

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

PRINTED: 04/18/2022
FORM APPROVED
OMB NO. 0938-0391

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 03/09/2022	
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 pre-determined full recertification and state licensure survey.</p> <p>Survey dates: March 7, 8 and 9, 2022.</p> <p>Facility Number: 000842 Provider Number: 15G324 AIMS Number: 100243860</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/16/22.</p>		W 0000				
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 3 clients in the sample (#2 and #3) and 2 additional clients (#6 and #7), the facility failed to conduct thorough investigations for incidents of peer to peer abuse.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and related investigations were reviewed on 3/7/22 at 3:00 PM.</p> <p>1) A BDDS report dated 8/19/21 indicated, "[Client #2] was waiting on transportation. Staff saw [client #2] swing his lunchbox and hit his housemate (unknown client) in the face. Staff separated the 2 individuals, (sic) and [client #2] told staff that his housemate bit him on the right</p>		W 0154	<p>The Quality Assurance Manager will assure that all incidents of peer-to-peer aggression will be thoroughly investigated. Staff in the home will be trained via in-service that all incidents of peer-to-peer aggression, whether witnessed or unwitnessed, must have an incident report and be reported to quality assurance immediately following the incident so the investigation can be initiated.</p>		03/29/2022	

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>forearm. He showed staff the area. The skin was broken is (sic) several spots. Staff assisted with cleaning the area and applying Bactiracin (sic/antibiotic) ointment and a bandaid. Staff kept the individuals separated, (sic) until transport arrived. [Client #2's] housemate continued to be verbally aggressive to [client #2] and approach (sic) [client #2's] space. [Client #2] stayed in his area and continued with verbal altercation, but eventually stopped engaging with his housemate. [Client #2] calmed and went on transport with his home".</p> <p>The review did not include an investigation for the peer to peer abuse.</p> <p>2) A BDDS report dated 8/30/21 at 7:00 AM indicated, "On 8/30/21, [client #7] came into the med (medication) room for his morning medication and staff observed that he had dried blood on the left side of his face and his lip was puffy. Staff cleaned the area and applied an ice pack as tolerated. Staff assessed [client #7] with no additional injuries noted at time of report. [Client #3] reported to staff that she hit [client #7] because she was upset, and he was making noises she did not like".</p> <p>The review did not include an investigation for the peer to peer abuse.</p> <p>3) A BDDS report dated 11/1/21 at 7:00 AM indicated, "On 11/1/21, [client #6] was standing in the living room when [client #2] attempted to get out of his chair, lost his balance, and fell into [client #6]. [Client #6] got upset and placed [client #2] into a headlock and hit him twice in the head. Staff immediately separated the two men and redirect (sic) them to other areas of the home. [Client #2] was assessed and staff</p>						

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W 0159 Bldg. 00	<p>discovered a bump over his right eye, approximately 2cm (centimeters) round (sic). Agency nurse was notified. First aid was given, (sic) and skin assessments and nuero (sic/neurological) checks were started".</p> <p>The review did not include an investigation for the peer to peer abuse.</p> <p>4) A BDDS report dated 11/23/21 at 6:55 AM indicated, "On 11/23/21, staff heard yelling from the back bedroom and went to find [client #2] on top of [client #6], hitting him in the chest and head several times. Staff attempted to verbally redirect them, (sic) and when that was unsuccessful staff intervened and separated the two. Staff assessed [client #2] with no injuries noted. [Client #6] received a scrape, approximately 1 inch round, and a scratch, approximately 1 inch by 1.5 inch (sic), on his upper left forehead. Agency nurse was notified. First aid was given, and skin assessments and nuero (sic/neurological) checks were started".</p> <p>The review did not include an investigation for the per to peer abuse.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The QAM indicated incidents of peer to peer abuse should be investigated.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP Each client's active treatment program must</p>						

