

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

PRINTED: 06/14/2023

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 <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2023
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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 DEFICIENCIE (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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K 0000 Bldg. 02	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 04/05/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/31/23</p> <p>Facility Number: 000844 Provider Number: 15G326 AIM Number: 100243650</p> <p>At this PSR 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 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 06/01/23</p>	K 0000		
K S351	NFPA 101 Sprinkler System - Installation			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anna Brison	Program Director	06/09/2023

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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Bldg. 02	<p>Sprinkler System - Installation</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>In Prompt Evacuation Capability facilities 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.</p> <p>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</p>			

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	<p>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 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 review of the fire alarm system inspection contractor's "Alarm System Inspection" documentation dated 04/27/23 with the Site Supervisor at 11:15 a.m. on 05/31/23, attic heat detectors were not listed in the facility as being visually inspected or tested within the most recent twelve month period. Based on observations with the Site Supervisor at 11:21 a.m. on 05/31/23, only that portion of the attic above the attic access door in the west hall could be observed by using a step ladder and no heat</p>	K S351	<p>K0351: Sprinkler System – Installation</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. Koorsen completed the inspection on 4/27/23 but failed to provide that report to Rescare. I have obtained the report and it is attached. (Attachment A) <p>Monitoring of Corrective Action:</p>	06/15/2023			

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	<p>detection or sprinkler coverage was observed in that portion of the attic. Since the attic was not fully 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>These findings were reviewed with the Site Supervisor during the exit conference.</p> <p>Based on review of e-mail documentation received from the Program Manager for Rescare at 4:06 p.m. on 05/31/23, "there is a heat detector in the attic. I will follow up with (the contractor) for the report".</p> <p>This deficiency was cited on 04/05/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>Program Director will follow up with Koorsen on all inspections and reports.</p> <p>Completion Date: 6/15/23</p>		