STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Survey dates: October 28, 29 and 30, 2024. Facility Number: 000842 Provider Number: 15G324 AIMS Number: 100243860 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/7/24.	W 0000		
W 0130 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS Based on observation and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's window blinds were closed while she was getting dressed. Findings include: An observation was conducted at the group home on 10/29/24 from 5:51 AM to 7:40 AM. At 5:51 AM, the surveyor arrived at the group home and walked towards the front door. Client #1's blinds in her window were not closed. The window faced the sidewalk leading to the front door. It was dark outside and client #1's bedroom light was on. Client #1 was sitting on her bed applying deodorant to her underarms. Client #1 did not have a shirt or bra on and her breasts were exposed. On 10/29/24 at 3:03 PM, the Qualified Intellectual	W 0130	The identified client will be supported to have a one-way film attached to her window to increase privacy in the event blinds are opened by client when dressing. All staff will receive training by the Quality Assurance Manager on prompting clients to finish dressing before opening blinds in the morning and closing them at night prior to changing clothes.	11/27/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christina Carter	OSS	11/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Disabilities Professional (QIDP), Program Manager (PM), Area Supervisor (AS) and the Licensed Practical Nurse (LPN) were interviewed. The QIDP indicated client #1's blinds should have been closed for privacy. 9-3-2(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3) and 1 additional client (#6), the facility failed to implement clients #2, #3 and #6's program plan training objectives during formal and informal opportunities. Findings include: 1. On 10/28/24 at 4:02 PM, an observation of client #3's medication administration was conducted at the group home. Staff #1 punched client #3's Gemfibrozil 600 mg (milligrams) (for high cholesterol) and his gas relief 80 mg into a medication cup, crushed the medication, added it to applesauce then spoon fed it to client #3. Client #3 was given a glass of water to drink after he took the medication then he left the medication room. Staff #1 did not provide education to client #3 regarding the reason, dosage and side effects of the medication. Staff #1 did not ask client #3 to point to his targeted medication. On 10/29/24 at 7:04 AM, an observation of client #3's medication administration was conducted at the group home. Staff #2 punched client #3's medication (14 pills) into a medication cup, crushed the medication, added it to applesauce then spoon fed it to client #3. Client #3 was given	W 0249	All staff will be retrained by the Quality Assurance Manager on the importance of continuous active treatment and the need to run identified objectives for each client. Specific to this training will be a review of all current identified outcomes identified in the individual program plan, including those related to education regarding medication administration.	11/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	a glass of water to drink after he took the medication then he left the medication room. Staff #2 did not provide education to client #3 regarding the reason, dosage and side effects of the medication. Staff #2 did not ask client #3 to point to his targeted medication. On 10/29/24 at 2:05 PM, client #3's record was reviewed. Client #3's 9/17/24 Individual Support Plan (ISP) indicated he had a goal to increase his medication administration skills and he had an objective to point to his target medication (Haloperidol/for behaviors) when given a choice between two medications. On 10/29/24 at 3:03 PM, the Qualified Intellectual Disabilities Professional (QIDP), Program Manager (PM), Area Supervisor (AS) and the Licensed Practical Nurse (LPN) were interviewed. The QIDP, AS and LPN indicated clients should be educated regarding their medications and medication goals should be implemented during medication administration. 2. On 10/28/24 at 4:11 PM, an observation of client #6's medication administration was conducted at the group home. Staff #1 punched client #6's Gabapentin 400 mg (for pain) into a medication cup then added applesauce to the medication cup. At 4:13 PM, staff #1 stated, "We're all out of BAP (bran, applesauce, prune juice mixture for constipation). We used it all yesterday". Staff #1 did not prepare the BAP to administer and marked it as unavailable on the electronic MAR (medication administration record). Staff #1 handed the medication cup to client #6 and client #6 took the medication. Client #6 was given a glass of water to drink after he took the medication then he left the medication room. Staff #1 did not provide education to client			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	#6 regarding the reason, dosage and side effects of the medication; staff #1 did not administer the BAP as ordered and she did not ask client #6 to point to his targeted medication. On 10/29/24 at 11:20 AM, a focused review of client #6's record was conducted. Client #6's 4/4/24 ISP indicated he had a goal to increase his medication administration skills and he had an objective to point to his target medication (Gabapentin) when given a choice between two medications. Client #6's October 2024 Physician's Orders and 5/12/24 Dietary Evaluation indicated client #6 received BAP twice a day. On 10/29/24 at 3:03 PM, the QIDP, PM, AS and the LPN were interviewed. The QIDP, AS and LPN indicated clients should be educated regarding their medications and medication goals should be implemented during medication administration. The LPN indicated she receives a notification when staff marks a medication as not in the home. The LPN indicated she received the notification regarding the BAP not being administered yesterday and she educated the Program Supervisor this morning who will then pass the information on to the staff working at the group home. The LPN indicated staff #1 should have prepared the BAP so it could be administered instead of marking it as unavailable on the MAR. 3. On 10/28/24 at 4:23 PM, an observation of client #2's medication