

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 07/14/2023
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 4516 W WALDEN DR MUNCIE, IN 47304		
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: July 10, 11, 12, and 14, 2023.</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.</p> <p>Quality Review of this report completed by #15068 on 8/3/23.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview for 2 of 3 sampled clients (#1 and #2) plus 2 additional clients (#4 and #5), the facility failed to implement their policies and procedures to prevent a choking episode involving client #2, to complete a thorough investigation into peer to peer incidents involving clients #1, #2, #4 and #5, and to ensure client #2's dietary orders were followed as ordered.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/11/23 at 10:24 AM.</p> <p>1. A BDDS report dated 1/17/23 indicated, "...On 1/16/23 @ approximately 3:30p (PM) [client #2]</p>	W 0149	<p>W149: Each client's dietary orders are followed integrated, coordinated, and monitored by a QIDP. Staff were trained that they need to implement and document daily. The QIDP and Area Supervisor will each complete 2 observations weekly to include reviewing all dietary to ensure that staff are implementing proper HRP.</p> <p>The QIDP will be retrained that all peer-to-peer investigations are to be completed in writing within 5 business days and documentation of all investigations.</p>	08/18/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Daniel Fields

Executive Director

08/18/2023

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>was transported to [name of hospital] and admitted. [Client #2] was seated at the dining table eating with peers when he began to show signs of choking. Back blows were implemented with no success. Staff (FSS (Former Site Supervisor) #1) proceeded to perform abdominal thrusts with the food item being dislodged. Nursing was contacted and advised staff to transport to ER (emergency room) for evaluation to ensure lungs/airway were clear. Upon arrival, [client #2] was assessed by physician and admitted for observation...".</p> <p>An IS (Investigation Summary) dated 1/19/23 indicated the following:</p> <p>- "...Introduction On 1/16/23 at approximately 3:30p (PM) [client #2] began choking on a French fry served during snack leading to the implementation of back blows and abdominal thrusts. [Client #2] was transported to [name of hospital] to ensure lungs and airway were clear with [client #2] being admitted...</p> <p>Summary of Interviews [FSS #1] was interviewed and stated: I (FSS #1) was staffing the [name of group home] yesterday (1/16). The clients were all home for the holiday. The clients were given a snack in the afternoon. Everyone was waiting on the meatloaf, so I got the clients a snack. We all went to [name of restaurant] drive-thru and got some French fries. All of the clients were given the [name of restaurant] fries...I was giving him (client #2) a few fries at a time. I did not grind them or add broth...He was eating the fries one at a time. I was sitting next to him...[Client #2] began choking and I delivered 5 back blows with the heel of my hand. The back blows were somewhat successful. Some</p>			

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	<p>of the fry came up. I determined abdominal thrusts were needed as it appeared all of the fry had not come out. [Client #2] was sweating and I could tell he was continuing to struggle. I performed the abdominal thrusts and more came out with a lot of phlegm. I called the nurse and she told me to send [client #2] out to the ER...</p> <p>[LPN (Licensed Practical Nurse) #1] was interviewed and stated: [FSS #1] called me and said [client #2] had choked on some French fries. I asked if he was okay. [FSS #1] said she could hear something with [client #2's] breathing and held the phone for me to hear. I told her (FSS #1) to get [client #2] to the ER right away...</p> <p>[Client #1] was interviewed and stated: I saw [client #2] choking. We got food from [name of restaurant], and we ate at the table when we got back. [Client #2] had whole fries. [FSS #1] was giving them to him...</p> <p>[Client #5] was interviewed and stated: We went to [name of restaurant] and got some food. We came back to the house and sat at the dining table. I saw [FSS #1] hit [client #2] on his back and give him the Heimlich maneuver...Nobody got their French fries chopped or ground (sic). We just took the food to the dining table...</p> <p>[Client #7] was interviewed and stated: We all went to [name of restaurant] and brought food back. We were eating at the table. [Client #2] was eating French fries. It was a whole fry. [Client #2] ate it... I saw [client #2] start choking. [FSS #1] did the Heimlich and tried to get [client #2] to cough...</p> <p>[Staff #3] was interviewed and stated:...[Client #2] is on a ground, minced diet with thickened liquids. When you are have to have your liquids</p>				

