

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G365	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 05/15/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 605 QUEENSWOOD DR INDIANAPOLIS, IN 46217
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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: 05/15/12</p> <p>Facility Number: 000879 Provider Number: 15G365 AIM Number: 100244310</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 facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and client sleeping rooms. 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 Slow with an E-Score of 5.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/16/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly and the inspections were documented for 2 of 12 months, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Evacuation Drill: Fire" documentation with the Maintenance Aide during record review from 11:00 a.m. to 12:00 p.m. on 05/15/12, monthly fire extinguisher inspections for 2 of 2 portable fire extinguishers were documented on</p>	K0130	<p>CORRECTION: <i>The facility must ensure that all portable fire extinguishers were inspected at least monthly and the inspections were documented for 2 of 12 months, including the date and initials of the person performing the inspection.</i> Specifically facility professional and direct support staff will be retrained on the need for documentation of monthly inspections of all portable fire extinguishers. PREVENTION: Direct Support staff will be expected to check portable fire extinguishers after completion of all evacuation drills and to document their inspection including their initials and the date. The Home Manager and QDDPD will perform Monthly Physical Environment Safety Audits which will include checking fire extinguishers and documentation of monthly inspections. Additionally, members of the Operations and Quality Assurance Teams will periodically review facility documentation of fire extinguishers as part of an ongoing audit process.</p> <p>Responsible Parties: QDDPD, Support Associates, Quality Assurance Team, Operations Team</p>	06/14/2012			

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	<p>monthly fire drill reports except for the months of March and April 2012. Based on interview at the time of record review, the Maintenance Aide acknowledged monthly fire extinguisher inspections were not documented on monthly fire drill reports for March and April 2012. Based on observations during a tour of the facility from 12:00 p.m. to 12:40 p.m., monthly fire extinguisher inspections were not documented on the two portable fire extinguishers located in the facility for March and April 2012. Based on interview at the time of the observations, the Maintenance Aide stated monthly fire extinguisher checks should be documented on monthly fire drill reports and acknowledged no documentation of monthly fire extinguisher inspections was available for review for March and April 2012.</p>				

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must -</p> <ul style="list-style-type: none"> (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the first shift for 3 of 4 calendar quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Evacuation Drill: Fire" documentation</p>	KS152	<p>CORRECTION: The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions. Specifically, the facility has conducted additional evacuation drills on the first shift at varied times shift during the current quarter. PREVENTION: Professional staff will be retrained regarding the need to conduct evacuation drills at varied times on each shift for all staff each quarter. The Operations Team</p>	06/14/2012			

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	with the Maintenance Aide during record review from 11:00 a.m. to 12:00 p.m. on 05/15/12, eleven of eleven fire drills conducted on the first shift for the third quarter of 2011 and for the first and second quarter of 2012 were conducted between 7:00 a.m. and 7:58 a.m. Based on interview at the time of record review, it was acknowledged by the Maintenance Aide fire drills for the first shift in the third quarter of 2011 and the first and second quarter of 2012 were not conducted under varied conditions.		will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Additionally, the Quality Assurance Team will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly. Responsible Parties: QDDPD, Support Associates, Quality Assurance Team, Operations Team		