

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G324		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/12/2021	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 4516 W WALDEN DR MUNCIE, IN 47304			
(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	
W 0000 Bldg. 00	<p>This visit was for a post certification revisit (PCR) to the predetermined full recertification and state licensure survey and the Covid-19 focused infection control survey completed on 1/22/21.</p> <p>Survey Dates: March 11 and 12, 2021.</p> <p>Facility Number: 000842 Provider Number: 15G324 AIMS Number: 100243860</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/23/21.</p>		W 0000				
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure a system was being utilized to maintain an accurate accounting of clients #1, #2 and #3's funds managed by the facility.</p> <p>Findings include:</p> <p>On 3/11/21 at 5:00 PM financial records from January 2021 through March 2021 for clients #1, #2 and #3 were requested for review. January 2021 finances were provided for review. At 5:05 PM, the surveyor asked the RM (Residential Manager) to review the cash on</p>		W 0140	<p>W 140: The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds. RM, AS and QIDP have been trained that there is to be a key in the home at all times for the cash box. Program Director trained with the RM, QIDP and AS regarding finances and together they reconciled the ledgers for clients 1, 2 and 3 as well as the other clients in the home. Residential Manager has been</p>		04/11/2021	

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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	<p>hand. The RM indicated the AS (Area Supervisor) had to go to another group home to get the keys to the cash box. The RM indicated a key to the cash box was not always available at the group home. At 5:30 PM, the AS returned to the group home with the keys. The RM looked through receipts from February 2021 and March 2021 and various bags of change in an attempt to get the cash and invoices to balance for clients #1 and #3.</p> <p>1. Client #1's March 2021 financial ledger indicated client #1 had \$105.64 and her actual cash on hand was \$90.21. Finance records for February 2021 were not provided. Client #1's financial record did not indicate documentation of a current and accurate balance/accounting of client #1's funds.</p> <p>2. Client #2's March 2021 financial ledger indicated client #2 had \$12.72 and his actual cash on hand was \$12.72. Finance records for February 2021 were not provided. Client #2's financial record did not indicate documentation of a current and accurate balance/accounting of client #2's funds for February 2021.</p> <p>3. Client #3's March 2021 financial ledger indicated client #3 had \$150.88 and his actual cash on hand was \$247.44. Finance records for February 2021 were not provided. Client #3's financial record did not indicate documentation of a current and accurate balance/accounting of client #3's funds.</p> <p>On 3/11/21 at 5:30 PM, the RM was interviewed. The RM stated, "I'm supposed to do them every week. I can only do them when I have keys".</p> <p>On 3/11/21 at 5:50 PM, the AS was interviewed.</p>				<p>trained that she will reconcile the finances weekly, Area Supervisor will review the finances weekly and the QIDP will review finances bi-weekly to ensure they have been completed and are accurate. RM, QIDP and AS have been trained that the financial records will be kept in the home. A copy of the completed and reviewed financial ledgers will be submitted to the Program Director monthly. Program Director will review to ensure that the ledgers are completed and accurate.</p>		

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	<p>The AS indicated the finances should be reconciled by the RM weekly and each month should be reconciled and have the ledgers and receipts together. The AS stated, "I don't know what happened. It was just balanced".</p> <p>On 3/11/21 at 6:00 PM, the QIDP (Qualified Intellectual Disabilities Professional) stated, "These finances shouldn't take you (surveyor) any more than 10 minutes. You've (surveyor) waited long enough".</p> <p>This deficiency was cited on 1/22/21. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>						