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	<p>thickened, you are at risk for choking...</p> <p>Factual Findings</p> <p>On 1/16/23 [client #2] exhibited signs of choking while eating prompting [FSS #1] to deliver back blows and perform abdominal thrusts. [Client #2] was sent to [name of hospital] ER to ensure airway/lungs were clear and admitted. Swallow study will be completed prior to discharge. [Client #2] has Physician's Orders for a mechanical soft diet. Minced moist foods with nectar thick liquids. Cut foods in $\frac{1}{4}$". No raw vegetables and fruit. Limit caffeine. Avoid natural licorice. Only seconds of fruits and vegetables. Sensitive to milk. Soy milk as desired...</p> <p>[Client #5] stated all clients were taken to [name of restaurant] and got food that was brought back to the home and ate at the dining table. [Client #5] stated she saw [FSS #1] hit [client #2] on his back and give him the Heimlich maneuver. [Client #5] stated nobody had their French fries chopped or ground up and stated the food was just brought to the dining table when they returned from [name of restaurant]. [Client #5] stated [FSS #1] sat with [client #2], gave him French fries, and helped him when he choked.</p> <p>[Client #1] stated food from [name of restaurant] was brought back to the house after going through the drive-thru. [Client #1] said [client #2] had whole fries...</p> <p>[Client #7] stated clients were eating [name of restaurant] at the dining table. [Client #7] stated [client #2] was picking up his french fries. [Client #7] stated she saw [client #2] eating whole fries and said she saw him choke after eating one...</p> <p>[FSS #1] stated she took the clients to [name of restaurant] drive-thru and got some French fries and said all of the clients were given the [name of restaurant] fries for their snack. [FSS #1] stated she was giving client [client #2] a few fries at a</p>			

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	<p>time and stated she did not modify them but put ketchup on them to soften them...</p> <p>Conclusion ...It is concluded [FSS #1] failed to follow [client #2's] physician's orders and diet plan and failed to consider client's HRCP (High Risk Care Plan) for choking, allowing the client to choke on the unmodified food item. The allegation is found to be Substantiated...".</p> <p>Client #2's record was reviewed on 7/12/23 at 10:51 AM. Client #2's record indicated a Physician Order dated 1/2023. Client #2's Physician Order dated 1/2023 indicated client #2 was on a mechanical soft diet, with minced moist foods with nectar thick liquids. The Physician order indicated staff were to cut food into 1/4 inch pieces.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/12/23 at 2:15 PM. QIDP #1 was asked about client #2's dining plan on 1/16/23. QIDP #1 stated, "He was mechanically soft with minced moist food and nectar thick liquids." QIDP #1 was asked if a whole french fry with ketchup would be following his dietary plans. QIDP #1 stated, "No." QIDP #1 indicated FSS #1 did not follow client #2's dietary orders and stated, "Her (FSS #1's) employment was terminated as result of the incident."</p> <p>2A. A BDDS report dated 6/29/23 indicated, "... [Client #1] and [client #4] started arguing in the van. Staff pulled the van to the side of the road to attempt to make some seating adjustments. As [client #1] began to get up, [client #4] began punching her from behind. The fight stopped for a few minutes as staff attempted to calm the two. [Client #4] then walked to the front of the van, put his arms around [client #1] in an attempt to punch</p>			

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	<p>her. [Client #1] then bit [client #4's] right lower arm on the inside, not breaking skin. [Client #4] let go and staff checked both clients for injuries. [Client #1] has a 4 inch long scratch to her right neck and a split to her bottom right lip. [Client #4] also received a scrape at the bottom of his left pointer finger. First aid was given, and the ResCare nurse was notified..Staff will continue to follow the behavioral support plans as written to deal with aggressive episodes. Staff will be trained to have [client #1] and [client #4] seated as far away as possible in the van...".</p> <p>A Client to Client Aggression Investigation Form dated 6/30/23 indicated the following:</p> <p>- "...Briefly described (sic) the incident: [Client #1] and [client #4] started arguing in the van. Staff pulled the van to the side of the road to attempt to make some seating adjustments. As [client #1] began to get up, [client #4] began punching her from behind. The fight stopped for a few minutes as staff attempted to calm the two. [Client #4] then walked to the front of the van, put his arms around [client #1] in an attempt to punch her. [Client #1] then bit [client #4's] right lower arm on the inside, not breaking the skin. [Client #4] let go and staff checked both clients for injuries..."</p> <p>Staff intervened and rearranged the seating positions of [client #4] and [client #1] to continue transport to day program...</p> <p>Interview the clients involved and include statement or questions: 'Specifically ask each client if he/she feels safe.'</p> <p>Neither consumer made complaints of feeling unsafe.</p> <p>Interview any staff involved and/or on-duty and</p>			

