

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2023
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 9 SUMMIT DR AURORA, IN 47001
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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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/05/23</p> <p>Facility Number: 000844 Provider Number: 15G326 AIM Number: 100243650</p> <p>At this Emergency Preparedness survey, Voca Corporation of Indiana was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 04/11/23</p>	E 0000		
K 0000 Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/05/23</p> <p>Facility Number: 000844 Provider Number: 15G326 AIM Number: 100243650</p> <p>At this Life Safety Code survey, Voca Corporation of Indiana was found not in compliance with</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anna Brison	Program Director	04/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 S345 Bldg. 02	<p>Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 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 facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and client sleeping rooms. 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 Prompt with an E-Score of 0.4.</p> <p>Quality Review completed on 04/11/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to ensure all facility smoke detectors were within their listed and marked sensitivity range. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with</p>	K S345	K0345: Testing and Maintenance Corrective Action: · Program Director contacted Koorsen to have the sensitivity	04/27/2023

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	<p>Section 9.6. Section 9.6.1.3 states a fire alarm system shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p>		<p>testing completed in the facility and it is scheduled for 4/27/23 (Attachment A)</p> <ul style="list-style-type: none"> · Program Director will follow up with Koorsen to ensure all documents are received as completed and all inspections are completed as scheduled. · Site reviews are completed monthly by Rescare Management to monitor for all issues in the facility including that Koorsen is inspecting as scheduled and placing the reports in the facility. (Attachment B) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Rescare Administration will complete monthly Site Reviews to ensure completions of quarterly inspections and send to the Program Director and Executive Director for monitoring of completion. · Program Director will follow up on issues noted on the Site review and submit to the Program Manager for follow up on the issues. <p>Completion Date: 4/27/23</p>	

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K S351 Bldg. 02	<p>Findings include:</p> <p>Based on record review with the Home Lead from 10:05 a.m. to 11:35 a.m. on 04/05/23, documentation of smoke detector sensitivity testing within the most recent two-year period was not available for review. Based on interview at the time of record review, the Home Lead agreed documentation of smoke detector sensitivity testing within the most recent two-year period was not available for review.</p> <p>These findings were reviewed with the House Lead during the exit conference.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented. 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, shall be permitted. Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier. In Prompt Evacuation Capability facilities</p>				

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	<p>where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier. In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted. Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6. Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 2. Protected by automatic sprinkler system according to 9.7. 3. Constructed of noncombustible or limited-combustible construction; or 4. Constructed of fire-retardant-treated wood according to NFPA 703. <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7 Based on record review, observation, and interview; the facility failed to ensure 1 of 1 attics</p>	K S351	K0351: Sprinkler System – Installation	04/27/2023
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K S353 Bldg. 02	<p>was fully sprinklered or met 1 or more of 4 exceptions per LSC 33.2.3.5.7.2. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations with the House Lead and the Direct Services Provider (DSP) during a tour of the facility from 11:35 a.m. to 11:50 a.m. on 04/05/23, access to the attic was not available. Based on review of the fire alarm system inspection contractor's "Alarm System Inspection" documentation dated 11/21/22 with the House Lead during record review from 10:05 a.m. to 11:35 a.m. on 04/05/23, attic heat detectors were not listed in the facility as being visually inspected or tested within the most recent twelve-month period. Since the attic was not accessed, it could not be determined if the attic was fully sprinklered or met an exception per LSC 33.2.3.5.7.2.</p> <p>This finding was reviewed with the House Lead during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>		<p>Corrective action:</p> <ul style="list-style-type: none"> Program Director sent a work order to have Koorsen inspect the heat detector in the facility and include it in their reports this is scheduled for 4/27/23. (Attachment C) Site Reviews are completed monthly at the facility by Rescare Management to monitor all environmental issues. (Attachment B) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Rescare Administration will complete monthly Site Reviews and send to the Program Director and Executive Director for monitoring of completion. Program Director will follow up on issues noted on the Site review and submit to the Program Manager for follow up on the issues. <p>Completion Date: 4/27/23</p>	
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	<p>Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p> <p>NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually 			
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	<p>(NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping as required by NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, Section 14.2.1. Section 14.2.1 states, except as discussed in 14.2.1.1 and 14.2.1.4, an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. This deficient practice affects all clients, staff, and</p>	K S353	<p>K0353: Sprinkler System – Maintenance and Testing</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Program Director communicated with Koorsen to determine if the Internal Pipe Inspection was needed for this location. Koorsen responded that due to the system being PVC piping the Internal Inspection was not needed. (Attachment D) Program Director shared this information with the Life Safety surveyor via email and the surveyor acknowledged the 	04/27/2023	

