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 09/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	9160 E 300 N CHURUBUSCO, IN 46723

(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
K010000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 07/23/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR Subpart 483.470(j). Survey Date: 09/19/14 Facility Number: 000767 Provider Number: 15G244 AIM Number: 100243300 Surveyor: Amy Kelley, Life Safety Code Specialist At this PSR 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 This one story facility with a basement was determined to be sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, sleeping rooms and common living areas. The facility has a	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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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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	capacity of 8 and had a census of 8 at the time of this survey. 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. Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/22/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K01S046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 5 electrical basement junction boxes and 1 of 1 garage ceiling receptacles 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 with the box. This deficient practice was not in a client care area but could affect	K01S046	The junction box has been covered in the basement and the garage ceiling receptable has been covered. These were completed by 10/17/14.	10/17/2014

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	staff. Findings include: Based on observations with the Residential Manager on 09/19/14 at 10:30 a.m., mounted on the wall near the shelving unit there was an electrical junction box measuring four inches by four inches with numerous wire connections jutting out of the box without a cover. At 10:35 a.m., there was a ceiling electrical receptacle without a cover in the garage. This was acknowledged by the Residential Manager at the time of observations.			