

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 05/15/2012
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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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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: 05/15/12</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</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>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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was provided maintenance when the gauge on the fire extinguisher indicated it needed recharging. LSC Chapter 4, General, in Section 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, Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. This deficient practice could affect any clients in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Home Manager on 05/15/12 at 1:34 p.m., the gauge on the portable fire extinguisher located on the wall in the laundry room indicated it needed to be</p>	K0130	<p>The facility will ensure fire extinguishers are maintained no more than one year apart or when specifically indicated by inspection. The fire extinguisher in the laundry room was recharged on 5/15/12. Home Manager and QMRP will monitor and complete monthly fire safety inspection reports. The Licensing & Compliance Manager and Director of SGL will ensure fire extinguishers are inspected annually and are completed in a timely manner.</p>	05/15/2012	

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KS122	<p>recharged. This was acknowledged by the Home Manager at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every closet door latch is readily opened from the inside in case of an emergency. 32.2.2.5, 33.2.2.5.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 maintenance closets could be readily opened from the inside. This deficient practice could affect any client who might wonder into the maintenance closet.</p> <p>Findings include:</p> <p>Based on an observation with the Home Manager on 05/15/12 at 1:20 p.m., the door knob on the maintenance closet door could be locked from the outside and required a key to unlock the door from the inside. Based on an interview with the Home Manager at the time of observation, she did not have the key and didn't know why there was a lock on the door.</p>	KS122	The facility will ensure that all closet door latches can be readily opened from the inside. The maintenance closet door latch was changed on 5/24/12. The maintenance door can be locked from the outside only and keys are accessible to all clients in the home. The QMRP and Home Manager will complete monthly home environmental inspections to ensure there are no hazards or deficiencies that might affect clients in the home.	05/25/2012