

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  07/16/2015
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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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K 0000  Bldg. 01	<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: 07/16/15</p> <p>Facility Number: 000767 Provider Number: 15G244 AIM Number: 100243300</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>The one story facility with a basement was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		
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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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K 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.9</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 interior stairway doors would self close and latch into the door frame. Life Safety Code 33.2.2.4 requires Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Clinical Supervisor on 07/16/15 at 11:10 a.m., the door at the top of the stairway to the basement did self close but failed to latch into the door frame. Based on interview, this was acknowledged by the Clinical Supervisor at the time of observation.</p>	K 0130	K0130: The maintenance staff will ensure that the stairway door latches when it self closes. The RM will do a monthly environmental check that will include checking the door to see that it latches. The Clinical Supervisor will do a quarterly environmental audit of the home to ensure that the door self closes and latches upon self closing.	08/15/2015
K S046 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p>			

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K S051 Bldg. 01	<p>Based on observation and interview, the facility failed to ensure 1 of 2 electrical control/breaker boxes 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 electrical boxes shall be provided with covers compatible with the box. This deficient practice was not in a client care area but could affect staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Clinical Supervisor on 07/16/15 from 10:40 a.m. to 10:50 a.m., in the basement there was an electrical control/breaker box with exposed wires without a cover or an access panel. Based on interview, this was acknowledged by the Clinical Supervisor at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p>	K S046	KS046: The electrical control/breaker box now has a cover so there are no exposed wires. The Residential Manager will include inspecting the basement on her monthly environmental checklist. The Clinical Supervisor will do quarterly environmental audits to include the basement to assure that there are no exposed wires.	08/15/2015

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	<p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During the record review process with the Clinical Supervisor on 07/16/15 at 10:15 a.m., according to the document titled "Fire Alarm System Inspection by Priority 1" the last annual inspection for the fire alarm system was conducted on 06/24/14. Based on an interview at the time of record review, the Clinical Supervisor stated Priority 1 has not been out this year and no other documentation</p>	K S051	KS051: Priority One has been contacted and an inspection will be completed prior to 8/15/15. This has always been an annual inspection and this is the first time Priority One has not been timely with their inspection. Priority One has been contacted and is aware that they failed to inspect according to their contract. The Clinical Supervisor will record the inspection date when completed and will contact Priority One (in 2016)one month prior to that date to assure that the inspections are completed in a timely manner.	08/15/2015			

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K S056  Bldg. 01	<p>was available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in</p>			
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	<p>accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p>			

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	<p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential</p>			

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	<p>Occupancies up to and including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to ensure 1 of 2 living room sprinkler heads were unobstructed and maintained in accordance with NFPA 25. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. This deficient practice could affect all occupants.</p> <p>Finding include:</p> <p>Based on observation during a tour of the facility with the Clinical Supervisor on 07/23/14 at 10:45 a.m., the side wall sprinkler head on the living wall near the front door had slipped into the wall where the wall would obstruct the spray pattern of the sprinkler head. This deficient practice was sited last year and was fixed by using a piece of wood as a</p>	K S056	KS056: The maintenance staff will complete a "permanent" fix for the sprinkler head to assure that it does not slip back into the wall. The residential manager will complete her monthly safety inspection form that will include checking sprinkler heads and assuring that they are not blocked or slipping into the wall. The Clinical Supervisor will complete quarterly environmental audits to include assuring that all sprinkler heads are not obstructed.	08/15/2015

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	wedge between the sprinkle pipe and the wall to hold the sprinkler head in place, but this failed too properly hold the sprinkler head in place. Based on interview at the time of observation, the Clinical Supervisor acknowledged the sprinkler head was pushed into the wall and the piece of wood failed to hold the sprinkler head in place.				