

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G447	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/20/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4114 KNOLLTON RD INDIANAPOLIS, IN 46208
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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: 07/20/12</p> <p>Facility Number: 000961 Provider Number: 15G447 AIM Number: 100244750</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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 one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, all living areas and bedrooms. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K0000		

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>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 07/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS147	<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, 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 plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients which is amended, or revised, whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	KS147	<p>CORRECTION: <i>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, 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</i></p>	08/19/2012			

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	<p>Based on review of "Emergency Evacuation Drill: Fire" documentation with Maintenance Aide # 1 during record review from 11:35 a.m. to 12:15 p.m. on 07/20/12, lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any record of fire drills for the following shifts and quarters:</p> <p>a) on the first and second shift in the fourth quarter of 2011.</p> <p>b) on the first and second shift in the first and second quarter of 2012.</p> <p>b) on the third shift for the second quarter of 2012.</p> <p>Based on interview at the time of record review, Maintenance Aide # 1 stated no fire drills were documented for the aforementioned shifts and quarters and acknowledged no other staff fire safety training documentation is available for this period.</p>		<p><i>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.</i></p> <p>Specifically, 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 monthly.</p> <p>PREVENTION: The Home Manager will include individual evacuation plan training documentation with the facility's Monthly Packet which is turned in to the Operations Team. Members of the Operations and Quality Assurance Teams will track compliance with monthly training requirements.</p> <p>Responsible Parties: QDDPD, Support Associates, Operations Team</p>		

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to provide documentation of fire drills conducted for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Evacuation Drill: Fire" documentation</p>	KS152	<p>CORRECTION: <i>The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for</p>	08/19/2012

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	<p>with Maintenance Aide # 1 during record review from 11:35 a.m. to 12:15 p.m. on 07/20/12, there is no documentation available for review of a fire drill being conducted for the following shifts and times:</p> <p>a) on the first and second shift in the fourth quarter of 2011.</p> <p>b) on the first and second shift in the first and second quarter of 2012.</p> <p>b) on the third shift for the second quarter of 2012.</p> <p>Based on interview at the time of record review, Maintenance Aide # 1 acknowledged there is no documentation available for review of a fire drill being conducted for the aforementioned shifts and quarters.</p>		<p>all staff each quarter. The Operations and Quality Assurance Team. Teams will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Additionally, the Quality Assurance Team will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p>Responsible Parties: QDDPD, Support Associates, Operations Team</p>		