

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 10/6/21, 10/7/21, 10/8/21 and 10/12/21.</p> <p>Facility Number: 000844 Provider Number: 15G326 AIMS Number: 100243650</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #39778 on 10/25/21.</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 record review and interview for 3 of 5 incident reports affecting client #1, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individual's rights to prevent client #1 from client-to-client physical and verbal aggression.</p> <p>Findings include:</p> <p>On 10/6/21 at 12:20 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. The review indicated the following</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> All staff trained on the Abuse/Neglect Policy. (Attachment A) Any time there is an allegation of abuse, neglect or mistreatment a reportable incident 	11/11/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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>which affected client #1:</p> <p>-BDDS incident report dated 7/24/21 indicated, "[Client #1] and [client #6] got into a verbal argument. [Client #1] was upset over the incident with [client #6] and started biting his right wrist. No medical intervention past first-aid was needed. Both clients are doing well and did not have further behavioral issues. Plan to Resolve: [Client #1] and [client #6] both have a BSP (Behavior Support Plan) for verbal aggression. [Client #1] has a BSP for SIB (self-injurious behavior). Staff redirected, separated the clients and provided emotional support to each man. A client-to-client investigation will be completed to provide recommendations to avoid future incidents of this nature".</p> <p>Investigation summary dated 7/30/21 indicated, "Briefly describe the incident: ... [Client #6] opened [client #1's] door yelling and asking him what and why he was talking about his mom. [Client #1] began biting both his wrists and striking his head on the wall ... Recommendations: 1) Training has been provided with [client #1] to talk with staff when upset, 2) Provide training to [client #1] not to talk about other families or other clients, 3) Staff review of [client #1] and [client #6's] BSPs, 4) Training to staff and clients, clients only in hallway of their bedroom unless using the bathroom in other hallway or during an emergency".</p> <p>-BDDS incident report dated 7/30/21 indicated, "Staff was with a client on the back porch and heard a door slam. When staff walked into the hallway, [client #8] was in the hallway walking towards his bedroom. Staff asked him what was wrong and [client #8] responded 'he needs to shut</p>		<p>is completed and sent to the IDT, guardian, APS and BDDS.</p> <ul style="list-style-type: none"> · Nurse will do an assessment within 24 hours following an allegation of abuse or neglect. · BDDS incident dated 7/24/21 training completed for client (1). (Attachment B) · BDDS incident dated 7/29/21 training completed for client (6). (Attachment C) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Area Supervisor will notify Human Resources immediately when an allegation is made. · Human Resources will suspend the alleged staff immediately. · Rescare Nurse will submit her assessment to the Nurse Manager, Program Manager, AED, ED and Quality Assurance upon completion. · Quality Assurance will notify BDDS, APS and the IDT within 24 hours of the allegation. · Quality Assurance will conduct an investigation and review with Program Managers, AED, Human Resource Manager and Executive Director. · QIDP-D will review Abuse and Neglect Policy annually and as needed. 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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>the h*** up'. [Client #1] opened his bedroom door walked into the hallway saying he was leaving the group home. [Client #8] went down the hall, [client #1] backed into his bedroom, (and) [client #8] followed him. [Client #1] got into his bed and [client #8] started striking him with his hands. Staff immediately got the two men separated. Staff took [client #1] to the office and checked for injuries. [Client #1] has a light red mark on his left cheek of his face, light red area behind his left ear and a light red area in the beard line of the left side of his face. There was no further behavioral issues after staff separated the two men".</p> <p>Investigation summary dated 8/4/21 indicated, "Briefly describe the incident: Staff on porch ... heard a door slam ... [Client #8] was coming out of his bedroom saying something about [client #1]. [Client #8] ran toward [client #1] striking him, moved into bedroom. [Client #1] on bed, [client #8] on him hitting him ...</p> <p>Recommendations: 1) Staff training to ensure that when responding to a client use positive responses and give explanation, do not just say 'wait' ... 2) If a client is agitated/upset, immediately give attention to the client ...".</p> <p>-BDDS report dated 7/30/21 indicated, "[Client #1] had been involved in a client-to-client incident last night (7/29/21). Today he was complaining of a headache and that his jaw was hurting. He was taken to [clinic name] for assessment. At [clinic name] he was sent to ER (emergency room). At [name] ER, a CT scan (x-ray) of his head was completed - results no findings. He has no visual injury. He was released from the ER with no new orders ...".</p> <p>On 10/7/21 at 7:28 AM, client #1 was interviewed. Client #1 was asked if he liked</p>		<p>Completion Date: 11/11/21</p>	