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	<p>be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' program plan training objectives by failing to conduct regular reviews of the clients' program plan documentation for clients #1, #2 and #3.</p> <p>Findings include:</p> <p>1) On 3/8/22 at 12:30 PM, client #1's record was reviewed. There were no monthly reviews completed from May 2021 through November 2021.</p> <p>2) On 3/8/22 at 2:00 PM, client #2's record was reviewed. There were no monthly reviews completed from May 2021 through November 2021.</p> <p>3) On 3/8/22 at 3:00 PM, client #3's record was reviewed. There were no monthly reviews completed from May 2021 through November 2021.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The PM/QIDP indicated the clients' program plan training objectives should be reviewed monthly.</p> <p>9-3-3(a)</p>			W 0159	<p>The homes QIDP was in-serviced on the following:</p> <ul style="list-style-type: none"> • All clients service plans must be integrated, coordinated and monitored on an ongoing basis and must be functional and based on each client's individual needs • Monthly and quarterly reviews and reports must be generated by the 15th of each following month with all concerns reported to the Program Manager for evaluation and plan of action • All ISP goals that are not met or have shown improvement by a minimum of 20% within a 90 day period must be re-assessed and revised to better meet the client's needs <p>The Quality Assurance Manager will complete a chart audit review monthly in the home to assure monthly and quarterly reviews are completed with appropriate goals for each client.</p> <p>The Program Manager, with 3 years ICF QIDP experience, will directly supervise and train the newly hired QIDP and assure that all the above listed items remain in compliance with weekly in person monitoring.</p>		04/11/2022

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 of 3 clients in the sample (#1 and #3) and 1 additional client (#7), the facility's nursing services failed to ensure client #1 received a standing walker as ordered by the physician, client #3 was provided with timely dental services, staff administered client #1's Combigan (for increased eye pressure) eye drops as ordered by the physician, client #1's rolling walker was in good repair and client #7's non-slip mat was used during meals.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM and on 3/8/22 from 5:50 AM to 7:50 AM. At 3:30 PM, client #1 walked into the group home with the assistance of a rolling walker. Client #1 walked to her bedroom and parked the walker next to her bed. She ambulated throughout the group home without utilizing her walker. Client #1 would use the walls and other objects to prevent her from losing her balance. On 3/8/22 at 6:50 AM, client #1 was interviewed. Client #1 indicated her walker didn't work right because the wheels get stuck and won't roll. Client #1 indicated she had to lift the walker up because the wheels get stuck. Client #1 demonstrated what she was describing. As she used the walker going up the ramp in the hallway she had to lift the walker because it would not roll. Client #1 indicated the doctor ordered a standing walker to help her stand up straight but she hasn't received it yet. Client #1 stated, "I don't know what's going on with it, but I need it. This one is [family</p>			W 0331	<p>All staff including the homes Nurse (LPN) were in-serviced on the following:</p> <ul style="list-style-type: none"> • All clients adaptive equipment is to be inspected weekly to assure it is present and functional. Any missing, broken or incomplete adaptive equipment found, staff are to notify the homes Nurse (LPN) and the homes QIDP to assure the equipment is replaced • All clients adaptive equipment is to be utilized daily at all opportunities. • All medication is to be administered as ordered by the physician including all eye drops and topical medications • All physicians orders including follow up appointments are to be completed in a timely manner (Client #3 has a follow up dental appointment scheduled) • Staff were in-serviced specifically on the following, as well as the general statements above to prevent re-occurrence: <ul style="list-style-type: none"> o Client #1 and her eye drop prescription o Client #1 and her standing rolling walker (has been replaced) o Client #7 and his non-slip mat during meals <p>The Site Supervisor and QIDP will complete a meal observation once per week in the home during</p>		04/11/2022

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	<p>member]".</p> <p>An observation was conducted at the day program on 3/8/22 from 8:30 AM to 9:30 AM. Throughout the observation period client #1 utilized a rolling walker as she walked around the building. When client #1 would try to turn she lifted the walker up off the ground because the wheels would get stuck and not roll.</p> <p>On 3/8/22 at 12:30 PM, client #1's record was reviewed. Client #1's fall risk plan indicated, "Walker may be used PRN (as needed) for unsteadiness". An 11/16/21 medical appointment form indicated, "Pt (patient) would benefit from a standing upright walker like [brand name of walker]. Rx (prescription) given".</p> <p>On 3/8/22 at 5:50 AM, staff #2 was interviewed. Staff #2 stated, "They (wheels) spin in circles like the wheels on a [retail store] cart. It (walker) doesn't move like it should".</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN indicated client #1 had a walker for PRN use. The LPN stated, "I don't really know what is going on with it. She borrowed [client #2's] (rolling walker) and he took it back. The previous med (medical) coach was taking care of it (new walker order) before she retired. I'm not sure if it has been ordered". The LPN indicated recommendations from the physician should be followed.</p> <p>2) Please refer to W348. For 1 of 3 clients in the sample (#3), the facility's nursing services</p>				<p>alternating meals to assure continued education and training to staff on all aspects of meal preparation including client involvement in cooking, meal preparation goals, modified diets and client adaptive equipment related to mealtime. Meal observations will continue at this rate (2 per week) across varying meals for a minimum of 30 days and will be re-evaluated and continued as needed.</p> <p>The homes nurse will review all clients Medication Administration Report weekly to assure that medications are given as prescribed. In the event that a medication was not given as prescribed, the staff responsible will be provided additional training, following the corrective action process.</p>		

