

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G211	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 810 CARLYLE ST COLUMBIA CITY, IN 46725		
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: 11/27, 11/28, 11/29 and 11/30/23.</p> <p>Facility Number: 000737 Provider Number: 15G211 Aims Number: 100243270</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 12/12/23.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 2 of 2 sample clients (#1 and #2), plus 2 additional clients (#3 and #4), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted on 11/27/23 from 3:43 pm to 5:45 pm and 11/28/23 from 5:35 am to 8:30 am. Clients #1, #2, #3 and #4 were present throughout the observation periods. The following environmental issues were noted affecting clients #1, #2, #3 and #4:</p> <p>1. In the bathroom on the right side of the house the countertop was worn and discolored. The tiles</p>	W 0104	<p>W104: Maintenance orders have been submitted for the environmental concerns cited in the survey. Program Manager will follow up with the Maintenance department to ensure that the concerns have been addressed. Area Supervisor has been trained that environmental issues need to have a work order submitted and a copy given to the Program Manager for follow-up. QIDP will conduct a weekly observation in the home to include environmental concerns. A member of the Management team (Quality Manager, Quality Coordinators, Nursing Manager and/or Program</p>	12/30/2023

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

TITLE

(X6) DATE

Jenny Dispennett

Quality Manager

12/21/2023

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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W 0249  Bldg. 00	<p>in the walk-in shower had a black substance on them. The soap dish in the shower was broken.</p> <p>Staff #1 was interviewed on 11/27/23 at 3:51 pm. Staff #1 indicated the shower tiles probably need to be regROUTed.</p> <p>2. The bathroom on the left side of the house had 5 cracked floor tiles. The vent was coming off the wall and had a gray and rust color substance on it.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 11/30/23 at 11:39 am. The QIDP stated, "The home should be well kept, clean and repairs made."</p> <p>9-3-1(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 2 sample clients (client #1), the facility failed to ensure client #1's dining risk plan was implemented as written to meet his needs.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 11/27/23 from 3:43 pm to 5:45 pm and 11/28/23 from 5:35 am to 8:30 am. Client #1 was present in the group home for the duration of the observation period.</p>	W 0249	<p>Manager) will complete a site review monthly that will include assessing for environmental issues.</p> <p>W249: All staff have been trained on all the dining plans within the home. Staff will be held accountable for following the plan for each client (during mealtimes as well as any other time food or drink is provided to the client). QIDP and Area Supervisor will conduct weekly observations to include ensuring that dining plans are being followed in the home. A member of the Management team</p>	12/30/2023

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	<p>On 11/27/23 at 5:10 pm client #1 was being assisted by the Qualified Intellectual Disability Professional (QIDP) with pouring his juice. Surveyor asked if client #1 had a dining plan for drinks. The QIDP stated, "[Client #1] does not use thick-it that I am aware of." The QIDP asked staff #1 if client #1 used thick-it in his drinks. Staff #1 indicated client #1 was on nectar thick liquids. The QIDP then put the thick-it in his drink.</p> <p>On 11/28/23 at 6:20 am staff #4 mixed Miralax 17 grams (used to treat constipation) in 8 ounces of water and handed the glass to client #1. Surveyor asked staff #4 if client #1 had a dining plan for liquids. Staff #4 stated, "oh no, I am so sorry, yes he does use thick-it." Staff #4 then added thick- it to client #1's water and Miralax.</p> <p>Review of client #1's Choking/Swallowing/Aspiration management Plan dated 11/1/2023, was reviewed on 11/29/23 at 2:10 pm and indicated: "...Dining Plan: ... 1. Diet Order: HEART HEALTHY PUREED DIET WITH NECTAR (sic) THICK LIQUIDS 2. Food/fluid texture: PUREED DIET WITH NECTAR (sic) THICK LIQUIDS. ..."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 11/29/23 at 1:44 pm. The LPN stated, "[Client #1's] dining plan is in the house. I expect staff to follow the plan for him to have nectar thick liquids."</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 11/30/23 at 11:39 am. The QIDP stated, "All dining plans should be followed. All staff should be trained on the plan, and it should be followed."</p>		(Quality Manager, Quality Coordinators, Nursing Manager and/or Program Manager) will complete a site review monthly that includes questioning staff regarding dining plans to ensure they are being followed.	

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W 0382 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 2 of 2 sample clients (#1 and #2), plus 2 additional clients (#3 and #4), the facility failed to ensure the clients' medications were stored in a secure manner.</p> <p>Findings include:</p> <p>Observations were conducted on 11/28/23 from 5:35 am to 8:30 am. Clients #1, #2, #3 and #4 were present throughout the observation periods.</p> <p>On 11/28/23 at 6:24 am staff #4 walked out of the medication room with client #1. Staff #4 left the container of client #1's medication out of the cabinet. Staff #4 was out of the medication room for one minute. This affected clients #1, #2, #3 and #4.</p> <p>An interview with staff #4 was conducted on 11/28/23 at 6:37 am. Staff #4 stated, "I should have put the container of medication away and locked it."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 11/29/23 at 1:44 pm. The LPN stated, "The medication should be locked when staff are not administering medications."</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 11/30/23 at 11:39 am. The QIDP stated, "Medications should be locked any time staff are</p>	W 0382	<p>W382: Staff #4 was given disciplinary action regarding her leaving the medication out on the counter when she left the medication room. All staff will be retrained on the Medication Administration policy and protocol. Area Supervisor and QIDP will each observe a medication pass weekly to ensure staff are passing medications according to the Medication Administration policy. A member of the Management team (Quality Manager, Quality Coordinators, Nursing Manager and/or Program Manager) will complete a site review monthly that includes ensuring the medication room is locked and all medications are locked with controlled meds double locked.</p>	12/30/2023

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W 0383  Bldg. 00	<p>not in the medication room."</p> <p>9-3-6(a)</p> <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 2 of 2 sample clients (#1 and #2) plus 2 additional clients (#3 and #4), the facility failed to ensure clients did not have access to the medication room keys.</p> <p>Findings include:</p> <p>Observations were conducted on 11/28/23 from 5:35 am to 8:30 am. Clients #1, #2, #3 and #4 were present throughout the observation periods.</p> <p>On 11/28/23 at 6:24 am staff #4 walked out of the medication room with client #1. Staff #4 left the container of client #1's medication out of the cabinet with the keys to the cabinet hanging from the cabinet. Staff #4 was out of the medication room for one minute. This affected clients #1, #2, #3 and #4.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 11/29/23 at 1:44 pm. The LPN stated, "The medication should be locked when staff are not administering medications and keys should be on staff. Only staff should have access to the medication room."</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 11/30/23 at 11:39 am. The QIDP stated, "Medications should be locked any time staff are not in the medication room. The keys to the cabinets should be locked in the medication</p>	W 0383	<p>W383: Staff #4 was given disciplinary action regarding her leaving the medication out and leaving the keys hanging from the cabinet. All staff will be retrained on the Medication Administration policy and protocol. Area Supervisor and QIDP will each observe a medication pass weekly to ensure staff are passing medications according to the Medication Administration policy. A member of the Management team (Quality Manager, Quality Coordinators, Nursing Manager and/or Program Manager) will complete a site review monthly that includes ensuring medication room is locked and all medications are locked with controlled meds double locked.</p>	12/30/2023

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