--	---	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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>where he lived. Client #1 stated, "Yeah, I like this place". Client #1 indicated he had a spend down coming up and was looking forward to going to a wrestling event and visiting a new day service program. Client #1 stated, "I'm looking forward to that. It'll be fun". Client #1 was asked if he was having any issues or concerns. Client #1 stated, "No, I'm doing good". Client #1 was asked if he got along with everyone at the home. Client #1 stated, "Not really. I got into a fight with [client #8]. He hit me. About the only ones I really like are the staff. I will probably go to another group home, but I got a long way to go". Client #1 was asked why he and client #8 had issues. Client #1 stated, "I don't know. He slammed my door".</p> <p>On 10/7/21 at 1:22 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP indicated the only pattern of client-to-client aggression was found in the first 3 months of BDDS incident reports. The QIDP indicated client #1 was involved in an incident of physical aggression with client #8 and a verbal aggression incident with client #6 and stated, "Those did happen". The QIDP indicated client #1 was evaluated at a hospital following the physical aggression incident due client #1's complaints of discomfort and pain. The QIDP indicated the hospital evaluation had negative results for additional injury. The QIDP was asked about the implementation of abuse, neglect, exploitation, mistreatment and/or violation of individuals rights (ANE) policy. The QIDP indicated no further incidents of client-to-client aggression involving client #1 had occurred since 7/29/21, but the ANE policy should be implemented at all times.</p> <p>On 10/8/21 at 3:02 PM, the ANE policy dated 7/10/19 was reviewed. The ANE policy</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/12/2021	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001			
(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 0240 Bldg. 00	<p>indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's Individual Support Plan described supports and services to assist client #1 with the implementation of his money management objective to ensure his participation toward independence.</p> <p>Findings include:</p> <p>On 10/7/21 at 2:28 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 12/23/20 indicated, "Needs: ... Needs to learn money management skills ... Priority Objectives: Money Management ...</p> <p>-Formal Goal / Data Collection Sheet: GOAL #4: Money Management. Objective: [Client #1] will budget a grocery/needs list that remains in the budget given with 2 verbal prompts, 80% of the time for 6 consecutive months, by 12/23/2021. Intermediate Objective: [Client #1] will budget a grocery/needs list that remains in the budget given with 2 verbal prompts, 70% of the time, for 6 consecutive months, by 6/23/2021. Methodology: 1) Staff will sit down with [client #1] in a quiet area of the home. 2)</p>	W 0240	<p>W240: The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · The QIDP updated client (1) money management goal. (Attachment D) · Staff trained on client (1) updated goal. (Attachment A) · QIDP trained to ensure client goals are written within the clients ability and ensure the goal is achievable. (Attachment E) · QIDP will complete monthly summary and submits to the Program Manager for review. (Attachment F) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · QIDP will update the Individual Support Plan annually and as needed. · All trainings are sent to the HR department for tracking. . · IDT Meetings are held quarterly to discuss any concerns 	11/11/2021			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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 #1] will be given a budgeted amount to work with. 3) Staff will assist [client #1] to write out a grocery/needs list for the week. 4) A successful trial will be documented when [client #1] budgets a grocery/needs list that remains in the budget given with 2 verbal prompts or less. 4) Staff will offer praise and encouragement for all attempts".</p> <p>-ResCare Monthly Summary Tool indicated the following monthly percentages for client #1's participation and his progress toward independence with his money management objective, "August 2021 - 0%, July 2021 - 0%, June 2021 - 0%, May 2021 - 0%, April 2021 - 20 %, March 2021 - 0%, February 2021 - 25% and January 2021 - 0%".</p> <p>On 10/7/21 at 7:28 AM, client #1 was interviewed. Client #1 indicated he had a spend down of money coming soon. During the interview, client #1 shared a science book with various pictures of animals and asked questions. Client #1 indicated his preference for prepared items such as remote-control motorcycles, participation in watching live wrestling events and having books and magazines. Client #1 indicated spending money to his ability to make purchases of preferred items was important to him.</p> <p>On 10/7/21 at 12:35 PM, client #1's Power of Attorney (POA) was interviewed. The POA was asked how supports and services were going for client #1. The POA indicated client #1 would call her on nearly a daily basis. During one call, client #1 expressed frustration and stated staff were "mean". The POA was asked to define the use of mean and if verbal abuse was meant. The POA stated, "No. I don't think my [client #1] is</p>		<p>with individuals plans and programming, monthly summaries will be reviewed at this time which includes goal percentages progress.</p> <p>Completion Date: 11/11/21</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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 0382 Bldg. 00	<p>being abused". The POA was asked if client #1 and the staff working with him were having a bad day and to describe the circumstances for client #1's phone call expressing dissatisfaction with staff interactions believing them to be mean. The POA stated, "Well, they were working with his spend down. He wanted to spend his money".