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	<p>include statements or questions. Consistent with the incident...".</p> <p>A review of the Client to Client Aggression Investigation dated 6/30/23 did not indicate documentation of the questions or responses provided by clients or staff.</p> <p>2B. A BDDS report dated 5/4/23 indicated, "...On 5/3/23, [client #4] hit [client #2] in the head and pulled his hair because (sic) was yelling in the van during transport. Staff was able to verbally redirect both individuals with no further incident...".</p> <p>A Client to Client Aggression Investigation document dated 5/4/23 indicated the following:</p> <p>-"..."Briefly described (sic) the incident: On 5/3/23, [client #4] hit [client #2] in the head and pulled his hair because (sic) was yelling in the van during transport to day program...</p> <p>Interview the clients involved and include statement or questions. 'Specifically ask each client if he/she feels safe.' Neither consumer made complaints of feeling unsafe.</p> <p>Interview any staff involved and/or on-duty and include statements or questions. Consistent with the incident...".</p> <p>A review of the Client to Client Aggression Investigation dated 5/4/23 did not indicate documentation of the questions or responses provided by clients or staff.</p> <p>QIDP #1 was interviewed on 7/12/23 at 2:15 PM. QIDP #1 was asked who all was expected to be</p>			

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W 0154 Bldg. 00	<p>interviewed when completing an investigation. QIDP #1 stated, "Any clients that would have been involved, in the area, or any staff involved or present during the incident." QIDP #1 was asked if all interviews should be included in the investigation. QIDP #1 stated, "Yes." QIDP #1 was asked why the investigations into peer to peer incidents on 5/3/23 and 6/29/23 did not include the interviews with clients or staff. QIDP #1 stated, "They (the interviews) should have been included."</p> <p>The facility's policy and procedures were reviewed on 7/12/23 at 3:31 PM. The facility's Abuse, Neglect, Exploitation policy revised on 2/26/18 indicated, "ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines..."</p> <p>ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), plus 2 additional clients (#4 and #5), the facility failed to complete thorough investigations into peer to peer incidents involving clients #1, #2, #4 and #5.</p>	W 0154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Investigators/Quality Assurance</p>	08/18/2023

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/11/23 at 10:24 AM.</p> <p>1. A BDDS report dated 6/29/23 indicated, "... [Client #1] and [client #4] started arguing in the van. Staff pulled the van to the side of the road to attempt to make some seating adjustments. As [client #1] began to get up, [client #4] began punching her from behind. The fight stopped for a few minutes as staff attempted to calm the two. [Client #4] then walked to the front of the van, put his arms around [client #1] in an attempt to punch her. [Client #1] then bit [client #4's] right lower arm on the inside, not breaking skin. [Client #4] let go and staff checked both clients for injuries. [Client #1] has a 4 inch long scratch to her right neck and a split to her bottom right lip. [Client #4] also received a scrape at the bottom of his left pointer finger. First aid was given, and the ResCare nurse was notified...Staff will continue to follow the behavioral support plans as written to deal with aggressive episodes. Staff will be trained to have [client #1] and [client #4] seated as far away as possible in the van...".</p> <p>A Client to Client Aggression Investigation Form dated 6/30/23 indicated the following:</p> <p>-"...Briefly described (sic) the incident: [Client #1] and [client #4] started arguing in the van. Staff pulled the van to the side of the road to attempt to make some seating adjustments. As [client #1] began to get up, [client #4] began punching her from behind. The fight stopped for a few minutes as staff attempted to calm the two. [Client #4] then walked to the front of the van, put</p>		<p>have been trained that they are to investigate incidents thoroughly, with details regarding the incident addressing who, what, where why and how the incident occurred. Investigators/Quality Assurance will be retrained on assuring that all investigations include an outcome of whether the allegation is substantiated or unsubstantiated. Investigation summaries will be reviewed during the peer review process by the Executive Director, Quality Assurance and Program Director to assure that all components of a thorough investigation are met. The investigation will also include a review by an administrator. The QIDP will be retrained that all unknown investigations are to be completed in writing within 5 business days.</p> <p>The QIDP will be retrained that the guardian/HCR must sign consents for psychotropic medications, the ISP and BSP. A member of the Management Team (Executive Director, Quality Manager, Program Manager, Nurse Manager, Quality Coordinator) will be in the home monthly for a site audit and will review ISPs to assure that consents are obtained and included in the ISP.</p>	

