

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G507	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250		
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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: 04/11/23</p> <p>Facility Number: 001021 Provider Number: 15G507 AIM Number: 100245130</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. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 04/17/23</p>	E 0000		
K 0000 Bldg. 01	<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: 04/11/23</p> <p>Facility Number: 001021 Provider Number: 15G507 AIM Number: 100245130</p> <p>At this Life Safety Code survey, Voca Corporation of Indiana was found not in compliance with Requirements for Participation in Medicaid, 42</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Anna Brison

Program Director

04/28/2023

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 S100 Bldg. 01	<p>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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, all living areas and bedrooms, plus heat detection located in the attic and connected to the fire alarm system. The facility has a capacity of 8 and had a census of 7 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 Slow with an E-Score of 2.42.</p> <p>Quality Review completed on 04/17/23</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 bathroom exhaust vent fans were free of lint/dirt. NFPA 101 at 33.1.1.3 refers to Chapter 4, General. 4.5.8 at Maintenance states whenever or wherever an device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such</p>	K S100	<p>K0100: General Requirements</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Program Director sent a work order to have the maintenance technician to clean the exhaust fans in both bathrooms at the facility and 	04/28/2023

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K S222 Bldg. 01	<p>device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance. This deficient practice could affect all client.</p> <p>Findings include:</p> <p>Based on observations on 04/11/23 between 10:15 a.m. and 12:30 p.m. during a tour of the facility with the Area Supervisor and Qualified Intellectual Disability Professional (QIDP), both bathroom exhaust vent fans were substantially covered/filled with dust/dirt/lint which could cause a fire if not cleaned on a regular basis. Based on interview at the time of each observation, the Area Supervisor agreed there was a substantial amount of dust/dirt/lint built up in both bathroom exhaust vent fans.</p> <p>This finding was reviewed with the Area Supervisor and QIDP during the exit conference.</p> <p>NFPA 101 Egress Doors Egress Doors 2012 EXISTING (Prompt) Doors and paths of travel to a means of escape shall not be less than 28 inches. Bathroom doors shall not be less than 24 inches. Doors are swinging or sliding. Every closet door latch shall be readily opened from the inside in case of an emergency. Every bathroom door shall be designed to allow opening from the outside during an emergency when locked. No door in any means of escape shall be locked against</p>		<p>supply the home with the proper equipment to ensure they are clean going forward. (Attachment A)</p> <ul style="list-style-type: none"> Site Reviews are done monthly by Rescare Management, this includes ensuring all fire extinguishers are being checked and initialed monthly. <p>(Attachment B)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Area Supervisor will contact Koorsen for all issues with the fire extinguishers in the facility. Site Reviews are entered into the CRM database and tracked by the Quality Assurance Manager to ensure completion and follow up on all issues with the Program Manager. <p>Completion Date: 4/29/23</p>	

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	<p>egress when the building is occupied.</p> <p>Delayed egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors only. Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted.</p> <p>Forces to open doors shall comply with 7.2.1.4.5.</p> <p>Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited.</p> <p>Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15.</p> <p>33.2.2.5.1 through 33.2.2.5.7, 33.7.7, 42 CFR 483.470(j)(1)(ii)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 exterior exit doors was provided with only one latching mechanism to release the door and open. 33.2.2.5.7 refers to 7.2.1.5.10 which states a latch or other fastening device on a door leaf shall be provided with a releasing device that has an obvious method of operation and that is readily operated under all lighting conditions. 7.2.1.5.10.4 states the releasing mechanism shall open the door leaf with not more than one releasing operation. 7.2.1.5.10.1 states the releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches, above the finished floor. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/11/23 between 10:15 a.m. and 12:30 p.m. during a tour of the facility with the Area Supervisor and Qualified Intellectual Disability Professional (QIDP), the</p>	K S222	<p>K0222: Egress Doors</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Program Director sent a work order to Rescare Maintenance Technician concerning the exterior door to have the code locking box removed from the door and replace with a single locking knob. <p>(Attachment C)</p> <ul style="list-style-type: none"> Rescare management completes site reviews monthly to monitor for any environmental issues that need addressed. <p>(Attachment B)</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> All maintenance requests are sent to the Program Director to schedule Maintenance 	04/28/2023

