

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

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 09/29/2022
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 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	<p>This visit was for a post certification revisit (PCR) to the PCR completed on 7/1/22 to the pre-determined full recertification and state licensure survey completed on 3/9/22.</p> <p>Survey dates: September 28 and 29, 2022.</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.</p> <p>Quality Review of this report completed by #15068 on 10/4/22.</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 1 of 3 sampled clients (#3) and 1 additional client (#7), the facility failed to conduct thorough investigations for 2 incidents of unknown injuries for client #7 and an incident of elopement for client #3.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and related investigations were reviewed on 9/28/22 at 4:25 PM.</p> <p>1) A BDDS report dated 8/27/22 indicated, "On 8/26/22 at approximately 7:45 AM while staff were administering medications observed on [client</p>	W 0154	<p><b>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies.</b></p> <p><b>All facility investigations will be completed by trained investigators. When incidents requiring investigation occur such as Injuries of Unknown Origin or Elopement, the QA manager or designee will assign the investigation to a</b></p>	10/19/2022

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 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.

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	<p>#7's] (R/right) arm a bruise the size of 2-3 quarters. She (staff) also noted a few fresh scratches (sic) marks on his arm as well".</p> <p>The review did not include an investigation for the unknown injuries.</p> <p>2) A BDDS report dated 9/21/22 indicated the following incident occurred on 9/20/22 at 8:45 AM: "... Staff got [client #7] to move into another activity area in day programming (sic). When he sat down she noticed that he had scratches that run (sic) vertically on his neck and back. [Client #7] is nonverbal and unable to tell staff what happened. The scratches did not appear to have been made recent (sic). Day programming staff cleaned the scratches do (sic) applied Bactrim ointment (infection prevention). There are 6 scratches in total ranging from 1 inch to 4 1/2 inches long. Plan to Resolve: Notified residential area supervisor of the discovery and continue to monitor. Continue to follow all risk and behavior plans".</p> <p>The review did not include an investigation for the unknown injuries.</p> <p>3) A BDDS report dated 9/18/22 indicated, "On 9/17/22 at approximately 1:50p [client #3] eloped while attending a group outing with his (sic/her) peers. Staff were chaperoning multiple clients at a football game and noted [client #3] to have wandered away from the group. [Client #3] was located after approximately 10 minutes of being out of staff sight. No injuries were noted as a result of [client #3's] elopement. Plan to Resolve: Staff will continue to follow [client #3's] HRC (Human Rights Committee) and guardian approved behavior plan. Staff will remain observant when chaperoning clients in the community".</p>		<p><b>specific investigator. The QA manager or designee will conduct follow-up with the investigator to assure completion within required timeframes. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</b></p> <p><b>Area Supervisors, site supervisors, and nursing in-serviced about using notification system to alert quality and management team of incidents that occur and to follow up with sending all Incident reports to the quality department daily. Quality Assurance Manager will do a weekly site visit to Walden and pull all incidents to ensure proper follow up and implantation of each incident findings.</b></p> <p><b>All staff retrained about the importance of completing incident reports for all injuries of unknown origin or elopement and informing site supervisors, area supervisor, or nursing of the incident. Once it is completed will be emailed to Quality department.</b></p>	

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	<p>The review did not include an investigation for the elopement.</p> <p>On 9/29/22 at 10:31 AM, the PM/QIDP (Program Manager/Qualified Intellectual Disabilities Professional was interviewed. The PM/QIDP indicated unknown injuries and elopement incidents should be investigated. The PM/QIDP indicated client #3 required line of sight supervision while in the community. The PM/QIDP indicated the staff and clients were attending a sporting event in the community, staff were responding to behaviors from another client and client #3 left the bleachers. The PM/QIDP stated, "She evaded staff supervision for approximately 10 minutes. She was just wandering around and was found talking to a community member. She wasn't far, but there were lots of people".</p> <p>This deficiency was cited on 3/9/22 and 7/1/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			