

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 03/12/2014	
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 annual recertification and state licensure survey.</p> <p>This visit included the investigation of complaint #IN00143975.</p> <p>Complaint #IN00143975 - Substantiated. Federal/State deficiency related to the allegation is cited at W149.</p> <p>Dates of Survey: March 4, 5, 6, 7, 10 and 12, 2014.</p> <p>Surveyor: Jo Anna Scott, QIDP.</p> <p>Facility Number: 001206 Provider Number: 15G633 AIMS Number: 100240180</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 31, 2014 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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (client A), the facility neglected to provide direction to staff on how to deal with client A dropping to the floor which resulted in a broken hip. Staff also failed to be in arm's length from the walker.</p> <p>Findings include:</p> <p>The facility incident reports were reviewed on 3/4/14 at 2:08 PM. The BDDS (Bureau of Developmental Disabilities Services) incident reports indicated on 1/30/14 the following: "Last evening, [client A] fell while walking to her bedroom. [Client A] was in the hallway utilizing her walker with staff present prompting her to be careful and not walk to (sic) close to the wall. As [client A] continued down the hall she lifted her hands from the walker and fell to the floor landing on the left side of her body. Staff immediately assisted her checking for injuries finding a red area on her left outer elbow and a red area on her left ankle. [Client A] appeared to be fine, she walked to her bedroom and did well throughout the night. When staff assisted her up this morning [client A's] left knee</p>		W000149	<p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective action:</b> Staff have been inserviced on Client A's revised High Risk Plan for falls (Attachment A).</p> <p><b>How we will identify others:</b> Nursing Coordinators will review High Risk Plans for fall to ensure that all needed measures, interventions are documents.</p> <p><b>Measures to be put in place:</b> Weekly Nursing Checklist has been revised (Attachment B).</p> <p><b>Monitoring of Corrective Action:</b> Director of Nursing will review Weekly Nursing Checklist to ensure that High Risk Plans have been</p>		04/10/2014	

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	<p>appeared to be swollen. She was taken to Urgent Care where she was referred to Jennings County ER for an x-ray. At the ER an x-ray revealed her left hip was scattered (sic). [Client A] has been transferred to King's Daughter's Hospital for admission where she will receive orthopedic consult and probable surgery of her hip." The hospital report dated 2/3/14 indicated client A was diagnosed with a left acute intertrochanter hip fracture and surgery was completed on 2/1/14. The report indicated client A was discharged from the hospital on 2/3/14 with discharge orders including Levaquin (antibiotic) for 7 days, Lortab (pain), wheelchair for ambulation and a home health assessment for rehab (rehabilitation) to be completed at the home. The Risk Plans for client A were reviewed on 3/5/14 at 11:30 AM. Client A had a risk plan dated 5/28/13 indicating the health risk issue of "At risk for fall/fractures" and had a history of behavioral falls, accidental falls and fractures. The interventions listed were "Staff will keep home environment consistent and free from clutter. Staff will use assist [client A] when outdoors as needed. Staff will keep [client A] 1:1 (one to one staffing) for 10 minutes prior to leaving WS (workshop) for home. Staff will be 2:1 (two to one staffing) with [client A] for the loading and</p>				<p>reviewed.</p> <p><b>Completion Date: 4-10-2014</b></p>		

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	<p>unloading into van. Staff will monitor for any distractions during ambulation and will remind [client A] to use her walker. Staff will keep walker within arm's reach at all times. The Risk Plan was revised on 2/4/14 and included the above interventions as well as the following: "Staff will be 2:1 assist for all transfers. [Client A] will use wheelchair for mobility while healing and for transport to van. Staff will work with [client A] in using the walker with a gait belt for short distances (i.e. from couch to dining room table, from bed to bathroom, from dining room table to med room) to help her gain her confidence back."</p> <p>Review of the facilities Abuse, Neglect, Exploitation policy was reviewed on 3/4/14 at 2:00 PM. The policy has a revised date of 7/18/11 and indicated "Res Care strictly prohibits abuse/neglect/exploitation/mistreatment. All employees receive training upon hire regarding definitions/causes of different types of abuse/neglect/exploitation/mistreatment, how to identify abuse/neglect/exploitation/mistreatment, and what to expect from an investigation."</p> <p>Interview with staff #3 on 3/5/14 at 3:00 PM indicated she was with client A on</p>						

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	<p>the evening she fell and had prompted client A to go to the bathroom and was walking behind her when client A "threw her hands up in the air letting go of her walker, looked over her shoulder at me and dropped to the floor." Staff #3 indicated client A dropped to the floor when she was prompted to do something she didn't want to do. Staff #3 indicated she was too far from Client A to break the drop to the floor.</p> <p>This federal tag relates to complaint #IN00143975.</p> <p>9-3-2(a)</p>						

