

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2011
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN46250
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 12/05/11</p> <p>Facility Number: 000911 Provider Number: 15G397 AIM Number: 100244420</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Voca Corporation of Indiana was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story building with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in corridors, bedrooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K0000		

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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KS021	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/05/11.</p> <p>This facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes.</p> <p>Exception: Stairs are permitted to be open where complying with Exception no. 2 or Exception No. 3 to 32.2.2.4, 33.2.2.4. 32.2.3.1.1, 33.2.3.1.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 interior stairway doors would self close and latch into the door frame. LSC 8.2.4 states doors shall comply with the provisions of 7.2.1. LSC 7.2.1.8.1 states a door</p>	KS021	<p>CORRECTION: <i>Vertical openings are protected so as not to expose a primary means of escape.</i> Specifically, the facility's interior stairway door has been modified and now self-closes.</p> <p>PREVENTION: The facility will</p>	01/04/2012	

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	<p>normally required to be kept closed shall not be secured in the open position and shall be self closing or automatic closing in accordance with 7.2.1.8.2. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Aide during a tour of the facility from 9:50 a.m. to 10:15 a.m. on 12/05/11, the stairwell door in the basement at the bottom of the stairway is not equipped with a self closing device. The basement stairway is the primary means of escape from the basement to the main entrance foyer on the ground floor. Based on interview at the time of observation, the Maintenance Aide acknowledged the stairwell door in the basement at the bottom of the stairway is not equipped with a self closing device and is not automatic closing.</p>		<p>conduct monthly inspections of evacuation and fire suppression devices including but not limited to self-closing doors.. The Operations Team will review and track all facility evacuation drill/equipment inspection reports and follow up with professional staff as needed to assure self-closing doors are maintained in frnctional working order. Responsible Parties:QDDPD, Support Associates, Operations Team</p>		
KS051	<p>A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed, tested and maintained in accordance with the applicable requirements of NFPA 72,</p>	KS051	<p>CORRECTION: <i>A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1.</i> Specifically, the facility has a new alarm system and will obtain a statement from the installer verifying that the system</p>	01/04/2012	

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	<p>National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be installed, tested and maintained in accordance with NFPA 72. NFPA 72, 1-6.1.2 states the installing contractor shall furnish a written statement stating the system has been installed in accordance with approved plans and tested in accordance with the manufacturer's specifications and the appropriate NFPA requirements. NFPA 72, 1-6.2.1 states a record of completion shall be prepared for each system and a record of completion shall be given to the system owner and, if requested, to other authorities having jurisdiction. NFPA 72, 7-1.6.2.1 states reacceptance testing shall be performed after any modification to system hardware or wiring. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Aide from 9:10 a.m. to 9:50 a.m. on 12/05/11, a record of completion for fire alarm system installation and a fire alarm system inspection</p>		<p>was installed in accordance with NFPA 72 PREVENTION: The facility will maintain certification and inspection records for the alarm system on-site. Members of the Maintenance and Operations Teams will periodically review these records to assure they remain up to date. Responsible Parties: QDDPD, Support Associates, Operations Team</p>		

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	documentation for this facility was not available for review. Based on interview at the time of record review, the Maintenance Aide stated this facility was opened in July 2011 and the installed fire alarm system components were relocated from a former group home facility. The Maintenance Aide acknowledged no record of completion and no fire alarm system inspection documentation for this facility location was available for review.				