

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

PRINTED: 06/14/2023  
FORM APPROVED  
OMB NO. 0938-039

|   |  |   |  |  |  |  |                            |
|---|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>15G507 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING                         |  | X3) DATE SURVEY<br>COMPLETED<br>05/24/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>VOCA CORPORATION OF INDIANA |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2900 KENTUCKY AVE<br>MADISON, IN 47250 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| K 0000<br><br>Bldg. 01  | <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 04/11/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/24/23</p> <p>Facility Number: 001021<br/>Provider Number: 15G507<br/>AIM Number: 100245130</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 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 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 Slow with an E-Score of 2.42.</p> <p>Quality Review completed on 05/25/23</p> |   |  | K 0000   |  |  |                            |

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 that 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 disclosable 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<br><br>Bldg. 01  | <p>NFPA 101<br/>Fire Alarm System - Testing and Maintenance<br/>Fire Alarm System - Testing and Maintenance<br/>2012 EXISTING (Prompt)<br/>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.<br/>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br/>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 05/24/23 between 10:45 a.m. and 11:30 a.m. during a tour of the facility with the Nurse Manager, there was a yellow Trouble light illuminated on the FACP. In the display it said "Attic Heat/Heat Detector Wrong Device". During an interview at the time of observation, the Nurse Manager acknowledged the yellow Trouble light illuminated at the FACP. Furthermore, during a phone conversation, the Program Director said the fire alarm system still works and further said the fire alarm vendor has been to the home and is waiting for a new heat detector to replace the current heat detector that is causing the issues with the fire alarm system.</p> <p>This finding was reviewed with the Nurse Manager during the exit conference and with the</p> |   |  | K S345   | <p><b>K0345:</b> Testing and Maintenance</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Program Director contacted Koorsen to have the heat detector programming changed to eliminate the trouble light and alarm that keeps sounding.</li> <li>Program Director received information from Koorsen that they are unable to reprogram the system as they did not install the original system.</li> <li>Koorsen provided me a quote to replace the system with a system they can oversight and program as needed. <b>(Attachment A)</b></li> <li>Rescare Executive Director signed the replacement quote on 6/5/23 and Program Director submitted the signed quote to Koorsen.</li> <li>Koorsen is meeting on Monday to schedule the installation of the new system on</li> </ul> |  | 06/09/2023                 |

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|   | <p>Program Director during a post survey phone conversation.</p> <p>This deficiency was cited on 04/11/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> |   | <p>6/12/23 during their weekly scheduling meeting and they will report back to Rescare the date the replacement is scheduled.</p> <ul style="list-style-type: none"><li>Program Director will follow up with Koorsen once the quote is received for installation.</li><li>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.</li></ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"><li>Program Director will follow up with Koorsen on all needed inspections and installation of the updated system.</li></ul> <p><b>Completion Date: 6/9/23</b></p> |                            |  |