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W 0348 Bldg. 00	<p>failed to ensure client #3 was provided with timely dental services.</p> <p>3) Please refer to W368. For 1 of 3 clients in the sample (#1), the facility's nursing services failed to ensure staff administered client #1's Combigan (for increased eye pressure) eye drops as ordered by the physician.</p> <p>4) Please refer to W369. For 1 of 3 clients in the sample (#1), the facility's nursing services failed to ensure staff administered client #1's medications as ordered by the physician.</p> <p>5) Please refer to W436. For 1 of 3 clients in the sample (#1) and 1 additional client (#7), the facility's nursing services failed to ensure client #1's rolling walker was in good repair and client #7's non-slip mat was used during meals.</p> <p>9-3-6(a)</p> <p>483.460(e)(1) DENTAL SERVICES</p> <p>The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#3), the facility failed to ensure client #3 was provided with timely dental services.</p> <p>Findings include:</p> <p>On 3/8/22 at 3:00 PM, client #3's record was reviewed. The record indicated client #3 had a</p>		W 0348	<p>All staff including the homes Nurse (LPN) were in-serviced on the following:</p> <ul style="list-style-type: none"> • All physicians orders including follow up appointments are to be completed in a timely manner (Client #3 has a follow up dental appointment scheduled) <p>The Quality Assurance Manager</p>		04/11/2022	

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W 0368 Bldg. 00	<p>dental appointment on 2/11/21. The Physician Orders indicated, "Return for 6 month recall/exam (examination) and cleaning. 8/21 (August 2021)". There was no documentation indicating client #3 had been to the dentist since 2/11/21.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN stated, "I can't swear that it was done. She has another appointment in August (2022)". The LPN stated, "We attempted to schedule an appointment for February (2022) and insurance wouldn't cover it".</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure staff administered client #1's Combigan (for increased eye pressure) eye drops as ordered by the physician.</p> <p>Findings include:</p> <p>On 3/8/22 from 5:50 AM to 7:50 AM, an observation was conducted at the group home. At 5:50 AM client #1 ate scrambled eggs and toast for breakfast. Throughout the observation the refrigerator in the kitchen contained 2 bottles of Combigan eye drops for client #1. At 7:12 AM, staff #2 administered the following</p>			W 0368	<p>will complete monthly chart audits that include the Medical chart. This audit will review physicians' orders including follow up appointments. Any order or follow up not completed will be brought to the homes nurses' attention to be corrected.</p> <p>All staff including the homes Nurse (LPN) were in-serviced on the following:</p> <ul style="list-style-type: none"> • All medication is to be administered as ordered by the physician including all eye drops and topical medications • Staff were in-serviced specifically on the following, as well as the general statements above to prevent re-occurrence: <ul style="list-style-type: none"> o Client #1 and her eye drop prescription • A miniature refrigerator was purchased to secure client #1's 		04/11/2022