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K S362 Bldg. 02	<p>visitors.</p> <p>Findings include:</p> <p>Based on record review with the Home Lead from 10:05 a.m. to 11:35 a.m. on 04/05/23, documentation of an internal pipe inspection conducted within the most recent five-year period was not available for review. Based on interview at the time of record review, the House Lead agreed documentation of an internal pipe inspection conducted within the most recent five-year period was not available for review.</p> <p>This finding was reviewed with the House Lead during the exit conference.</p> <p>NFPA 101 Corridors - Construction of Walls Corridors - Construction of Walls 2012 EXISTING (Prompt) Unless otherwise indicated below, corridor walls shall meet all of the following: * Walls separating sleeping rooms have a minimum 1/2-hour fire resistance rating, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15-minute thermal barrier. * Sleeping room doors are substantial doors, such as those of 1-3/4 inch thick, solid-bonded wood-core construction or other construction of equal or greater stability and fire integrity. * Any vision panels are fixed fire window assemblies in accordance with 8.3.4 or are</p>		<p>information. (Attachment E) Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Program Manager to review Koorsen Reports for filing and follow-up if warranted. · Program Director has set up with Koorsen that all scheduling be done through our main office and all documents of inspections be emailed to the Program Director to ensure the documentation is in the facility. · Program Director will follow-up with Area Supervisor to ensure Koorsen has completed all inspections as scheduled. <p>Completion Date: 4/27/23</p>		

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	<p>wired glass not exceeding 9 square feet each in area and installed in approved frames. This requirement shall not apply to corridor walls that are smoke partitions in accordance with 8.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there shall be no limitation on the type or size of glass panels.</p> <p>In Prompt Evacuation facilities, all sleeping rooms shall be separated from the escape route by smoke partitions in accordance with 8.2.4.</p> <p>Sleeping arrangements that are not located in sleeping rooms shall be permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms shall be separated from escape routes by walls and doors that are smoke resistant.</p> <p>33.2.3.6 Based on observation and interview, the facility failed to ensure 1 of 6 client sleeping room doors were capable of resisting smoke for at least 1/2 hour. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80, Standard for Fire Doors and</p>	K S362	<p>K0362: Corridors-</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Program Director sent a work order to Rescare Maintenance Technician concerning the incorrect gap in the bedroom door to the Northwest bedroom. (Attachment F) Maintenance Technician repaired the door and performed needed adjustments to ensure the proper gap when the door is fully 	04/27/2023

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K S511 Bldg. 02	<p>Other Opening Protectives, 2010 Edition, Section 4.8.4.2 states the clearance under the bottom of a door shall be a maximum of 3/4 inch. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations with the House Lead and the Direct Services Provider (DSP) during a tour of the facility from 11:35 a.m. to 11:50 a.m. on 04/05/23, a one-inch gap was noted in between the bottom of the door and the floor for the corridor door to the northeast bedroom when the door was in the fully closed and latched position. Based on interview at the time of the observations, the DSP stated the facility has a total of six bedrooms and agreed the gap at the bottom of the northeast bedroom door was greater than 3/4ths inches and was not capable of resisting the passage of smoke.</p> <p>This finding was reviewed with the Program Supervisor during the exit conference.</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure electrical receptacles in 2 of 2 bathrooms were properly wired and grounded in accordance with NFPA 70. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply</p>	K S511	<p>closed and latched.</p> <ul style="list-style-type: none"> Rescare management completes site reviews monthly to monitor for any environmental issues that need addressed. (Attachment B) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> All maintenance requests are sent to the Program Director to schedule Maintenance Technician to complete the repairs. Site Reviews are submitted into a database and monitored by Quality Assurance. <p>Completion Date: 4/27/23</p> <p>K0511: Utilities- Gas and Electric</p> <p>Corrective Action:</p>	04/27/2023	

