

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/05/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025
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K 000 Bldg. 01	<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: 03/05/15</p> <p>Facility Number: 000835 Provider Number: 15G317 AIM Number: 100243660</p> <p>Surveyor: Mark Bugni, 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>This two story facility with a basement was fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas and basement. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K 000		
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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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K 130 Bldg. 01	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.175.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/12/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 4 of 4 portable fire extinguishers. NFPA 101, Section 4.5.7, requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test,</p>	K 130	<p>K130: NFPA 101 Miscellaneous: The standard is not met as evidenced by 1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 4 of 4 portable fire extinguishers.</p> <p>Corrective action:</p>	04/04/2015

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	<p>or when specifically indicated by an inspection. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the team lead on 03/05/15 from 10:00 a.m. to 11:45 a.m., service and inspection tags for the portable fire extinguishers located in the kitchen, the second floor corridor, the first floor front exit door, and the basement each bore a service inspection tag indicating the most recent annual inspection was 01/19/14, which was a period exceeding the 1 year inspection interval. This was acknowledged by the team lead at the exit conference on 03/05/15 at 12:05 p.m.</p> <p>2. Based on observation and interview, the facility failed to ensure 4 of 4 portable fire extinguishers were inspected at least monthly and the inspections were documented for 11 of 12 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA</p>		<ul style="list-style-type: none"> · Four new fire extinguishers were placed in the facility by Simplex on 3/13/15. · Simplex/Grinnell placed and dated service tag of inspection on the four new extinguishers on 3/13/15. · The facility will ensure Simplex completes quarterly inspection of fire extinguishers. · Training to the Residential Manager to ensure manager completes monthly inspection of fire extinguishers. (Addendum A). <p>How we will identify others:</p> <ul style="list-style-type: none"> · Training provided to appropriate supervisory personnel on monthly fire extinguisher inspection. (Addendum A). · Simplex/Grinnell will complete quarterly inspection of fire extinguishers. · Residential Manager will complete monthly inspection of fire extinguishers. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Training provided to appropriate supervisory personnel on monthly fire extinguisher inspection. · Simplex/Grinnell will complete quarterly inspection of fire 	

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	<p>10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the team lead on 03/05/15 from 10:00 a.m. to 11:45 a.m., service and inspection tags for the portable fire extinguishers located in the kitchen, the second floor corridor, the first floor front exit door, and the basement each bore a service inspection tag indicating the most recent annual inspection was 01/19/14, but no monthly checks were documented on the inspection tags for February, March, April, May, June, July, August, September, October, November, December of 2014, and January of 2015. Based on interview at the time of observation, the team lead stated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not</p>		<p>extinguishers.</p> <ul style="list-style-type: none"> · Residential Manager will complete monthly inspection of fire extinguishers. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided. · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure monthly inspection of fire extinguishers. · Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. <p>Completion Date: 4/4/2015</p>	

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K 056 Bldg. 01	<p>perform monthly fire extinguisher inspections for the months listed above. This was acknowledged by the team lead at the exit conference on 03/05/15 at 12:05 p.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq.</p>			

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	<p>ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p>			

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	<p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p>			

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	<p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observations and interview, the facility failed to ensure 2 of 55 sprinkler heads free of corrosion and paint. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>	K 056	<p>K0056: Life Safety Code Standard: Prompt Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7,33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1</p> <p>Corrective Action: Corrective action:</p> <ul style="list-style-type: none"> · Simplex/Grinnell was at the facility on 3/13/15 to inspect the sprinkler heads. · Simplex/Grinnell has ordered 	04/04/2015

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	<p>Based on observations on 03/05/15 during a tour of the facility from 10:00 a.m. to 11:45 a.m. with the team lead, the second floor bathroom sprinkler was completely covered in green corrosion and the second floor client bedroom#2 sprinkler was completely covered in white paint. This was verified by the team lead at the time of observations and acknowledged at the exit conference on 03/05/15 at 12:05 p.m.</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of 55 sprinkler heads in the facility was maintained. This deficient practice could all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 03/05/15 during a tour of the facility from 10:00 a.m. to 11:45 a.m. with the team lead, the second floor corridor sprinkler by the stairs, and the second floor client sleeping room two sprinklers were missing the sprinkler escutcheons. This was verified by the team lead at the time of observations and acknowledged at the exit conference on 03/05/15 at 12:05 p.m.</p> <p>3. Based on record review, observation and interview, the facility failed to ensure 1 of 1 sprinkler gauge was tested every</p>		<p>the necessary parts for the replacement of the 5 sprinkler heads and will schedule return for repairs upon receiving parts.</p> <ul style="list-style-type: none"> · Simplex/Grinnell has ordered the necessary parts and will schedule return to complete maintenance and replacement of sprinkler heads. · Simplex/Grinnell inspected the sprinkler gauge system in the basement on 3/13/2015 · Simplex/Grinnell has ordered and obtained the necessary parts and is scheduled to complete repairs of this back flow system on 3/24/15. · The facility will ensure Simplex/Grinnell completes quarterly inspection of all sprinkler heads. · Training to the Residential Manager to ensure manager completes monthly inspection of fire extinguishers. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Training provided to appropriate supervisory personnel on presence and maintenance of sprinkler heads. · Simplex/Grinnell will complete quarterly inspection of sprinkler system. 	

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	<p>five years or replaced. LSC 32.2.3.5.2 requires sprinkler systems to be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the team lead on 03/05/15 at 10:00 a.m., Simplex/Grinnell Sprinkler Inspection Reports dated 02/06/14, 05/22/14, 08/19/14, and 12/06/14 did not indicate if the sprinkler riser gauge had been replaced. Based on observation of the sprinkler gauge located in the basement at the sprinkler riser on 03/05/15 at 11:35 a.m. with the team lead, the sprinkler gauge did not have a date on the face of the gauge indicating its' date of manufacture nor could the team lead provide any documentation of quarterly sprinkler system inspections with a date</p>		<ul style="list-style-type: none"> · Residential Manager will complete a monthly maintenances inspection to include presence of sprinkler heads. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Training provided to appropriate supervisory personnel on maintenances and presence of sprinkler heads. · Simplex/Grinnell will complete quarterly inspection of the sprinkler system. · Residential Manager will complete monthly maintenance check list to include presence of sprinkler heads. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure monthly inspection of sprinkler heads. · Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state 	
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	earlier than 02/06/14 to indicate the sprinkler gauge was replaced over the past five years. The lack of the sprinkler gauge being replaced or recalibrated over the past five years was verified by the team lead at the time of record review and observation of the sprinkler system riser and acknowledged at the exit conference on 03/05/15 at 12:05 p.m.		law. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. Completion Date: 4/4/2015.		