client B is currently receiving his medications as prescribed. Facility staff will complete a weekly audit of all clients' medication to assure that medications are being administered per physician orders. When discrepancies are noted, the nurse will be notified, to assure prompt resolution.

Additionally, the QIDP has assumed responsibility for supporting clients with psychiatric appointments, to assure new orders are communicated clearly and implemented promptly.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

MULTIPLE CONSTRUCTION

BUILDING 00

WING

DATE SURVEY COMPLETED

10/19/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER

MULTIPLE CONSTRUCTION

A. BUILDING 00

B. WING

DATE SURVEY COMPLETED

10/19/2018

NAME OF PROVIDER OR SUPPLIER

VOCA CORPORATION OF INDIANA

STREET ADDRESS, CITY, STATE, ZIP CODE

6525 MCFARLAND RD

INDIANAPOLIS, IN 46227

AM. Client A's physician's orders dated 10/1/18 to 10/31/18 indicated, "... Date: 7/2/13 Lithium (Mood Stabilizer) Carb Cap (Carbonate Capsule) 300 mg (milligram), Give one capsule by mouth three times daily... Laboratory Orders- CMP (Comprehensive Metabolic Panel) Every 3 Months, HGB A1C (Blood Glucose Test) Fasting Blood Glucose in 3 months, then Annually... Annual U/A (Urine Analysis), TSH (Thyroid-Stimulating Hormone) Level Annually, CBC (Complete Blood Cell Count) Every 3 Months, May Have EKG (Electrocardiogram) Annually...".

-A review of client A's physician's orders dated 10/1/18 to 10/31/18 indicated client A had an order to take Lithium Carb Cap 300 mg 3 times daily. The review indicated client A had standing orders for routine laboratory tests. The review did not indicate an order for client A to receive a routine Lithium Level lab test.

A ROV (Record Of Visit) form dated 9/11/18 and completed by client A's Neurologist indicated, "... Recommendations for treatment: Needs levels drawn Oxcarbazepine (Seizures) and Keppra (Seizures)...".

A review of the ROV dated 9/11/18 and completed by the neurologist did not indicate physician's orders for a routine Lithium Level lab test.

A ROV (Record Of Visit) form dated 9/28/17 and completed by client A's Psychiatrist indicated, "... Results/findings of examination: Stable on meds., obsession on phone... Follow up lab tests/ X-Rays (photographic image of internal composition of something): (No Orders)...".

A review of the ROV dated 9/28/17 and completed by the Psychiatrist did not indicate physician's orders for the facility to conduct the stated evaluations.

Follow-up reviews of physician orders for all clients who reside in the facility will occur as needed but no less than quarterly. These reviews will compare diagnoses and current medications. Based on this review, nursing services will obtain additional standing physician orders for medically indicated annual laboratory tests as well as periodic medication serum levels as appropriate.

The QIDP will work with the facility nurse to coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and lab tests occur as required.

The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered.

The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered as prescribed.

Members of the Operations Team (comprised of the Executive Director, Operations Managers,
<table>
<thead>
<tr>
<th>X4</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>orders for a routine Lithium Level lab test. The review indicated client A's ROV form dated 9/28/17 was client A's most current Psychiatric appointment in client A's record.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A LF (Laboratory Form) dated 2/21/18 indicated, &quot;... Ordered Items: CBC with Differential, Metabolic Panel, Urinalysis, Renal (Kidney) Panel, Lipid (Cholesterol) Panel, Hemoglobin A1C, Prostate Specific AG (Antigen), Vitamin D, Topamax (Seizures), Levetiracetam (seizures)...&quot;.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A review of the LF dated 2/21/18 did not indicate physician's orders or results of a routine Lithium Level lab test.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A PRF (Pharmacy Review Form) dated 7/18/18 indicated, &quot;... NNR (No New Recommendations)&quot;.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A DPN (Daily Progress Note) dated 9/23/18 indicated, &quot;... 8 AM-8 PM- [Client A] has been on his bed sleeping when staff resumed (returned). Staff check on him (client A) and was (sic) good. [Client A] has his Med. and back on his bed (sic). Staff help in getting (client A) up from bed in the afternoon to eat when he (client A) complain (sic) of tiredness. But he (client A) had his meal and was good. (Client A) Had his evening med. and has been back to his bed again...&quot;.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A DPN dated 9/24/18 indicated, &quot;... 8 AM- 4 P- [Client A] has been in his room all day after taking his med. No issue till when staff left...&quot;.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A DPN dated 9/25/18 indicated, &quot;... 8 AM [Client A] was still on bed when staff resumed shift. Staff checked on him (client A) but (client A) said needs to sleep because he is tired...&quot;.</td>
</tr>
</tbody>
</table>

Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager or designee and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than twice weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:

Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.

Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation
A DPN dated 9/26/18 indicated, "... 8 am- 8 pm [Client A] has been on bed all day long. He had his med and back to bed. (Client A) Had lunch and dinner and back to bed...".

A DPN dated 9/28/18 indicated, "... 8 am- [Client A] was on bed and good (sic). Staff check on him when all resumed (sic) (on duty). He (client A) was being assisted in getting up to clean up and staff helped him in shaving and nail care. He (client A) had little breakfast to himself and sitted (sic) all day on the couch...

A DPN dated 9/29/18 indicated, "... [Client A] was laying (sic) in bed although he refused to get up or come out of his room. I (staff) tried talking to him but (he) wouldn't respond...

A DPN dated 9/30/18 indicated, "... 8 A-8 P- Refused to ate (sic) breakfast. Took his (client A) medication... refuses to ate (sic) dinner and relaxes in bed...

A DPN dated 10/1/18 indicated, "... 8a-8p-[Client A] as asleep when staff resumed her shift. He (client A) has been on bed all day. Managed to have drink and (sic) little food for dinner with staff assistance.

- A review of the DPN dated 10/1/18 indicated client A was in his bed most of the day on 10/1/18. The review indicated client A needed staff assistance to eat. The review indicated client A did not eat much of his dinner.

A DPN dated 10/2/18 indicated, "... 8A-8P... [Client A] slept all day, took his meds, ate some breakfast (sic) back to bed (sic) took a nap. Refused his (client A's) lunch (sic) had his evening meds and ate dinner and remained in bed...

Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:

- The role of the administrative monitor is not simply to observe & Report.
- When opportunities for training are observed, the monitor must step in and provide the training and document it.
- If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.
- Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.
- Review all relevant documentation, providing documented coaching and training as needed.

The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility—making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the
A review of the DPN dated 10/2/18 indicated client A was sleeping in his bed most of the day. The review indicated client A refused to eat his lunch.

An EDTN (Emergency Department Triage Note) from the hospital dated 10/3/18 indicated, "... Patient (client A) appears very somnolent (sleepy), and is nonverbal at this point. Lithium level is grossly elevated. We will admit to allow lithium level to return to normal... History of Present Illness: Patient (client A) is a [age] male who presents for altered mental status. He (client A) lives at a group home facility and staff states that he (client A) has had decreased activity for the past couple of days. Normally, he (client A) is conversant and ambulatory. However, staff states that he is not really speaking for the past couple of days and has not been getting around as much. The patient (client A) is not answering any questions at this time...".

-A review of the EDTN dated 10/3/18 indicated client was admitted to the hospital due to his Lithium levels being grossly elevated. The review indicated client A had presented with changes in his level of functioning. The review indicated client A was normally able to talk and ambulate independently. The review indicated group home staff reported client A was not talking very much or walking very much for the past couple of days.