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation and interview for 4 of 4 sampled clients (clients A, B, C and D) and 3 additional clients (clients E, F and G), the facility failed to ensure staff were trained to clean the dining room table before setting for dinner.</p> <p>Findings include:</p> <p>During the observation period on 3/6/13 from 3:30 PM to 7:25 PM, client A was given a magazine and pushed in wheelchair up to the dining table. Client A's nose was dripping on the magazine and table. Client G was putting a jigsaw puzzle together at the dining room table and client C had 4 wooden puzzles in front of her and, after putting them together, she colored. At 6:00 PM, staff #4 prompted client E to set the table for dinner. Staff #4, #5 and #6 assisted clients with putting away supplies. No one cleaned the table before it was set for dinner and the food was served. Clients A, B, C, D, E, F and G ate dinner at the table that had not been cleaned.</p> <p>Interview with administrative staff #4 on</p>		W000189	<p><b>W189:</b> The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Staff have been inserviced on cleaning and disinfecting surfaces after use and before meals (Attachment A).</li> </ul> <p><b>How we will identify others:</b></p> <p>Clinical Supervisors will review meal preparation time to ensure that table is cleaned before setting.</p> <p><b>Measures to be put in place:</b></p> <p>Active Treatment</p> <p>Observation checklist has been revised to include disinfection (Attachment C).</p>		04/10/2014	

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	3/10/14 at 1:30 PM stated "the table should have been cleaned before it was set for dinner."  9-3-3(a)			<b>Monitoring of Corrective Action:</b> Clinical Supervisors will perform at least weekly Active Treatment Observations to ensure that disinfection is being performed.  <b>Completion Date: 4-10-2014</b>			

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W000322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on observation, record review and interview for 1 of 4 sample clients (client C), the facility failed to ensure medications were crushed and a swallow evaluation conducted.</p> <p>Findings include:</p> <p>During the morning observation on 3/5/14 from 6:15 AM to 8:45 AM, the medication administration began at 6:40 AM. Client C came to the medication room at 7:15 AM and received a Calcium 600 + (plus) Vitamin D tablet as a diet supplement in applesauce. The Calcium tablet was not crushed.</p> <p>The record review for client C was conducted on 3/5/14 at 1:12 PM. The speech therapy section indicated client C had a Modified Barium Swallow test conducted on 6/24/09. The recommendations section of the report indicated client C was to have a pureed diet, honey thick liquids and crushed medication in applesauce. The report also recommended a repeat swallowing evaluation in 1 to 3 years.</p> <p>Interview with staff #2, RM (Residential Manager) on 3/5/14 at 8:00 AM stated</p>			W000322	<p><b>W322: The facility must provide or obtain preventative and general medical care.</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Client C has a Swallowing Evaluation scheduled for 4-22-2014.</li> <li>Nursing has been inserviced on revised Nursing Weekly Checklist (Attachment D).</li> </ul> <p><b>How we will identify others:</b></p> <p>Nursing Coordinators will review Swallowing evaluations to ensure that orders are documented correctly on the Physician's Orders and Medication Administration Record.</p> <p><b>Measures to be put in place:</b></p> <p>Weekly Nursing Coordinator checklist (Attachment B) has been revised to ensure that Swallowing evaluations are checked weekly to ensure</p>		04/10/2014



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	<p>"[Client C] does not get her medicine crushed, but does have pills in applesauce." Interview with staff #3, RN (Registered Nurse) on 3/10/14 at 1:30 PM stated "I am covering for that home now and will schedule a swallowing evaluation with her doctor immediately." Interview with administrative staff #4 on 3/10/14 at 1:30 PM indicated the Physician Order's stated the medicine was "okay to crush."</p> <p>9-3-6(a)</p>			<p>compliance.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>Manager of Health Services will perform bi-monthly Nurse Checklist to ensure that Swallowing evaluations are performed per Physician order and medications are dispensed correctly per Physician Order. Director of Health Services will review Nursing Active Treatment observations to ensure that medications are dispensed correctly.</p> <p><b>Completion Date:</b> 4-10-2014</p>			

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 4 sampled clients (clients A and C), the facility failed to ensure hearing screenings were conducted annually.</p> <p>Findings include:</p> <p>The record review for client A was conducted on 3/5/14 at 11:30 AM. There was no indication a hearing evaluation had been conducted. There was no indication on the annual physical exam dated 6/20/13 that client A's hearing had been evaluated by the PCP (Primary Care Physician).</p> <p>The record review for client C was conducted on 3/5/14 at 1:12 PM. The audiology report was dated 9/3/05 and indicated client C should have her hearing tested every three years. There was no indication on the annual physical exam dated 6/20/13 that client C's hearing had been evaluated.</p> <p>Interview with administrative staff #3 on 3/10/14 at 1:30 PM indicated the PCP should have filled that section out (hearing screening) on the annual exam.</p>		W000323	<p><b>W323: The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Client A has a Hearing Evaluation scheduled for 4-29-2014.</li> </ul> <p><b>How we will identify others:</b></p> <p>Nursing Coordinators will review Hearing evaluations to ensure that hearing has been checked annually or per Physician order.</p> <p><b>Measures to be put in place:</b></p> <p>Weekly Nursing Coordinator checklist (Attachment B) has been revised to ensure that Hearing evaluations are checked weekly to ensure compliance</p>		04/10/2014	

