

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G244	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/23/2014
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9160 E 300 N CHURUBUSCO, IN 46723
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K010000	<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: 07/23/14</p> <p>Facility Number: 000767 Provider Number: 15G244 AIM Number: 100243300</p> <p>Surveyor: Amy Kelley, 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 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility with a basement was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.2</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/29/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals for not less than 30 seconds and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment</p>	K010130	The facility will ensure that the interior emergency lights are tested and records of the testing are maintained. The fire extinguisher will be mounted on the wall at least four inches from the floor. Maintenance will replace the emergency lighting with new lighting. A functional test will be conducted at 30 day intervals and an annual test will be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. The fire safety inspection form has been updated to include testing the battery powered emergency lighting system monthly. QIDP and Residential Manager will	08/22/2014			

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	<p>shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation with Residential Manager on 07/23/14 from 10:12 a.m. to 11:30 a.m., two battery powered emergency lights were located in the facility. Both failed to illuminate when tested. Based on interview with Residential Manager at the time of observations, the facility does not perform and document a monthly 30 second tests or an annual 1 ½ hour duration test for the battery powered lights.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 basement fire extinguishers was mounted at least 4 inches from the floor. NFPA 101, Section 4.6.12.2 states existing life safety features obvious to the public not required by the Code, shall be maintained. NFPA 10, Standard for Portable Fire Extinguishers, at 1-6.7</p>		complete monthly fire safety inspection forms to ensure that the emergency lighting system light when pressed.				

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K01S016	<p>require fire extinguishers other than wheeled types shall be securely installed on the hanger or bracket supplied or placed in cabinets or wall recesses. NFPA 10, 1-6.10 states, in no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches. This deficient practice could affect all occupants in the event of a fire emergency in the basement.</p> <p>Finding include:</p> <p>Based on observation with the Residential Manager on 07/23/14 at 11:50 a.m., the fire extinguisher in the basement was setting on the basement steps. The Residential Manager confirmed the fire extinguisher was setting on the basement steps and not mounted on the wall.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3 Based on observation and interview, the facility failed to ensure 4 of 5 sleeping room closets, 1 of 1 utility rooms and 1 of 1 entry areas had at least a Class B interior finish. This deficient practice could affect all clients.</p>	K01S016	The facility will ensure that the sleeping room closets, utility rooms and entry areas have a Class B interior finish. The paneling in the four closets, the utility room and the entry area will be coated with a fire retardant	08/22/2014

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K01S040	<p>Findings include:</p> <p>Based on observation with the Residential Manager on 07/23/14 from 10:12 a.m. to 10:40 a.m., the walls of the closets in the following sleeping rooms were covered with paneling; the back south, the middle north, the middle south and the front. The walls in the utility room were covered by paneling and the front entry way was covered with wood. Based on interview with Residential Manager at the time of observation, he was unable to provide documentation as to the interior finish rating of the paneling and wood.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors or paths of travel to a means of escape are not less than 28 inches.</p> <p>Exception: Bathroom doors are not less than 24 inches. 33.2.2.5.1 Based on observation and interview, the facility failed to ensure the path of travel to a means of escape was not less than 28 inches in 1 of 5 sleeping rooms. This deficient practice could affect 2 of 8 clients.</p>	K01S040	<p>clear paint and documentation will be kept in the home.</p> <p>The facility will ensure the path of travel to a means of escape is not less than 28 inches in sleeping rooms. The furniture in the back south bedroom will be rearranged to allow for at least 28 inches.</p>	08/22/2014			

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K01S046	<p>Findings include:</p> <p>Based on observation with the Residential Manager on 07/23/14 at 10:20 a.m., the furniture in the back south sleeping room was arranged so the path of travel to the exit door measured thirteen inches of clear width between the client's bed and the dresser. Measurements were provided by the Residential Manager at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords, such as an extension cord, was not used as a substitute for fixed wiring. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires flexible cords and cables shall not be used for the following:</p> <p>1. As a substitute for the fixed wiring of a structure.</p> <p>2. Where run through holes in the walls, structural ceilings, suspended ceilings, dropped ceilings; or floors.</p> <p>3. Where run through doorways,</p>	K01S046	The facility will ensure that flexible cords, such as an extension cord, will not be used a substitute for fixed wiring. All junction boxes have been corrected with a cover. The television has been moved and there is no extension cord being used.	08/22/2014			

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	<p>windows, or similar openings.</p> <p>4. Where attached to building surfaces.</p> <p>5. Where concealed behind walls, structural ceilings, dropped ceilings or floors.</p> <p>6. When installed in raceways, except otherwise permitted in this Code.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with Residential Manager on 07/23/14 at 10:30 a.m., there was a hole in the wall behind the living room TV stand at the baseboard between the living room and the utility room. An extension cord was plugged into a ceiling light fixture in the utility room and ran through the hole in the wall to provided power to the TV in the living room. This was acknowledged by the Residential Manager at the time of observation.</p> <p>2. Based on observation and interview, the facility failed to ensure 4 of 5 electrical junction boxes observed were maintained in a safe operating condition. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible</p>						

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K01S056	<p>with the box. This deficient practice was not in a client care area but could affect staff.</p> <p>Findings include:</p> <p>Based on observations with the Residential Manager on 07/23/14 from 10:40 a.m. to 10:50 a.m., there were three electrical junction boxes measuring four inches by four inches with numerous wire connections jutting out of the box without a cover and one electrical receptacle without a cover in the basement. This was acknowledged by the Residential Manager at the time of observations.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24</p>						

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	<p>sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p>			

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	<p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic</p>			

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	<p>sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler gauges were maintained in accordance with NFPA 25. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p>	K01S056	The facility will ensure that sprinkler gauges are maintained in accordance with NFPA 25. Gauges will be replaced every five years or tested every five years by comparison with a calibrated gauge. The gauges were replaced 9/26/13. See attached documentation. The	08/22/2014

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	<p>NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with Residential Manager on 07/23/14 at 10:40 a.m., the two sprinkler gauges lacked a replacement date or calibration date. Based on an interview with the Residential Manager at the time of observation, he could not confirm nor provide documentation to show the sprinkler gauges had been calibrated or replaced.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 2 living room sprinkler heads were unobstructed and maintained in accordance with NFPA 25. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. This deficient practice could affect all occupants.</p> <p>Finding include:</p>		<p>company who replaced the gauges will document the dates on the gauges. The sprinkler head near the living room tv stand has been pulled out, repaired and now in correct position. The Residential Manager will continue to complete routine maintenance checks.</p>				

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K01S150	<p>Based on observation and interview with the Residential Manager on 07/23/14 at 10:45 a.m., he acknowledged the sprinkler head near the living room TV stand had slipped out of position and sat back into the wall where the wall would obstruct the spray pattern of the sprinkler head.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure 3 of 3 sets of new draperies and curtains were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects all clients.</p> <p>Finding include:</p> <p>Based on observations with the Residential Manager on 07/23/14 from 10:12 a.m. to 10:30 a.m., curtains were hung at the windows in the dining room,</p>	K01S150	The facility will ensure that new draperies and curtains are flame resistant. The draperies and curtains will be removed and/or sprayed with flame retardant and documentation will be kept in the home.	08/22/2014

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	back north and middle south sleeping rooms. Based on an interview with Residential Manager at the time of observations, he was unable to provide documentation to confirm the curtains were flame resistant.				