A DS (Discharge Summary) from the hospital was completed by MD (Medical Doctor) #1 on 10/15/18 and indicated, "... Assessment/Plan: ... He (client A) has been on multiple anti-epileptics (anti-seizure) and psych (psychiatric) medications. He (client A) resides in a group home and follows with a psychiatrist at [Name] services. It is unclear exactly what his (client A's) psychiatric illnesses

---

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>REGULATORY OR LSC IDENTIFYING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>15G413</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>CROSS-REFERENCED TO THE APPROPRIATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTIES:</th>
<th>QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</th>
</tr>
</thead>
</table>
are there, but it appears they were treating him (client A) for possible bipolar vs. (versus) schizophrenia, and anxiety/depression. He (client A) presented with lithium toxicity and has been very somnolent effecting (sic) his (client A's) physical therapy and progress.

Impression/Status/Plan: Acute Encephalopathy (Brain disease/damage): Probable Lithium Toxicity. As Lithium level was elevated at 2.4 at the time of admission... Lithium has been discontinued, appreciate input from psychiatric services..."

-A review of the DS dated 10/15/18 indicated client A was discharged from the hospital on 10/15/18. The review indicated client A was admitted with a diagnosis of Lithium toxicity. The review indicated client A was on multiple anti-epileptics and psychiatric medications. The review indicated client A was somnolent/lethargic in the hospital which negatively impacted client A's physical therapy and progress.

A medical review on Healthline.com article entitled The Facts About Lithium Toxicity and written on 1/24/18 indicated, "... A safe blood level of lithium is 0.6 to 1.2 milliequivalents per liter (mEq/L). Lithium toxicity can happen when this level reaches 1.5 (mEq/L) or higher. Severe lithium toxicity happens at a level of 2.0 (mEq/L) and above...".

A review of the Medical review on Healthline.com article entitled The Facts About Lithium Toxicity was reviewed on 10/17/18 at 11:58 AM and indicated Lithium Toxicity occurs at 1.5 (mEq/L) or higher. The review indicated client A's Lithium level upon admission to the Hospital was 2.4 (mEq/L).
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>REGULATORY OR LSC IDENTIFYING INFORMATION</th>
</tr>
</thead>
</table>

**NAME OF PROVIDER OR SUPPLIER**

VOCA CORPORATION OF INDIANA

**STREET ADDRESS, CITY, STATE, ZIP CODE**

6525 MCFARLAND RD

INDIANAPOLIS, IN 46227

---

**Client C was interviewed on 10/15/18 at 3:47 PM. Client C was asked if he had seen client A when client A went to the hospital on 10/3/18. Client C stated, "Yeah, he didn't look good. He (client A) was paling out really bad. He (client A) wasn't able to get up out of bed. [Staff #2] had to help him up to get his meds."**

**Client F was interviewed on 10/15/18 at 4:10 PM. Client F was asked if he had seen client A before client A went to the hospital on 10/3/18. Client F stated, "Yeah he (client A) was sleeping all the time. Like he (client A) never came out to eat. It was weird."**

**Staff #1 was interviewed on 10/15/18 at 3:37 PM. Staff #1 was asked where client A was. Staff #1 stated, "He's in the hospital." Staff #1 was asked if client A's functional level had changed prior to him going to the hospital. Staff #1 stated, "We noticed he (client A) ate less food than he used to and he doesn't really walk around like he used to."**

**Staff #2 was interviewed on 10/15/18 at 4:03 PM. Staff #2 was asked if client A's functional level had changed prior to him going to the hospital. Staff #2 stated, "Yes I did. He (client A) was weak. He couldn't get up by himself." Staff #2 was asked if she reported this to anyone. Staff #2 stated, "Yes we do. We tell the nurse."**

**Staff #3 was interviewed on 10/15/18 at 5:10 PM. Staff #3 was asked if he was working the day client A went to the hospital. Staff #3 stated, "Yes I worked earlier that day. He (client A) doesn't want to eat that much. He always wants to be in his room sleeping. It's kind of abnormal."**

**Nurse #1 was interviewed on 10/16/18 at 10:02 AM. Nurse #2 was asked if the facility had**
obtained routine lithium levels for client A. Nurse #1 stated, "I don't think there was. There is currently no standing orders for lithium levels." Nurse #1 was asked what frequency should lithium levels be checked. Nurse #1 stated, "Typically I would make sure they are at least semi-annually. I'm just wondering why Dr. [name] (Psychiatrist) never addressed the issue." Nurse #1 was asked if the Psychiatrist was responsible for ordering the Lithium Lab levels. Nurse #1 stated, "If you're ordering the meds you need to maintain the labs."