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	<p>medications to client #1: Omeprazole 40 mg (milligrams) (for acid reflux), Myrbetriq 25 mg (for incontinence), Zinc Sulfate 220 mg (supplement), Vitamin E 180 mg (supplement), Docusate Sodium 100 mg (for constipation), Lamotrigine 25 mg/2 pills (for anxiety), Oyster Calcium 500 mg (for supplement), Loratadine 10 mg (for allergies), Vitamin D3 (for supplement), Neomycin cream (antibiotic for eye) and Systane eye drops (2 drops in the right eye) (for dry eyes). During the medication administration for client #1, staff #2 did not retrieve the Combigan eye drops from the refrigerator in the kitchen.</p> <p>On 3/8/22 at 12:30 PM, client #1's record was reviewed. Client #1's February 2022 physician's orders were reviewed and indicated the following: "Combigan Sol (solution): Instill one drop into right eye twice daily as directed 7AM and 8PM".</p> <p>A review of the physician's orders indicated client #1's Combigan eye drops were not administered as ordered.</p> <p>A review of the electronic MAR (medication administration record) from 2/16/22 to 3/8/22 indicated the Combigan eye drops were not administered at the following times: 2/16/22 at 8:00 PM, 2/18/22 at 8:00 PM, 2/19/22 through 2/25/22 not administered at 7:00 AM or 8:00 PM, 2/28/22 at 8:00 PM, 3/5/22 at 7:00 AM and 8:00 PM, 3/6/22 at 8:00 PM and 3/7/22 at 7:00 AM and 8:00 PM.</p> <p>A review of the paper MAR from February 2022 indicated the Combigan eye drops were not administered from 2/4/22 through 2/28/22 at 7:00 AM and at 8:00 PM the Combigan drops were not administered on 2/5/22, 2/6/22,</p>		<p>eye drops under refrigeration and secured away from client reach. It is kept in the locked staff medication room.</p> <ul style="list-style-type: none"> The homes Nurse (LPN) must check the homes medication exemption log weekly to assure medications are being administered as prescribed 				

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W 0369 Bldg. 00	<p>2/12/22 through 2/20/22, 2/26/22 and 2/27/22.</p> <p>On 3/8/22 at 6:50 AM, client #1 was interviewed. Client #1 indicated her eye drops weren't being administered as they should be. Client #1 stated, "I ask for my drops (Combigan) and staff says to wait for another staff to come in. [Staff #4] would give it to me, but not right". Client #1 indicated the drops were stored in the refrigerator.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. When asked if they were aware client #1's Combigan eye drops were not being administered as ordered, the LPN stated, "I am now". The LPN indicated medication should be administered as ordered by the physician. The LPN indicated she was responsible for ensuring medications are administered as ordered.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure staff administered client #1's medications as ordered by the physician.</p> <p>Findings include:</p>		W 0369	<p>All staff including the homes Nurse (LPN) were in-serviced on the following:</p> <ul style="list-style-type: none"> • All medication is to be administered as ordered by the physician including all eye drops and topical medications • Staff were in-serviced 		04/11/2022	

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	<p>On 3/8/22 from 5:50 AM to 7:50 AM, an observation was conducted at the group home. At 5:50 AM client #1 ate scrambled eggs and toast for breakfast. Throughout the observation the refrigerator in the kitchen contained 2 bottles of Combigan eye drops for client #1. At 7:12 AM, staff #2 administered the following medications to client #1: Omeprazole 40 mg (milligrams) (for acid reflux), Myrbetriq 25 mg (for incontinence), Zinc Sulfate 220 mg (supplement), Vitamin E 180 mg (supplement), Docusate Sodium 100 mg (for constipation), Lamotrigine 25 mg/2 pills (for anxiety), Oyster Calcium 500 mg (for supplement), Loratadine 10 mg (for allergies), Vitamin D3 (for supplement), Neomycin cream (antibiotic for eye) and Systane eye drops (2 drops in the right eye) (for dry eyes). During the medication administration, staff #2 did not retrieve the Combigan eye drops from the refrigerator in the kitchen.</p> <p>On 3/8/22 at 12:30 PM, client #1's record was reviewed. Client #1's February physician's orders were reviewed and indicated the following: Omeprazole 40 mg cap (capsule): "Give one capsule by mouth every morning before a meal. 6AM". Systane Sol (solution): "Use as directed. Both eyes four times daily 7AM, 12PM, 4PM, 8PM" Combigan Sol (eye drops to treat high pressure inside the eye): Instill one drop into right eye twice daily as directed. 7AM and 8PM".</p> <p>A review of the physician's orders indicated client #1 was not administered Omeprazole at 6:00 AM before the morning meal. The Systane drops were only administered in the right eye, not both eyes as ordered. The Combigan eye drops were not administered at 7:00 AM as</p>		<p>specifically on the following, as well as the general statements above to prevent re-occurrence:</p> <ul style="list-style-type: none"> o Client #1 and her eye drop prescription • A miniature refrigerator was purchased to secure client #1's eye drops under refrigeration and secured away from client reach. It is kept in the locked staff medication room. • The homes Nurse (LPN) must check the homes medication exemption log weekly to assure medications are being administered as prescribed <p>The homes nurse will review all clients Medication Administration Report weekly to assure that medications are given as prescribed. In the event that a medication was not given as prescribed, the staff responsible will be provided additional training, following the corrective action process.</p>				