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	9-3-6(a)			<b>Monitoring of Corrective Action:</b> Director of Nursing will review Weekly Nursing Checklist to ensure that Hearing evaluations have been performed annually or per Physician Orders.  <b>Completion Date:</b> 4-10-2014			

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W000338	<p>483.460(c)(3)(v) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client B), nursing services failed to address the client's weight loss in the last 3 months.</p> <p>Findings include:</p> <p>During the observation period on 3/6/14 from 3:30 PM to 7:25 PM, client B was observed eating dinner at 6:12 PM. The meal consisted of Salisbury steak, mashed potatoes, greens, fruit cocktail and milk. Client B's food was cut into bite size pieces and the milk had thickit (thickening agent) added. Client B had a plate guard on his plate, a weighted spoon and a cup with a small hole in the lid for the drink to come out. Client B had a tremor in both hands that made it necessary for him to hold the spoon in one hand and to try and hold the food on the spoon with the other hand. Food was on the table, on his neck napkin and on the floor from spillage as be brought the spoon to his mouth.</p>		W000338	<p><b>W338: Nursing services must include, for those clients certified as not needing medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Staff have been inserviced on reporting/documenting weight loss (Attachment A).</li> <li>· Nursing has been inserviced on following up on client weight loss (Attachment D).</li> <li>· Client B has received a dietary assessment (Attachment E).</li> </ul> <p><b>How we will identify others:</b></p> <p>Nursing Coordinators will review weights to ensure that</p>		04/10/2014	

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	<p>The record review for client B was conducted on 3/5/14 at 12:24 PM. The record included the monthly weight chart that included the following weights for 2014:</p> <p>January - 164 pounds February - 160 pounds March - 153 pounds</p> <p>The nutritional assessment dated 12/2/13 indicated client B's ideal body weight was 144 to 176 pounds and his diet order was NAS (no added salt), mechanical soft with ground meats, nectar thick liquids and cut other foods into bite sized pieces.</p> <p>Interview with staff #2, RM (Residential Manager) on 3/5/14 at 1:00 PM indicated client B had recently been in the hospital and diagnosed with stage 3 renal failure. Staff #2, RM stated "The dietitian has not observed the clients eating in the home but should be here soon to review the books." Staff #2, RM, indicated the home had just purchased new scales and they may be weighing lighter than those used in the past. Staff #2, RM, also indicated it was difficult to weigh client B because of his tremor.</p> <p>9-3-6(a)</p>				<p>any deviation of +/- 5 Lbs has been followed up on.</p> <p><b>Measures to be put in place:</b> Weekly Nursing Coordinator checklist (Attachment B) has been revised to ensure that weights are checked weekly and follow up is documented.</p> <p><b>Monitoring of Corrective Action:</b> Director of Nursing will review Weekly Nursing Checklist to ensure that weights have been reviewed and deviations documented and followed up on.</p> <p><b>Completion Date:</b> 4-10-2014</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (clients A, B, C and D) and 3 additional clients (clients E, F and G), the facility failed to ensure evacuation drills were conducted quarterly for each staff shift.</p> <p>Findings include:</p> <p>The record review of evacuation drills for clients A, B, C, D, E, F and G was conducted on 3/5/14 at 10:53 AM. There was no record of an evacuation drill being conducted on the first shift (7:00 AM to 3:00 PM) and the overnight shift (12:00 AM to 7:00 AM) in January and February, 2014 or March 2013.</p> <p>Interview with administrative staff #2, on 3/5/14 at 11:15 AM indicated they were unable to locate any record of evacuations for the first quarter of 2013 or 2014.</p> <p>9-3-7(a)</p>		W000440	<p><b>W440:</b> The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Staff have been inserviced on completing evacuations (Attachment F).</li> </ul> <p><b>How we will identify others:</b></p> <p>Clinical Supervisors will review drills to ensure that drills have been completed per policy.</p> <p><b>Measures to be put in place:</b></p> <p>Clinical Supervisors will review drills to ensure that drills have been completed per policy.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>Quality Assurance will continue to receive drills and monitor compliance.</p> <p><b>Completion Date:</b> 4-10-2014</p>		04/10/2014	

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

PRINTED: 04/16/2014

FORM APPROVED

OMB NO. 0938-0391

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 03/12/2014	
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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