</p> <p>On 10/7/21 at 3:11 PM, the Qualified Intellectual Disabilities Professional (QIDP) and the Qualified Intellectual Disabilities Professional Designee (QIDPD) were interviewed. The QIDPs were asked about client #1's progress toward independence with money management and making purchases. The QIDPD stated, "We look at it quarterly, but should be revised when needed". The QIDP stated, "We need to look at his \$52 a month and the use of the P-card (debit card)". The QIDPs indicated client #1's goal had been written in a manner for staff to determine a dollar figure as a budget. The dollar figure for the budget could change based on various training trials determined by staff and client #1 would be expected to make a grocery/needs list that remained within the budget for that training trial. The QIDPs indicated the activity was simulated and not an actual list of approved items client #1 could purchase during a future outing. Both QIDPs indicated further review of client #1's money management objective was needed to increase his independence and participation within his program for money management.</p> <p>9-3-4(a) 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/12/2021	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001			
(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>prepared for administration.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to maintain drug security while preparing for client #2's medication for administration.</p> <p>Findings include:</p> <p>An observation was conducted on 10/7/21 from 6:50 AM to 8:46 AM. The observation indicated the following:</p> <p>-At 6:55 AM, staff #6 prepared for the morning medication administration routine.</p> <p>-At 7:07 AM, staff #6 and client #7 were finishing client #7's morning medication administration. Client #7 indicated the pitcher of water was empty and asked staff #6 if he should go get more water. Staff #6 indicated no to client #7 and that she would get more water for the pitcher.</p> <p>-At 7:08 AM, staff #6 briefly left the medication room leaving the medication cabinets unlocked and returned with client #2. Staff #6 obtained client #2's vital signs and started to prepare for client #2's morning medication routine.</p> <p>-At 7:11 AM, staff #6 left the medication room leaving client #2 in the medication administration room with the medication cabinets unlocked. At 7:12 AM, staff #6 returned to the medication administration room with more water in the pitcher. Staff #6 then opened the medication cabinet without the use of keys and prepared client #2's morning medicines.</p> <p>-At 7:14 AM, staff #6 stated, "Where are the</p>	W 0382	<p>W382: The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Nurse trained all staff on ensuring cabinets containing medication is locked at all times unless staff are present and administering medications, if they leave the room they must lock the cabinets. (Attachment G). Rescare administration completes monthly site review which includes ensuring medications are secured. (Attachment H) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Completed monthly site review is sent to the management team as well as entered in the CRM database to ensure completion. All staff trainings are sent to the Program Manager and the trainer for filing in staff's file. <p>Completion Date: 11/11/21</p>	11/11/2021			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
---	--

(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>keys?". Staff #6 briefly searched a countertop and found keys hanging on a hook below the medication cabinets. Staff #6 then used the keys to lock and secure the medication inside the cabinets.</p> <p>On 10/7/21 at 7:50 AM, staff #6 was interviewed. Staff #6 was asked about medication security and leaving client #2 in the medication room while she gathered more supplies. Staff #6 stated, "Oh, yes I did. I was thinking with you in here..". The Residential Home Manager then stated, "I was going to talk with her, I caught that too". Upon the Residential Manager's statement, staff #6 looked at the surveyor and stated, "That will not happen again".</p> <p>On 10/7/21 at 3:25 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 1/23/21 indicated, "[Client #2] requires supervision to ensure basic ADL's (Adult Daily Living Skills) are completed ...The interdisciplinary team recommends that [client #2] have supervision while participating in community activities due to inappropriate behaviors as well as health and safety issues ... Needs: ... Needs to learn to take medications without assistance ...".</p> <p>On 10/7/21 at 1:25 PM, the Qualified Intellectual Disabilities Professional (QIDP) and the Qualified Intellectual Disabilities Professional Designee (QIDPD) were interviewed. The QIDPs were asked about client #2 being left in the medication room and the medication cabinets not locked and/or secured with medications inside. The QIDPD stated, "It should be locked, if controls (controlled substances) 2 locks". The QIDP stated, "They</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001		
(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>(staff) should be in the room if the medication cabinets are opened".</p> <p>On 10/7/21 at 1:27 PM, the Nurse was interviewed. The Nurse was asked about client #2 being left in the medication room and the medication cabinets not locked and/or secured with medications inside. The Nurse stated, "She (staff) should gather all supplies prior to medication administration, get the client in the room prior to popping medications and the pass (administration)". The Nurse was asked if medication should be securely maintained at all times. The Nurse stated, "Oh yes".</p> <p>9-3-6(a)</p>				