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W 0382 Bldg. 00	<p>ordered.</p> <p>On 3/8/22 at 6:50 AM, client #1 was interviewed. Client #1 indicated her eye drops weren't being administered as they should be. Client #1 stated, "I ask for my drops (Combigan) and staff says to wait for another staff to come in. [Staff #4] would give it to me, but not right". Client #1 indicated the drops were stored in the refrigerator.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN indicated medication should be administered as ordered by the physician. The LPN indicated she was responsible for ensuring medications are administered as ordered.</p> <p>9-3-6(a)</p> <p>483.460(l)(2)</p> <p>DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation, record review and interview for 3 of 3 clients in the sample (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility failed to ensure the medications were properly secured.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM and on 3/8/22 from 5:50 AM to 7:50 AM. Throughout the observation periods 2 boxes of</p>		W 0382	<p>A miniature refrigerator was purchased to secure client #1's eye drops under refrigeration and secured away from client reach. It is kept in the locked staff medication room. Staff were in-serviced that the medicated eye drops are to be kept and secured in the miniature refrigerator in the medication room.</p> <p>All staff were in-serviced that the door to the medication room is to</p>		03/29/2022	

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	<p>client #1's Combigan eye drops (to treat high pressure inside the eye) were unsecured on a shelf in the refrigerator in the kitchen. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 3/8/22 at 12:30 PM, client #1's record was reviewed. Client #1's February physician's orders were reviewed and indicated the following: "Combigan Sol (solution): Instill one drop into right eye twice daily as directed".</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN indicated the eye drops should be in a locked box inside the refrigerator. The AS stated, "We used to have a fridge (refrigerator) in there (medication room). It broke and we just threw it out a week ago. I'll go buy another one today".</p> <p>2. Observations were conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM and on 3/8/22 from 5:50 AM to 7:50 AM. Throughout the observation periods the door to the medication room was standing open with the key in the lock. The cabinet containing the medication was left unlocked. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP, QAM, AS, LPN and staff #1 were interviewed. The LPN and the AS stated the keys to the medication and the medication room door should "be on staff".</p> <p>9-3-6(a)</p>				<p>be locked anytime there is not a staff member in the room to supervise. The keys to the medication room must be kept in staff possession at all times.</p>		

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W 0383 Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview for 3 of 3 clients in the sample (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility failed to secure the medication keys at the group home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM and on 3/8/22 from 5:50 AM to 7:50 AM. Throughout the observation periods the door to the medication room was standing open with the key in the lock. There were additional keys on the key chain and the medication cabinet was unlocked. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN and the AS stated the keys to the medication cabinet and the medication room door should "be on staff". The AS indicated the key to the medication cabinet was on the key chain with the key to the medication room door.</p> <p>9-3-6(a)</p>			W 0383	<p>All staff were in-serviced that the door to the medication room is to be locked anytime there is not a staff member in the room to supervise. The keys to the medication room must be kept in staff possession at all times.</p> <p>The Area Supervisor, Nurse, Site Supervisor, QIDP and Program Manager will assess the home during each visit and if the medication room is unlocked without a staff present in the room, they will provide an in-service to the staff in the home educating them to keep the door locked and the keys in staffs possession. Staff that have been provided more than 1 additional training in-service will be subject to the corrective action process, implemented by the Program Manager.</p>		04/11/2022
W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures,</p>						