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	<p>his arms around [client #1] in an attempt to punch her. [Client #1] then bit [client #4's] right lower arm on the inside, not breaking the skin. [Client #4] let go and staff checked both clients for injuries...</p> <p>Staff intervened and rearranged the seating positions of [client #4] and [client #1] to continue transport to day program...</p> <p>Interview the clients involved and include statement or questions: 'Specifically ask each client if he/she feels safe.'</p> <p>Neither consumer made complaints of feeling unsafe.</p> <p>Interview any staff involved and/or on-duty and include statements or questions.</p> <p>Consistent with the incident...".</p> <p>A review of the Client to Client Aggression Investigation dated 6/30/23 did not indicate documentation of the questions or responses provided by clients or staff.</p> <p>2. A BDDS report dated 5/4/23 indicated, "...On 5/3/23, [client #4] hit [client #2] in the head and pulled his hair because (sic) was yelling in the van during transport. Staff was able to verbally redirect both individuals with no further incident...".</p> <p>A Client to Client Aggression Investigation document dated 5/4/23 indicated the following:</p> <ul style="list-style-type: none"> - "...Briefly described (sic) the incident: On 5/3/23, [client #4] hit [client #2] in the head and pulled his hair because (sic) was yelling in the van during transport to day program... <p>Interview the clients involved and include</p>			

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W 0323 Bldg. 00	<p>statement or questions. 'Specifically ask each client if he/she feels safe.'</p> <p>Neither consumer made complaints of feeling unsafe.</p> <p>Interview any staff involved and/or on-duty and include statements or questions.</p> <p>Consistent with the incident...".</p> <p>A review of the Client to Client Aggression Investigation dated 5/4/23 did not indicate documentation of the questions or responses provided by clients or staff.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 7/12/23 at 2:15 PM. QIDP #1 was asked who all was expected to be interviewed when completing an investigation. QIDP #1 stated, "Any clients that would have been involved, in the area, or any staff involved or present during the incident." QIDP #1 was asked if all interviews should be included in the investigation. QIDP #1 stated, "Yes." QIDP #1 was asked why the investigations into peer to peer incidents on 5/3/23 and 6/29/23 did not include the interviews with clients or staff. QIDP #1 stated, "They (the interviews) should have been included."</p> <p>9-3-2(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES 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 1 of 3 sampled clients (client #1), the facility failed to ensure client #1 had a current hearing</p>	W 0323	<p>W323: The facility must provide or obtain annual physical examinations that at a minimum</p>	08/18/2023

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 4516 W WALDEN DR MUNCIE, IN 47304		
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W 0352 Bldg. 00	<p>examination.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/12/23 at 9:40 AM. Client #1's record indicated an audiological assessment document dated 2/28/19. The audiological assessment document indicated client #1 was to return in 3 years for an assessment. Client #1's record did not indicate documentation of a current hearing examination.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 7/12/23 at 12:11 PM. LPN #1 was asked about client #1's current hearing examination. LPN #1 stated, "We need to get it scheduled, it is out of date."</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3 had current dental examinations.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/12/23 at 9:40 AM. Client #1's record indicated documentation of a completed dental examination dated 10/17/21. Client #1's record did not indicate documentation of a current dental examination.</p> <p>Client #2's record was reviewed on 7/12/23 at 10:51</p>	W 0352	<p>includes an evaluation of vision and hearing. Nurse and QIDP will be trained that they are responsible for assuring that all needed assessments are completed within 30 days of admission. Client # 1s hearing assessment has been scheduled. Nurse and QIDP will monitor new admission assessments within the first 30 days to assure that all assessments have been completed as required. The schedule of assessments for a new admission are to be submitted to the Program Manager to further assure that all assessments are completed as required.</p> <p>W352: Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition, not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). Nurse and QIDP will be trained that they are responsible for assuring that all needed assessments are</p>	08/18/2023

