

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  12/14/2012
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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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: 12/14/12</p> <p>Facility Number: 000927 Provider Number: 15G413 AIM Number: 100244440</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 was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, client sleeping rooms and in 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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	<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 0.8.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS149	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on record review, observation and interview; the facility failed to ensure cigarette butts were deposited into a noncombustible container at 3 of 3 areas where smoking was permitted. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Smoke Free Workplace" documentation with the Maintenance Aide and one Direct Support Care (DSC) staff member during record review from 9:25 a.m. to 10:45 a.m. on 12/14/12, smoking is restricted to designated smoking rooms or outside the building or worksite. Based on interview at the time of record review, the DSC staff member stated 6 of 8 clients in the facility are allowed to smoke and acknowledged the designated smoking areas are located outside the facility on the front porch and on the back porch. Based on observations with the Maintenance Aide during a tour of the facility from 10:45 a.m. to 11:05 a.m. on 12/14/12, three cigarette butts were on the concrete floor of the back porch, twenty</p>	KS149	<p><b>CORRECTION:</b> <i>Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations.</i> Specifically, the facility has purchased a noncombustible, weather-proof ashtray and placed it in the designated outdoor smoking area.</p> <p><b>PREVENTION:</b> The facility will incorporate visual inspection of the outside smoking area into its regularly scheduled Physical Environment Safety Checks. Additionally members of the Operations and Quality Assurance teams will visit the facility no less than monthly and assure that a noncombustible ashtray is in use.</p> <p><b>Responsible Parties:</b> QDDPD, Direct Support Professionals, Operations Team, Quality Assurance Team</p>	01/13/2013	

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	five cigarette butts were located on the concrete floor and the garden area of the front porch and twenty five cigarette butts were on the concrete floor of the garage. Noncombustible safety type ashtrays or receptacles were not provided for any of the three areas where extinguishing cigarettes had been observed. Based on interview at the time of the observations, the Maintenance Aide acknowledged clients had disposed of cigarette butts on the ground and noncombustible safety type ashtrays or receptacles were not provided at each of the three aforementioned locations.			