

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G213	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/09/2013
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 414 W BROADWAY ETNA GREEN, IN 46524
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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: 08/09/13</p> <p>Facility Number: 000739 Provider Number: 15G213 AIM Number: 100243250</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>This two story facility with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection on the ground and second floor with heat detection in the basement. Smoke detection was provided in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a</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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	<p>census of 8 at the time of this survey.</p> <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 08/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010130	<p>Based on observation and interview, the facility failed to ensure 1 of 1 interior emergency lights was 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 and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment 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 the Home Manager on 08/09/13 at 1:20 p.m., the battery powered emergency light in the dining room failed to illuminate when the test button was pressed. Based on interview with the Home Manager at the</p>	K010130	<p>The facility will ensure that interior emergency lights are tested and the records of the testing maintained. 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 ½ hours. The fire safety inspection form has been updated to include testing the battery powered emergency lighting system monthly. QIDP and Residential Manager will complete monthly fire safety inspection forms to ensure that the emergency lighting system light when pressed. Maintenance will also complete monthly checks to ensure the lights are working properly.</p>	09/08/2013
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	time of observation, the facility does not perform an annual 1 ½ hour duration test for the battery powered light but does monthly testing. The Home Manager stated the facility does not keep a written record of the results of monthly battery powered emergency light testing.			

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors would close and latch into the door frame. This deficient practice could affect 2 of 8 clients</p> <p>Findings include:</p> <p>Based on an observation with the Home Manager on 08/09/13 at 1:15 p.m., the door knob was missing from the # 2 sleeping room door. Based on an interview with the Home Manager at the time of observation, she was aware the door knob was missing and had contacted the maintenance department. A maintenance department employee did come to the house on 08/08/13 with a door knob that was incompatible with the door. At this time the Home Manager was unable to determine when the door knob would be replaced.</p>	K01S018	The facility will ensure that all sleeping room doors close and latch into the door frame and will not prevent occupant from closing the door. The door closing device (door knob) on client #2's sleeping room was replaced on 8/16/13. The Residential Manager and QIDP will continue to complete monthly environmental checks to ensure all doors will close and latch into the door frame.	09/08/2013

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K01S043	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD No door in any means of escape is locked against egress when the building is occupied.</p> <p>Exception: Delayed egress locks complying with 7.2.1.6.1 are permitted on exterior doors. 32.2.2.5.5, 33.2.2.5.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 exit doors was provided with a releasing device having a obvious method of operation and readily operated under all lighting conditions. LSC 33.2.2.5.7 requires compliance with LSC 7.2.1.5.4. LSC 7.2.1.5.4. requires, where a latch or other similar device is provided, the method of operation of its releasing device must be obvious even in the dark. The intention of this requirement is the method of release be one that is familiar to the average person. Generally, a two step release, such as a knob and independent dead bolt, is not acceptable. In most occupancies, it is important a single action unlatch the door. This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager on 08/09/13 at 1:10 p.m., the alternate exit from bedroom # 4 was a patio style door with a lockable door knob and an independent dead-bolt. Based on</p>	K01S043	The facility will ensure that exit doors are provided with a releasing device having an obvious method of operation and readily operated under all lighting conditions. The dead bolt on the patio style door in client #4's bedroom was removed on 8/16/13. The Residential Manager and QIDP will continue to complete monthly environmental checks to ensure that all exit doors have an obvious releasing device method of operation and readily operated under all lighting conditions.	09/08/2013	

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	an interview with the Home Manager at the time of observation, the dead bolt had always been on the door.			