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	<p>eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 3 clients in the sample (#1) and 1 additional client (#7), the facility failed to ensure client #1's rolling walker was in good repair and client #7's non-slip mat was used during meals.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 3/7/22 from 3:30 PM to 6:30 PM and on 3/8/22 from 5:50 AM to 7:50 AM. At 3:30 PM, client #1 walked into the group home with the assistance of a rolling walker. Client #1 walked to her bedroom and parked the walker next to her bed. She ambulated throughout the group home without utilizing her walker. Client #1 would use the walls and other objects to prevent her from losing her balance. On 3/8/22 at 6:50 AM, client #1 was interviewed. Client #1 indicated her walker didn't work right because the wheels get stuck and won't roll. Client #1 indicated she had to lift the walker up because the wheels get stuck. Client #1 demonstrated what she was describing. As she used the walker going up the ramp in the hallway she had to lift the walker because it would not roll. Client #1 indicated the doctor ordered a standing walker to help her stand up straight but she hasn't received it yet. Client #1 stated, "I don't know what's going on with it, but I need it. This one is [family member]".</p> <p>An observation was conducted at the day program on 3/8/22 from 8:30 AM to 9:30 AM. Throughout the observation period client #1</p>			W 0436	<p>All staff including the homes Nurse (LPN) were in-serviced on the following:</p> <ul style="list-style-type: none"> • All clients adaptive equipment is to be inspected weekly to assure it is present and functional. Any missing, broken or incomplete adaptive equipment found, staff are to notify the homes Nurse (LPN) and the homes QIDP to assure the equipment is replaced • All clients adaptive equipment is to be utilized daily at all opportunities. • Staff were in-serviced specifically on the following, as well as the general statements above to prevent re-occurrence: <ul style="list-style-type: none"> o Client #1 and her standing rolling walker (has been replaced) o Client #7 and his non-slip mat during meals <p>Meal observations completed twice per week across varying mealtimes by the QIDP and Site Supervisor will monitor to ensure compliance with utilizing client adaptive equipment during meal times. Clients that do not utilize their adaptive equipment on an independent level will have a programming ISP goal to educate them on appropriate use of their adaptive equipment.</p> <p>The homes Nurse will inspect adaptive equipment weekly to</p>		04/11/2022

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	<p>utilized a rolling walker as she walked around the building. When client #1 would try to turn she lifted the walker up off the ground because the wheels would get stuck and not roll.</p> <p>On 3/8/22 at 12:30 PM, client #1's record was reviewed. Client #1's fall risk plan indicated, "Walker may be used PRN (as needed) for unsteadiness".</p> <p>On 3/8/22 at 5:50 AM, staff #2 was interviewed. Staff #2 stated, "They (wheels) spin in circles like the wheels on a [retail store] cart. It (walker) doesn't move like it should".</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN indicated client #1 had a walker for PRN use and it should be in good repair.</p> <p>2. An observation was conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM. At 3:30 PM, client #7 went to the kitchen and got a container of cereal off of the top of the refrigerator and handed it to staff #3. Staff #3 poured cereal into a bowl then got a carton of shelf stable almond milk out of the cabinet and poured milk onto the cereal. The milk was over the top of the cereal in the bowl. Client #7 ate the cereal then drank the milk. Client #7's bowl did not have a non-slip mat under it. At 4:00 PM, client #7 went to the kitchen again and got a different container of cereal off of the top of the refrigerator and handed it to staff #3. Staff #3 poured cereal into a bowl then got a carton of shelf stable almond milk out of the cabinet and poured milk onto the cereal. The milk was over</p>				<p>assure that all adaptive equipment is present and in working order.</p>		

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W 0455 Bldg. 00	<p>the top of the cereal in the bowl. Client #7 ate the cereal then drank the milk. Client #7's bowl did not have a non-slip mat under it. At 6:15 PM, client #7 ate dinner and his plate did not have a non-slip mat under it.</p> <p>An observation was conducted at the group home on 3/8/22 from 5:50 AM to 7:50 AM. At 5:50 AM client #7 ate breakfast. Client #7's plate did not have a non-slip mat under it.</p> <p>On 3/8/22 at 12:00 PM, a focused review of client #7's record was conducted. Client #7's 1/7/22 Nutritional Assessment indicated, "Adaptive Feeding Equipment: small child size spoon, non-slip mat, clothing protector".</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP, QAM, AS, LPN and staff #1 were interviewed. Staff #1 indicated client #7's adaptive feeding equipment included a small spoon and fork. The LPN indicated client #7 should use a non-slip mat. The AS stated, "We have that big roll of stuff (non-slip material) and we're supposed to cut off a piece and use it".</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review and interview for 3 of 3 clients in the sample (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility failed to implement and teach sanitary methods prior to meals.</p> <p>Findings include:</p>		W 0455	<p>All staff were in-serviced on prompting all clients to wash their hands prior to meals and after using the restroom as well as all other opportunities where the hands may become soiled. Meal observations completed</p>		04/11/2022	

