STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	(X3) DATE SURVEY COMPLETED
	15G213	A. BUILDING 01 / B. WING	06/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	414 W BROADWAY ETNA GREEN, IN 46524

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 06/25/15 Facility Number: 000739 Provider Number: 15G213 AIM Number: 100243250 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. The 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 census of 7 at the time of this survey.	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	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 0.7.			
K 0130 Bldg. 01	1. 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 30 second 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.	K 0130	K130 the current form used for monthly testing will be amended to include the time it was tested (30 Seconds). The current form will also be amended to document the 90 minute testing to include the date and duration of the test. The QIDP will be trained in testing the lights for 30 seconds and for 90 minutes annually. The maintenance staff will be made aware that the annual test must be for 90 minutes and that he is responsible to schedule and perform the testing. The maintenance staff will mount the fire extinguishers that are not mounted and mount them more than 4 inches from the floor. The QIDP will assure that all fire extinguishers are mounted by reviewing it on the monthly safety inspection form. The Clinical Supervisor will review the forms on a monthly basis to assure that the monthly test is completed and the annual test is completed. A member of the Operations Team (Clinical Supervisor, Program Manager and/or Executive Director) will	07/25/2015

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	Findings include: Based on record review with the Residential Manager on 06/25/15 at 10:07 a.m., the Residential Manager showed paperwork where she checks the battery powered emergency light in the dining room monthly. She does not test it for 30 seconds monthly and did not know about the 90 minute annual test. Based on interview at the time of record review, the Residential Manager acknowledged the aforementioned condition. 2. Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguisher in the Back Hallway and 1 of 1 Second Story portable fire extinguisher was greater than 4 inches from the floor. LSC 4.5.6 requires any fire protection system, building service equipment, feature of protection or safe guard provided for life safety shall be designed, installed and approved in accordance with applicable NFPA standards. NFPA 10, the Standard for Portable Fire Extinguishers, 1-6.10 states, "Fire extinguishers having a gross weight not exceeding 40 lb shall be installed so that the top of the fire extinguisher is not more than 5 ft above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches. This deficient practice		complete an Environmental Audit at least quarterly to assure that all codes are met.	

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	could affect all clients, staff and visitors. Findings include: Based on observation with the Residential Manager on 6/25/15 at 10:22 am then again at 10:36 a.m., the Back Hallway fire extinguisher and the Second Story fire extinguisher were observed on the floor in both areas. Based on interview at the time of observation, the Residential Manager acknowledged the aforementioned conditions.			
K S046 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 1. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter in the Southwest Bedroom was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 clients.	K S046	. KS046: The maintenance staff will run another outlet into the Southwest Bedroom. The maintenance staff will replace the missing plate. The maintenance staff will install a direct line for the sump pump so an extension cord is not used. The QIDP will assure that all outlets are covered and there is no extension cord used in the basement by including those observations on her monthly Environmental Checklist. The Clinical Supervisor will review the	07/25/2015

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	Findings include: Based on an observation with the Residential Manager on 06/25/2015 at 10:23 a.m., a multiplug adapter was located in the Southwest Bedroom. A television, radio, and other electrical equipment were plugged into a multiplug adapter. Based on interview at the time of observation, the mutliplug adapter was acknowledged by the Residential Manager. Based on interview at the time observation, the Residential Manager acknowledged the aforementioned condition. 2. Based on observation and interview, the facility failed to maintain an electrical outlet in 1 of 1 Southwest Bedroom. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice affects 2 clients. Findings include: Based on observation with the Residential Manager on 06/25/15 at 10:23 a.m., an electric receptacle in the Southwest Bedroom was exposed around a multiplug adapter. Based on interview at the time of observation, the Residential Manager acknowledged the aforementioned condition.		Environmental Checklist on a monthly basis. A member of the Operations team (Clinical Supervisor, Program Manager, and/or Executive Director) will conduct an environmental audit at least quarterly to assure that all codes are met.	

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	3. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only. Findings include: Based on observation with the Residential Manager on 06/25/15 at 10:44 a.m. in the basement, an extension cord was used to power a sump pump. Based on interview at the time of observation, the Residential Manager acknowledged the aforementioned condition.			
K S056 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT 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. Exception No. 1: In prompt evacuation			

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	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. Exception No. 2: Not applicable 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. 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. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with			

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	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. Exception No. 1: Not Applicable Exception No. 2: Not Applicable 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. 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. Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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.			

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	33.2.3.5.2. Exception No. 1: Not Applicable. 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. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable. 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 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. 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 provide a complete	K S056		07/25/2015

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	supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all clients if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement. Findings include: Based on observation with the Residential Manager on 6/25/15 at 10:41 a.m., there were no upright sprinklers in the spare sprinkler cabinet. Based on observation during the tour, there was an upright sprinkler head near the spare sprinkler head box. Based on interview at the time of observation, the Residential Manager acknowledged the aforementioned condition.		KS056: The facility will contact the company who is hired to replace and maintain the sprinkler system and request that the appropriate amount of spare sprinkler heads are available in the home. The sprinkler heads will be added to the Safety inspection and recorded by the QIDP/RM as available on a monthly basis. The Clinical Supervisor will review the monthly Safety Checklist to assure that all sprinklers are in place. . A member of the Operations team (Clinical Supervisor, Program Manager, and Executive Director) will conduct an environmental audit at least quarterly to assure that all codes are met.	