Nurse #1 was interviewed a second time on 10/16/18 at 1:59 PM. Nurse #1 was asked when was the most recent lithium lab level obtained for client A. Nurse #1 stated, "There was not a lab result in his (client A's) chart." Nurse #1 was asked if the facility had documentation of any lithium lab levels for client A. Nurse #1 stated, "I did not see any in his medical chart." Nurse #1 was asked what caused Lithium Toxicity. Nurse #1 stated, "Too much Lithium in the blood stream." Nurse #1 was asked how Lithium Toxicity could be prevented. Nurse #1 stated, "Routine lab work, monitoring lithium levels."

2. Client B's record was reviewed on 10/16/18 at 10:17 AM.

Client B's MAR (Medication Administration Record) dated 8/1/18 to 8/31/18 indicated, "... Methylphenid (Methylphenidate) (Attention Deficit Hyperactivity Disorder) Sub (Substitute) for Concerta Tab 36 MG ER (Extended Release) Give one tablet by mouth every morning." The review indicated staff initialed the Methylphenid Tab 36 MG ER as administered from 8/1/18 to 8/31/18.
Client B's MAR dated 9/1/18 to 9/30/18 indicated, "... Methylphenid Sub for Concerta Tab 36 MG ER (Extended Release) Give one tablet by mouth every morning." The review indicated staff initialed the Methylphenid Tab 36 MG ER as administered from 9/1/18 to 9/30/18.

Client B's MAR dated 10/1/18 to 10/31/18 indicated, "... Methylphenid Sub for Concerta Tab 36 MG ER (Extended Release) Give one tablet by mouth every morning." The review indicated staff had initialed and circled client A's Methylphenid Tab 36 MG ER for October 1, 2 and 3 and staff documented, "No supply."

Client B's physician's orders dated 10/1/18 to 10/31/18 indicated, "... Methylphenid Tab 36 MG ER Give one tablet by mouth every morning...".

A review of client B's physician's orders dated 10/1/18 to 10/31/18 indicated client B had a physician's order for Methylphenidate Substitute for Concerta Tab 36 MG ER in October of 2018.

A CROV (Counselor's Record Of Visit) form dated 7/30/18 and completed by client B's Psychiatrist indicated, "... Stop Concerta...'.

A review of the CROV dated 7/30/18 and completed by client B's Psychiatrist indicated the Psychiatrist wrote an order on 7/30/18 to discontinue/stop client B's Methylphenidate/Concerta.

Nurse #1 was interviewed on 10/16/18 at 1:59 PM. Nurse #1 was asked when she discontinued client B's Methylphenidate/Concerta on client B's MAR, Nurse #1 stated, "10/16/18."

9-3-6(a)
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**Identification Number:** MULTIPLE CONSTRUCTION

<table>
<thead>
<tr>
<th>A. Building</th>
<th>B. Wing</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td></td>
</tr>
</tbody>
</table>

**Date Survey Completed:** 10/19/2018

**Name of Provider or Supplier:** VOCA CORPORATION OF INDIANA

**Street Address, City, State, Zip Code:** 6525 MCFARLAND RD, INDIANAPOLIS, IN 46227

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCY</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFIX</td>
<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL)</td>
<td>PREFIX</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td>COMPLETION</td>
</tr>
<tr>
<td>TAG</td>
<td>REGULATORY OR LSC IDENTIFYING INFORMATION</td>
<td>TAG</td>
<td></td>
<td>DATE</td>
</tr>
</tbody>
</table>