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W 0474 Bldg. 00	<p>An observation was conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM. At 6:15 PM, clients #1, #2, #3, #4, #5, #6 and #7 were prompted to go to the table for dinner. The clients were not prompted or encouraged to wash their hands prior to eating dinner.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. Staff #1, the LPN and the PM/QIDP indicated clients should wash their hands prior to eating.</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 of 3 clients in the sample (#1) and 1 additional client (#7), the facility failed to follow clients #1 and #7's diet as ordered by the physician.</p> <p>Findings include:</p> <p>1. An observation was conducted at the group home on 3/8/22 from 5:50 AM to 7:50 AM. At 5:50 AM, client #1 was getting ready to eat breakfast. Client #1's plate contained scrambled eggs and two pieces of whole, dry toast. Client #4 cut client #1's toast into bite sized pieces for her. Client #1 ate everything on her plate. Client</p>			W 0474	<p>twice per week across varying mealtimes by the QIDP and Site Supervisor will ensure and educate both staff and clients on washing their hands prior to mealtimes. Any instance where staff or clients are not witnessed washing their hands will be an educational opportunity during the observation. Non-compliance by staff will result in a personal in-service and be subjected to the corrective action process. Clients identified to struggle with washing their hands prior to mealtimes during the observations will be provided an educational programming goal to provide continued education.</p> <p>All staff were in-serviced on following the physician ordered food and liquid consistency for each client. Staff were trained on each modified diet and consistency. The nurse, Area Supervisor and QIDP will complete a meal observation once per week in the home to assure continued education and training to staff on all aspects of meal preparation including client involvement in cooking, meal preparation goals and modified diets. Meal observations will</p>		03/29/2022

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	<p>#1's toast was not moistened with a liquid.</p> <p>On 3/8/22 at 12:30 PM, client #1's record was reviewed. Client #1's 10/14/21 Nutritional Assessment indicated, "Diet Order: 1500 calorie, chopped meals, cut foods up 1/4" (inch) - 1/2" pieces (choking risk), moisten meals, thin liquids".</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional), QAM (Quality Assurance Manager), AS (Area Supervisor), LPN (Licensed Practical Nurse) and staff #1 were interviewed. The LPN stated, "Her diet is mechanical soft". The LPN stated client #1's food should be cut into 1/4"-1/2" pieces and her toast "should be soaked, not dry".</p> <p>2. An observation was conducted at the group home on 3/7/22 from 3:30 PM to 6:30 PM. At 3:30 PM, client #7 went to the kitchen and got a container of cereal off of the top of the refrigerator and handed it to staff #3. Staff #3 poured cereal into a bowl then got a carton of shelf stable almond milk out of the cabinet and poured milk onto the cereal. The milk was over the top of the cereal in the bowl. Client #7 ate the cereal then drank the milk. The milk was not thickened. At 4:00 PM, client #7 went to the kitchen again and got a different container of cereal off of the top of the refrigerator and handed it to staff #3. Staff #3 poured cereal into a bowl then got a carton of shelf stable almond milk out of the cabinet and poured milk onto the cereal. The milk was over the top of the cereal in the bowl. Client #7 ate the cereal then drank the milk. The milk was not thickened.</p> <p>On 3/8/22 at 12:00 PM, a focused review of</p>				continue at this rate (3 per week) across varying meals for a minimum of 30 days and will be re-evaluated and continued as needed.		

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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
	<p>client #7's record was conducted. Client #7's October 2021 choking risk plan was reviewed and indicated client #7's liquids should be nectar thick.</p> <p>On 3/8/22 at 4:20 PM, the PM/QIDP, QAM, AS, LPN and staff #1 were interviewed. Staff #1 indicated client #7's diet was minced foods with nectar thick liquids. Staff #1 indicated staff should thicken the milk prior to pouring it over the cereal. The LPN stated, "I've told them (staff) before milk should not be over the cereal so he can't drink it. There should be just enough milk for the cereal to soak it up".</p> <p>9-3-8(a)</p>						