administration was conducted at the group home. Staff #1 punched client #2's Vitamin D3 25 mg (for supplement) into a medication cup then added applesauce to the medication cup. Staff #1 handed the medication cup to client #2 and client #2 took the medication. Client #2 was given a glass of water to drink after he took the medication then he left the medication			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	room. Staff #1 did not provide education to client #2 regarding the reason, dosage and side effects of the medication and she did not ask client #2 to identify two of his medications. On 10/29/24 at 12:25 PM, client #2's record was reviewed. Client #2's 12/2/23 ISP indicated he had a goal to increase his medication administration skills and he had an objective to identify 2 medications (Zoloft and Zyprexa/for behaviors). On 10/29/24 at 3:03 PM, the QIDP, PM, AS and the LPN were interviewed. The QIDP, AS and LPN indicated clients should be educated regarding their medications and medication goals should be implemented during medication administration. 9-3-4(a)			
W 0474 Bldg. 00	483.480(b)(2)(iii) MEAL SERVICES Based on observation, record review and interview for 1 of 3 sampled clients (#2) and 1 additional client (#6), the facility failed to follow clients #2 and #6's dietary orders/dining plans and to ensure client #2's dietary plans matched. Findings include: 1. On 10/28/24 from 3:11 PM to 6:25 PM, an observation was conducted at the group home. At 6:00 PM, client #2 was prompted to wash his hands for dinner. Client #2 served himself ham, green beans, carrots and peaches. Client #2's ham was ground and the green beans, carrots and peaches were chopped into 1/2" (inch) pieces. On 10/29/24 from 5:51 AM to 7:40 AM, an observation was conducted at the group home.	W 0474	Nursing staff will ensure all clients dietary plans match in all areas including dietary plans, Medication Administration Record and Individual Program Plan. All staff will be re-trained on specific dietary needs for all clients by the homes nurse. Programming Staff will complete meal observations twice weekly. Meal observations will consist of observing meal preparation, proper preparation of client specific diet, and client choice in relation to mealtime. Meal observations will be completed twice per week for a minimum of 30 days and the	11/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	At 6:10 AM, client #2 was prompted to go to the dining room for breakfast. Client #2 served himself a breakfast burrito and whole grapes. At 6:19 AM, client #2 picked up his breakfast burrito with his hands and took bites out of it and he ate his grapes whole. Client #2's food was not chopped. On 10/29/24 at 12:25 PM, client #2's record was reviewed and indicated the following: Client #2's swallow evaluation dated 12/19/23 indicated, "Recommendations: 1. Regular solids/thin liquids. Continue to chop regular foods prior to consumption. Small bites/sips. Alternate solids and liquids. Cue for additional swallows during meals". Client #2's October 2024 Physician's Orders indicated client #2's diet was regular, low-fat, low cholesterol, ground meats, thin liquids, encourage to chew well and take small bites. Client #2's 7/5/24 Quarterly Nutritional Assessment indicated client #2's diet was regular with ground meats (as needed). Client #2's 5/13/24 Dining plan indicated client #2's diet was regular, ground meat (as needed), encourage to eat small bites and chew well. Client #2's 12/2/23 Individual Support Plan (ISP) indicated client #2's diet was ground meat with 1/4" pieces (bites). A review of client #2 plans indicated the plans did not contain the same dietary information. On 10/28/24 at 5:13 PM, staff #3 was interviewed. Staff #3 indicated client #2 was on a mechanical		Quality Assurance team will review the need to continue or adjust the frequency at that time.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	soft diet. Staff #3 indicated client #2's meat was prepared in a food processor. On 10/29/24 at 3:03 PM, the Qualified Intellectual Disabilities Professional (QIDP), Program Manager (PM), Area Supervisor (AS) and the Licensed Practical Nurse (LPN) were interviewed. The LPN stated, "His (client #2) actual diet needs to be clarified. In the meantime, his food will be cut up as indicated on the last swallow evaluation. He sees his PCP (primary care physician) next Tuesday so it will be clarified". The LPN, QIDP and AS indicated client #2's plans regarding his diet should match. On 10/30/24 at 9:18 AM, the Executive Director (ED) was interviewed. The ED indicated client #2's food should be chopped as indicated in the most recent swallow evaluation. The ED indicated client #2's dietary plans should match. 2. On 10/28/24 from 3:11 PM to 6:25 PM, an observation was conducted at the group home. At 6:00 PM, client #6 was prompted to wash his hands for dinner. Client #6 served himself ham, green beans, carrots and peaches. Client #6's ham was ground and the green beans, carrots and peaches were chopped into 1/2" pieces. On 10/29/24 from 5:51 AM to 7:40 AM, an observation was conducted at the group home. At 6:10 AM, client #6 was prompted to go to the dining room for breakfast. Client #6 served himself a breakfast burrito and whole grapes. At 6:19 AM, client #6 picked up his breakfast burrito with his hands and took bites out of it and he ate his grapes whole. Client #6's food was not cut into 1/4" (inch) to 1/2" pieces. On 10/29/24 at 11:20 AM, a focused review of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G324	A. BUILDING 00 B. WING	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	4516 W WALDEN DR MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	client #6's record was conducted. Client #6's 5/12/24 Nutrition Assessment indicated client #6's diet was, "Mechanical soft solids, ground meats, NCS (no concentrated sweets), thin liquids. All other food chopped into 1/4" to 1/2" pieces". On 10/28/24 at 5:13 PM, staff #3 was interviewed. Staff #3 indicated client #6 was on a mechanical soft diet. On 10/29/24 at 3:03 PM, the QIDP, PM, AS and the LPN were interviewed. The LPN indicated client #6's diets was mechanical soft and his food should be cut into 1/4" to 1/2" pieces. The QIDP, AS and LPN indicated dietary orders should be followed. 9-3-8(a)			