

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G341	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2013
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 428 S 15TH ST RICHMOND, IN 47374
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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: 02/05/13</p> <p>Facility Number: 000857 Provider Number: 15G341 AIM Number: 100243690</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 33, Existing Residential Board and Care Occupancies.</p> <p>This two story building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms 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		
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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>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 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>1. Based on observation and interview, the facility failed to ensure 4 of 7 portable fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. 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, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Coordinator during a tour of the facility from 12:00 p.m. to 12:45 p.m. on 02/05/13, the following was noted:</p> <p>a. the portable fire extinguisher located in the north living room was manufactured in 1993 and had an affixed label and collar stating the most recent six year maintenance procedure had been performed in July 2005.</p> <p>b. the portable fire extinguisher located in</p>	K0130	<p>CORRECTION: <i>NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. Specifically, six-year maintenance has been performed on the facility's portable fire extinguishers. ADENDUM 2/20/13: 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. Specifically, monthly checks have been performed on the facility's portable fire extinguishers.</i></p> <p>PREVENTION: Members of the Quality Assurance Team will periodically check smoke partitions as part of an ongoing safety audit process to assure the facility meets the requirements of NFPA 10. 4-4.3. ADENDUM 2/20/13: The Residential Manager or designee will incorporate monthly fire extinguisher checks into the facility's monthly Home Environment Safety Inspection. Additionally, members of the Quality Assurance Team will periodically review documentation of fire extinguisher checks as part of an ongoing safety audit process to assure the facility meets the requirements of NFPA 10. 4-3.42. RESPONSIBLE</p>	03/07/2013			

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	<p>the kitchen corridor was manufactured in 1988 and had an affixed label and collar stating the most recent six year maintenance procedure had been performed in October 2005.</p> <p>c. the portable fire extinguisher located in the laundry room was manufactured in 2003 and documentation of a six year maintenance procedure was not available for review.</p> <p>d. the portable fire extinguisher located in the south basement was manufactured in 2005 and documentation of a six year maintenance procedure was not available for review.</p> <p>Based on interview at the time of the observations, the Maintenance Coordinator acknowledged each of the aforementioned portable fire extinguishers was past due for the six year maintenance procedure.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 7 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented 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</p>		<p>PARTIES: Clinical Supervisor, Residential Manager, Direct Support Staff, Maintenance Team, Quality Assurance Team, Operations Team</p>				

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	<p>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 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 observations with the Maintenance Coordinator during a tour of the facility from 12:00 p.m. to 12:45 p.m. on 02/05/13, each of the two portable fire extinguishers located in the basement had an inspection and maintenance tag lacking monthly inspections for the period of November and December 2012. Based on interview at the time of the observations, the Maintenance Coordinator stated no other documentation of monthly fire extinguisher monthly inspections was available for review and acknowledged monthly inspections of the two portable fire extinguishers located in the basement had not been documented for the aforementioned two month period.</p>				