

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G334		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/21/2011	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE MAIN AND JEFFERSON DUPONT, IN47231			
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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: 12/21/11</p> <p>Facility Number: 000852 Provider Number: 15G334 AIM Number: 100243920</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 sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, client 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>	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>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 3.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/21/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS152	<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 conduct fire drills at least quarterly on 1 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Evacuation Drill Reports with team lead # 1 on 12/21/11 at 10:40 a.m., there was no evidence of a first shift fire drill for the</p>	KS152	K0152: The Director of Property Management along with the Home Manager of the site completed an inservice with all staff working in the site regarding the proper schedule for fire drills for the site. Attachment "A". Apparently there was confusion in the drills that were completed during morning waking hours that should have been coded as 1st shift were being coded as 3rd shift due to the staff conducting them being the 3rd shift staff. The drills will be done according to	12/22/2011	

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	first quarter 2011, second quarter 2011, third quarter 2011, and the fourth quarter of the year 2010. Based on an interview with team lead # 1 on 12/21/11 at 11:10 a.m., the facility conducts an evaluation and assessment every two months on each client, but does not conduct first shift fire drills because clients are at a workshop from 7:00 a.m. to 3:00 p.m. Monday through Friday. Furthermore, team lead # 1 stated clients are usually home on Saturday and Sunday.		schedule going forward as a result of the inservice. This will ensure the safety of all consumers living at the site and will comply with the NFPA Life Safety Code.DATE OF COMPLETION: 12/22/2011		