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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____ | X3) DATE SURVEY COMPLETED 08/25/2015 |
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| NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN 46250 |
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| K 0000 Bldg. 02 | An investigation of Complaint Number IN00180677 was conducted by the Indiana State Department of Health. Complaint Number: IN00180677 Substantiated, Federal and State deficiencies related to the allegations are cited. Survey Date: 08/25/15 Facility Number: 000911 Provider Number: 15G397 AIM Number: 100244420 Census: ICF/MR 6 | K 0000 | | |
| K S148 Bldg. 02 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on record review, observation and interview; the facility failed to adopt and follow complete smoking regulations. Smoking regulations should include the following: (a) Smoking should be prohibited in any room, compartment or area where flammable or combustible liquids, combustible gases, or oxygen is used or | K S148 | CORRECTION: <i>Smoking regulations are adopted by the administration of board and care occupancies. Specifically,</i> 1. The QIDP will reassess Clients MP, NB and CH's smoking | 09/24/2015 |

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>stored and in other hazardous location. Such areas should be posted with signs that read NO SMOKING or the international symbol for no smoking. In residential board and care facilities where smoking is totally prohibited and signs so indicating are placed at all major entrances, secondary signs with language that prohibits smoking are not required.</p> <p>(b) Smoking by residents classified as not responsible with regard to their ability to safely use and dispose of smoking materials should be prohibited. Where the resident is under direct supervision by staff or by a person approved by the administration, smoking may be permitted.</p> <p>(c) Smoking materials should not be provided to residents or maintained by residents without the approval of the administration.</p> <p>(d) Areas where smoking is permitted should be clearly identified.</p> <p>(e) Ashtrays of noncombustible material and safe design should be provided and required to be used in all areas where smoking is permitted.</p> <p>(f) Self closing cover devices into which ashtrays can be emptied should be made available to all areas where smoking is permitted and should be required to be used.</p> <p>This deficient practice could affect all clients, staff and visitors.</p> | | <p>competencies and the interdisciplinary team will develop additional support if indicated through assessment.</p> <p>2. The facility has will clearly identify it's designated smoking areas with appropriate signage</p> <p>3. The facility has purchased two noncombustible, weather-proof ashtrays and placed them in the designated smoking areas</p> <p>PREVENTION:</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, the Quality Assurance Manager and the Nurse Manager, will conduct periodic inspections of the facility that include a review of facility safety practices no less than monthly as part of ongoing audit process.</p> <p>Responsible Parties:</p> <p>QDDPD, Direct Support Professionals, Operations Team, Quality Assurance Team</p> | |

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| | <p>Findings include:</p> <p>Based on review of Human Resources Policy and Practice Manual "Smoke Free Workplace" with the Executive Director and the Maintenance Aide during record review from 1:15 p.m. to 2:10 p.m. on 08/25/15, client and staff smoking is prohibited except in a designated smoking area. Based on review of "Operation Standard - Smoking Protocol" documentation, smoking is prohibited inside the home and smoking is restricted to a designated area which was not identified in the policy. The policy also stated cigarette butt containers will be used for disposal of extinguished smoking materials only and each cigarette butt container will be stored on a stable, non-flammable surface in an area no less than six feet away from the home's exterior wall. In addition, the aforementioned smoking regulations for the facility did not state:</p> <p>(a) smoking is prohibited in any room, compartment or area where flammable or combustible liquids, combustible gases, or oxygen is used or stored and in any hazardous location.</p> <p>(b) smoking by residents classified as not responsible with regard to their ability to safely use and dispose of smoking materials is prohibited. Where the</p> | | | |
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| | <p>resident is under direct supervision by staff or by a person approved by the administration, smoking may be permitted.</p> <p>(c) Smoking materials will not be provided to residents or maintained by residents without the approval of the administration.</p> <p>Based on interview at the time of record review, the Executive Director stated three clients in the facility are allowed to smoke as documented in the review of "Assessment Form/Smoking" for clients identified as MP, NB and CH. The clients who do smoke are allowed to smoke in the garage when playing video games or when the weather is not accommodating but always with the garage door open. Based on observations with the Executive Director and the Maintenance Aide during a tour of the facility from 1:00 p.m. to 1:10 p.m. on 08/25/15, the facility permits smoking in the garage and on the back patio. Over thirty cigarette butts were deposited into an open top combustible plastic container in the garage. Flammable or combustible liquids, combustible gases, or oxygen was not observed to be stored in the garage. An enclosed smoking tower for depositing cigarette butts was placed within one foot of the exterior back wall of the home on the rear patio. Neither smoking area was designated as a</p> | | | |

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| K S149 Bldg. 02 | <p>smoking area. Based on interview at the time of record review and of the observations, the Executive Director acknowledged the facility failed to follow the existing smoking policy and adopt complete smoking regulations as stated in Life Safety Code 101.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container at 1 of 2 areas where smoking was permitted. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and the Maintenance Aide during a tour of the facility at 1:10 p.m. on 08/25/15, over thirty cigarette butts were deposited into an open top combustible plastic container in the garage. Based on interview at the time of observation, the Executive Director acknowledged clients had disposed of cigarette butts in an open top combustible plastic container in the garage.</p> | K S149 | <p>CORRECTION:</p> <p><i>Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. Specifically, the facility has purchased two noncombustible, weather-proof ashtrays and placed them in the designated smoking areas.</i></p> <p>PREVENTION:</p> <p>The facility will incorporate visual inspection of the outside smoking areas into its regularly scheduled Physical Environment Safety Checks. Additionally members of the Operations Team comprised of Clinical Supervisors, the Program Manager, the Quality Assurance Manager and the</p> | 09/24/2015 |

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| | | | Nurse Manager, will visit the facility no less than monthly and assure that a noncombustible ashtray is in use. Responsible Parties: QDDPD, Direct Support Professionals, Operations Team, Quality Assurance Team | | |