

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G658	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/18/2014
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3335 SANIBEL DR FORT WAYNE, IN 46815
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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: 06/18/14</p> <p>Facility Number: 001195 Provider Number: 15G658 AIM Number: 100474580</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>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</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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K010130	<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 1.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/26/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>The facility will ensure that interior emergency lights are tested and the records of the testing are 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.</p>	07/18/2014

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K01S147	<p>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 Qualified Intellectual Disability Professional (QIDP) on 06/18/14 from 11:30 a.m. to 12:10 a.m., there was a battery powered emergency light installed in each hall. The battery operated emergency light in the east hall failed to illuminate when tested by the QIDP. Based on interview with the QUID at 12:00 p.m., the facility was unable to provide documentation of a monthly or annual test on the battery operated emergency lights.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge,</p>			
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	<p>and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the written fire safety plan. Such instruction is reviewed by the staff not less than every 2 months. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>During the record review process with the Qualified Intellectual Disability Professional (QIDP) on 06/18/14 at 12:02 p.m., the facility failed to provide training records to show all employees have been instructed in their duties and responsibilities at least every two months for the fourth quarter of 2013, according to the written fire safety plan. Based on an interview with the QIDP at the time of record review, she was unable to provide</p>	K01S147	The facility will ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the written fire safety plan. Such instruction will be reviewed by staff not less than every two months. The interdisciplinary team has developed individualized evacuation plans for all clients. All facility staff will be trained toward implementation of these plans no less than every two months. The Residential Manager will include evacuation plan training documentation with the facility's monthly packet which is turned in to the operations team. The operations team will track compliance with monthly training requirements.	07/18/2014			

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K01S152	<p>the training documentation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (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> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice</p>	K01S152	The facility will ensure that fire drills are conducted quarterly on each shift. Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all	07/18/2014

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	<p>could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the "Fire Drill/Evacuation Form" with the Qualified Intellectual Disability Professional (QIDP) on 06/18/14 at 12:01 p.m., a second shift fire drill was not conducted for the fourth quarter of 2013. Based on an interview with the QIDP at the time of record review, the previous Residential Manager discarded the documentation.</p>		<p>staff each quarter. The operations team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled.</p>				