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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
	<p>with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition at 406.4 General Installation Requirements states receptacle outlets shall be located in branch circuits in accordance with Part III of Article 210. General installation requirements shall be in accordance with 406.4(A) through (F).</p> <p>(A) Grounding Type. Receptacles installed on 15- and 20-ampere branch circuits shall be of the grounding type.</p> <p>Grounding-type receptacles shall be installed only on circuits of the voltage class and current for which they are rated, except as provided in Table 210.21(B)(2) and Table 210.21(B)(3).</p> <p>Exception: Nongrounding-type receptacles installed in accordance with 406.4(D).</p> <p>(B) To Be Grounded. Receptacles and cord connectors that have equipment grounding conductor contacts shall have those contacts connected to an equipment grounding conductor.</p> <p>Exception No. 1: Receptacles mounted on portable and vehicle-mounted generators in accordance with 250.34.</p> <p>Exception No. 2: Replacement receptacles as permitted by 406.4(D).</p> <p>(C) Methods of Grounding. The equipment grounding conductor contacts of receptacles and cord connectors shall be grounded by connection to the equipment grounding conductor of the circuit supplying the receptacle or cord connector. The branch-circuit wiring method shall include or provide an equipment grounding conductor to which the equipment grounding conductor contacts of the receptacle or cord connector are connected.</p> <p>Informational Note No. 1: See 250.118 for acceptable grounding means.</p> <p>Informational Note No. 2: For extensions of existing branch circuits, see 250.130.</p> <p>This deficient practice could affect all clients and</p>		<p>-Program Director submitted a work order to have the maintenance technician repair the outlets in the east and west bathrooms in the facility. (Attachment I)</p> <p>-Area Supervisor completes weekly check and will ensure no extension cords are in use in the facility. (Attachment H)</p> <p>-Rescare Administration conducts Site reviews monthly to ensure all systems are working properly. (Attachment B)</p> <p>Monitoring of Corrective Action:</p> <p>-Area Supervisor will send completed weekly check to the Program Manager for review and monitoring of completion.</p> <p>-Site reviews will be sent to the Program Director for monitoring of noted issues and to ensure completion.</p> <p>Completion Date: 4/27/23</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G326	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2023
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K S712 Bldg. 02	<p>staff.</p> <p>Findings include:</p> <p>Based on observations with the House Lead and the Direct Services Provider (DSP) during a tour of the facility from 11:35 a.m. to 11:50 a.m. on 04/05/23, the wall mounted electrical receptacles in the outlet box nearest the sink in the east bathroom and in the west bathroom were each found to have an "open ground" when tested with an Ideal Industries UL listed circuit tester testing device. Based on interview at the time of the observations, the DSP agreed the testing device showed the aforementioned electrical receptacles needed repair.</p> <p>This finding was reviewed with the Home Lead during the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation 			

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	<p>drills, including accidents and take corrective action; and</p> <p>e. 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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the first shift for 4 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 and Task Master Pro "Emergency Drill Report" documentation with the Home Lead during record review from 10:05 a.m. to 11:35 a.m. on 04/05/23, four of four first shift fire drills conducted within the most recent twelve-month period on 05/08/22, 08/06/22, 11/10/22 and 02/05/23 were conducted at, respectively, 1:00 p.m., 1:42 p.m., 1:00 p.m. and 12:53 p.m. Based on interview at the time of record review, the Home Lead stated the facility operates three shifts per day and agreed the aforementioned first shift fire drills were not conducted under varied conditions.</p> <p>These findings were reviewed with the Home Lead during the exit conference.</p>	K S712	<p>K0712: Fire Drills</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> -Area supervisor completed an inservice with the all staff over the drill schedule and proper times to conduct the drills including using varied times. (Attachment G) -Quality Assurance Manager records all drills into a database to monitor completion. -Area Supervisor will complete a weekly check to ensure drills are conducted as scheduled and under varied situations. (Attachment H) -Rescare Administration will complete monthly site reviews to ensure all drills are completed as scheduled. (Attachment B) <p>Monitoring of Corrective Action:</p>	04/27/2023

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			<ul style="list-style-type: none"> ·The Area Supervisor will conduct a weekly check to ensure scheduled completions of the drills and send to the Program Manager. ·Quality Assurance tracks all drills for all locations and sends out to all Rescare Management weekly to remind them and to ensure completion. ·The Safety Committee will monitor quarterly for completion of scheduled drills. ·Rescare Administration Site Reviews will be sent to the Program Director and Executive Director once completed. <p>Completion Date: 4/27/23</p>	