

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G211	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/03/2014
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 810 CARLYLE ST COLUMBIA CITY, IN 46725
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(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
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K020000	<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: 07/03/14</p> <p>Facility Number: 000737 Provider Number: 15G211 AIM Number: 100243270</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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully 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 7 at the time of this survey.</p>	K020000		
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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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K02S149	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/08/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 1 of 2 smoking areas was provided with a noncombustible safety type ashtrays or receptacles in a convenient location. This deficient practice could affect clients around the back patio of the facility.</p> <p>Findings include:</p> <p>Based on observation with Direct Care Professional # 1 on 07/03/14 at 11:55</p>	K02S149	The facility will ensure that all smoking areas are provided with a noncombustible safety type ashtray or receptacles in a convenient location. The metal can with no lid has been removed from the premises. A noncombustible safety receptacle has been placed at the home in a convenient location. Environmental checks will be completed by the Residential Manager or designee on a monthly basis to ensure there is noncombustible safety receptacles in convenient locations.	07/18/2014

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	a.m., a metal can was being used as an ashtray on the back patio smoking area. The metal can was not provided with a lid. This was acknowledged by Direct Care Professional # 1 at the time of observation.				