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K S345 Bldg. 01	<p>laundry area exit door to the outside was equipped with a door security guard lock in addition to the door knob lock which would require more than one action to exit through this door in the event of an emergency. This was acknowledged by the Area Supervisor and QIDP at the time of observation.</p> <p>This finding was reviewed with the Area Supervisor and QIDP during the exit conference.</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</p> <p>1. Based on observation, record review, and interview; the facility failed to ensure 1 of 1 fire alarm system was continuously in proper operating condition. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm control panel (FACP) on 04/11/23 between 10:15 a.m. and 12:30 p.m. during a tour of the facility with the Area Supervisor and Qualified Intellectual Disability Professional (QIDP), there was a yellow Trouble light illuminated on the FACP. In the display it said "Attic Heat/Heat Detector Wrong</p>	K S345	<p>Technician to complete the repairs.</p> <ul style="list-style-type: none"> Site Reviews are submitted into a database and monitored by Quality Assurance. <p>Completion Date: 4/29/23</p> <p>K0345: Testing and Maintenance</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Program Director contacted Koorsen to have the heat detector programming changed to eliminate the trouble light and alarm that keeps sounding. Program Director received information from Koorsen that they are unable to reprogram the system as they did not install the original system. (Attachment D) Koorsen is providing me a quote to replace the system with a 	04/28/2023

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	<p>Device". During an interview at the time of observation, the Area Supervisor acknowledged the yellow Trouble light illuminated at the FACP. Furthermore, the Area Supervisor said she was not aware there was a problem with the FACP but would have it inspected. The fire alarm did activate an audible alarm when testing a pull station.</p> <p>This finding was reviewed with the Area Supervisor and QIDP during the exit conference.</p> <p>2. Based on record review, observation, and interview; the facility failed to ensure documentation was provided for 1 of 1 fire alarm system in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all clients and staff.</p> <p>Findings include:</p>		<p>system they can oversight and program as needed. (Attachment E)</p> <ul style="list-style-type: none"> · Program Director will follow up with Koorsen once the quote is received for installation and future inspections. · At this time the system is working properly as it should, it is just the heat detector programming that is causing the trouble light to illuminate as it is not set to a temperature that would prevent the continuous alert. · Program Director contacted Koorsen to have the sensitivity testing completed in the facility, this was completed on 4/27/23. (Attachment F) <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Program Director will follow up with Koorsen on all needed inspections and installation of the updated system. <p>Completion Date: 4/29/23</p>	

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	<p>Based on record review on 04/11/23 between 10:15 a.m. and 12:30 p.m. with the Area Supervisor and Qualified Intellectual Disability Professional (QIDP) present, there was no annual fire alarm inspection report available for review for the past twelve month period. There was a semi-annual fire alarm system report dated 12/13/22, but no additional inspection report within six months prior to that date. Based on interview at the time of record review, the Area Supervisor said she thought the inspection had taken place but was unable to find the documentation to prove it.</p> <p>This finding was reviewed with the Area Supervisor and QIDP during the exit conference.</p> <p>3. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review on 04/11/23 between 10:15 a.m. and 12:30 p.m. with the Area Supervisor and Qualified Intellectual Disability Professional (QIDP) present, there was no smoke detector sensitivity test documentation available for review</p>				

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K S353 Bldg. 01	<p>for the past 24 months. Based on interview at the time of record review, the Area Supervisor confirmed there was no documentation of a sensitivity test on the smoke detectors available to review.</p> <p>This finding was reviewed with the Area Supervisor and QIDP 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 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). 			

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	<p>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</p> <p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (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.)</p>			

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	<p>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 provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 04/11/23 between 10:15 a.m. and 12:30 p.m. with the Area Supervisor and Qualified Intellectual Disability Professional (QIDP) present, there was no second quarter (April, May, and June) of 2022 quarterly sprinkler system inspection report available for review.</p> <p>During an interview at the time of record review,</p>	K S353	<p>K0353: Sprinkler System – Maintenance and Testing</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Program Director contacted Koorsen to obtain the third quarter sprinkler inspection that was not available in the facility for review. Upon reaching out to Koorsen, they relayed the third quarter sprinkler inspection had not been completed as scheduled and I scheduled an inspection to ensure everything was checked. (Attachment G) <p>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: 4/29/23</p>	04/28/2023

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	<p>the Area Supervisor confirmed the second quarter of 2022 sprinkler system inspection report was not available for review.</p> <p>This finding was reviewed with the Area Supervisor and QIDP during the exit conference.</p>				