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W 0436 Bldg. 00	<p>AM. Client #2's record indicated documentation of a completed dental examination dated 2/2/21. Client #2's record did not indicate documentation of a current dental examination.</p> <p>Client #3's record was reviewed on 7/12/23 at 11:51 AM. Client #3's record indicated documentation of a completed dental examination dated 10/17/21. Client #3's record did not indicate documentation of a current dental examination.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 7/12/23 at 12:11 PM. LPN #1 indicated the facility could not find documentation of clients #1, #2, or #3's current dental examinations. LPN #1 stated, "We will ensure the clients are current or schedule them appointments."</p> <p>9-3-6(a)</p> <p>483.470(g)(2)</p> <p>SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, 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 sampled clients (#2), the facility failed to ensure client #2's dietary adaptive equipment was utilized as ordered.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/10/23 from 3:05 PM through 6:52 PM and 7/11/23 from 6:02 AM through 8:22 AM. Client #2</p>	W 0436	<p>completed within 30 days of admission. Nurse and QIDP will monitor new admission assessments within the first 30 days to assure that all assessments have been completed as required or have documentation that a complete dental examination was conducted within one year of the client's admission into the facility. The schedule of assessments for a new admission are to be submitted to the Program Manager to further assure that all assessments are completed as required.</p>	08/18/2023

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	<p>was observed throughout the observation periods. On 7/10/23 at 6:25 PM, client #2 joined his housemates at the dining room table to eat dinner. Staff #2 sat next to client #2 throughout the meal prompting him about pace and encouraging him to take drinks while eating. Client #2's meal was pureed, following his dietary orders, and he was utilizing the following adaptive equipment: child spoon, non-slip mat, and provale cup. While client #2 was eating his dinner meal, on three occasions, he dropped small amounts of food onto his shirt, leaving 3 half-dollar sized stains on the front of his shirt.</p> <p>On 7/11/23, at 7:37 AM, client #2 was prompted to the kitchen table to eat breakfast. Staff #4 sat next to client #2 while he was eating. Client #2 meal was pureed and he was utilizing the following adaptive equipment: child spoon, non-slip mat, and provale cup. While eating his breakfast, client #2 dropped a golf ball size portion of his breakfast onto the front of his shirt.</p> <p>Staff #2 was interviewed on 7/10/23 at 4:41 PM. Staff #2 was asked if any clients had specialized diets or adaptive equipment. Staff #2 indicated client #2 was on a pureed diet. Staff #2 stated, "He (client #2) also requires a small spoon, non-slip mat, a provale cup, and a clothing protector."</p> <p>AS (Area Supervisor) #1 was interviewed on 7/11/23 at 7:58 AM. AS #1 was asked if client #2 was supposed to utilize a clothing protector while dining. AS #1 stated, "Yes." AD #1 was asked why client #2 did not utilize a clothing protector during his dinner meal on 7/10/23 or breakfast on 7/11/23. AS #1 indicated staff must have forgotten to get it for him. AS #1 stated, "I think they (clothing protectors) are in the laundry. Staff should have used them."</p>		Staff have been trained that they are to prompt clients to wear/utilize their adaptive equipment (clothing protector) (client 2) and to report to the AS/QIDP any adaptive equipment that needs to be repaired/replaced.	

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	<p>Client #2's record was reviewed on 7/12/23 at 10:51 AM. Client #2's record indicated a Dietary Assessment dated 6/29/23. Client #2's Dietary Assessment dated 6/29/23 indicated the following:</p> <p>- "...Adaptive Equipment: Small child-size spoon, non-slip mat, clothing protector..." .</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/12/23 at 2:15 PM. QIDP #1 was asked if all required adaptive equipment for client #2 should be utilized during dining. QIDP #1 stated, "Yes."</p> <p>9-3-7(a)</p>			