

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 12/01/2021
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SUMMIT DR AURORA, IN 47001
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K 0000 Bldg. 02	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 10/21/21 was conducted by the Indiana Department of Health in accordance with 42 CFR Subpart 483.470(j).</p> <p>Survey Date: 12/01/21</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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and client sleeping rooms. Heat detection in the attic could not be determined. 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 0.52.</p> <p>Quality Review on 12/08/21</p>	K 0000		

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 S351 Bldg. 02	<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 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</p>			
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	<p>Residential Occupancies up to and including Four Stories in Height, shall be permitted.</p> <p>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</p> <p>Based on observation, record review and interview, the facility failed to provide documentation of the provision of heat detection devices in 1 of 1 attic spaces . LSC 33.2.3.5.7.1</p> <p>All facilities where a sprinkler system is installed, attics used for living purposes, storage, or fuel-fired equipment shall have sprinkler coverage. LSC 33.2.3.5.7.2 Attics not used for these purposes shall meet one of the following:</p> <p>Protected by heat detection system to activate the fire alarm system according to 9.6</p> <p>Protected by automatic sprinkler system according to 9.6</p> <p>Constructed of noncombustible or limited-combustible construction</p> <p>Constructed of fire-retardant-treated wood according to NFPA 703</p>	K S351	<p>K0351: Sprinkler System – Installation</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Program Manager sent a work order to Aramark to have Koorsen inspect the heat detector in the facility and include it in their reports. · Koorsen inspected the heat detector on 12/17/21. <p>(Attachment A)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Rescare Administration will 	12/17/2021

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	<p>This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on phone interview on 12/01/21 at 9:48 a.m. with the Program Manager, heat detectors had not yet been installed in the attic for the Summit group home and were scheduled to be installed Friday, December 3rd, 2021. Based on observation on 12/01/21 at 11:30 a.m. with the Home Manager, there were two attic hatch openings inside the home but no ladder was available to access the attic to check the attic space. Based on review of the facility's Plan of Correction (PoC) for the Recertification survey completed on 10/21/21, "the Program Manager sent a work order to Aramark to have Koorsen inspect the heat detector in the facility and include it in their reports" with a completion date of 11/20/21.</p> <p>This uncorrected deficiency was discussed with the Home Manager during the exit conference.</p> <p>This deficiency was cited on 10/21/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>complete monthly Site Reviews and send to the Program Director and Executive Director for monitoring of reports.</p> <p>· 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> <p>Completion Date: 12/17/21</p>		