

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

PRINTED: 04/28/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G211		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 810 CARLYLE ST COLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 04/15/21</p> <p>Facility Number: 000737 Provider Number: 15G211 AIM Number: 100243270</p> <p>At this Emergency Preparedness survey, VOCA Corporation of Indiana was found not 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 04/16/21</p>			E 0000			
E 0004  Bldg. --	<p>403.748(a), 416.54(a), 418.113(a), 441.184(a), 482.15(a), 483.475(a), 483.73(a), 484.102(a), 485.625(a), 485.68(a), 485.727(a), 485.920(a), 486.360(a), 491.12(a), 494.62(a)</p> <p>Develop EP Plan, Review and Update Annually</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.</p>						

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 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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	<p>The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>Based on record review and interview, the facility failed to review and update the Emergency Preparedness Plan (EPP) at least every two years in accordance with 42 CFR 483.475(b). This deficient practice could affect all occupants.</p> <p>Findings include:</p>			E 0004	E004: Review and update the Emergency plan. The RM, Area Supervisor and Program Director have been trained that the Emergency Preparedness Plan will be reviewed and updated annually. The RM will be responsible for reviewing and		05/15/2021

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E 0013  Bldg. --	<p>Based on review of the facility's EPP with the Residential Manager on 04/15/21 at 12:23 p.m., the facility failed to review and update the EPP every two years. The EPP had a revision date listed on the cover page of May 2018.</p> <p>Based on an interview during records review, the Residential Manager agreed the listed date of review was May of 2018 and stated there was no other documentation available to show the EPP was reviewed within the past 2 years.</p> <p>This finding was reviewed with the Residential Manager during the exit conference.</p> <p>403.748(b), 416.54(b), 418.113(b), 441.184(b), 482.15(b), 483.475(b), 483.73(b), 484.102(b), 485.625(b), 485.68(b), 485.727(b), 485.920(b), 486.360(b), 491.12(b), 494.62(b)</p> <p>Development of EP Policies and Procedures (b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years.</p> <p>*[For LTC facilities at §483.73(b):] Policies and procedures. The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must</p>				<p>updated the information annually. The Area Supervisor will ensure the books have been updated by reviewing the plans every 6 months. The Program Director will ensure that all plans have been updated by reviewing the books at least yearly.</p>		

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	<p>be reviewed and updated at least annually.</p> <p>*[For ESRD Facilities at §494.62(b):] Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.</p> <p>Based on record review and interview, the facility failed to review and update the Emergency Preparedness Plan's (EPP) policies and procedures at least every two years in accordance with 42 CFR 483.475(b). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's EPP with the Residential Manager on 04/15/21 at 12:23 p.m., the facility failed to review and update the EPP's policies and procedures every two years. The EPP had a revision date listed on the cover page of May 2018. Based on an interview during records review, the Residential Manager agreed the listed date of review was May of 2018 and stated there was no other documentation available to show the EPP's policies and procedures were reviewed within the past 2 years.</p> <p>This finding was reviewed with the Residential</p>		E 0013	<p>E013: The RM, Area Supervisor and Program Director have been trained that the Emergency Preparedness Plan Policies and procedures will be reviewed and updated annually. The RM will be responsible for reviewing and updating the information annually. The Area Supervisor will ensure the books have been updated by reviewing the plans every 6 months. The Program Director will ensure that all plans have been updated by reviewing the books at least yearly.</p>		05/15/2021	

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E 0029  Bldg. --	<p>Manager during the exit conference.</p> <p>403.748(c), 416.54(c), 418.113(c), 441.184(c), 482.15(c), 483.475(c), 483.73(c), 484.102(c), 485.625(c), 485.68(c), 485.727(c), 485.920(c), 486.360(c), 491.12(c), 494.62(c)</p> <p>Development of Communication Plan (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC). Based on record review and interview, the facility failed to review and update the Emergency Preparedness Plan's (EPP) communication plan at least every two years in accordance with 42 CFR 483.475(b). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's EPP with the Residential Manager on 04/15/21 at 12:23 p.m., the facility failed to review and update the EPP's communication plan every two years. The EPP had a revision date listed on the cover page of May 2018. Based on an interview during records review, the Residential Manager agreed the listed date of review was May of 2018 and stated there was no other documentation available to show the EPP's communication plan was reviewed within the past 2 years.</p> <p>This finding was reviewed with the Residential Manager during the exit conference.</p>			E 0029	<p>E029: The RM, Area Supervisor and Program Director have been trained that the Emergency Preparedness Communication Plan will be reviewed and updated annually. The RM will be responsible for reviewing and updated the information annually. The Area Supervisor will ensure the books have been updated by reviewing the plans every 6 months. The Program Director will ensure that all plans have been updated by reviewing the books at least yearly.</p>		05/15/2021
E 0036  Bldg. --	<p>403.748(d), 416.54(d), 418.113(d), 441.184(d), 482.15(d), 483.475(d), 483.73(d), 484.102(d), 485.625(d), 485.68(d),</p>						

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	<p>485.727(d), 485.920(d), 486.360(d), 491.12(d), 494.62(d) EP Training and Testing *[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.</p> <p>*[For LTC at §483.73(d):] (d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> <p>*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of</p>						

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	<p>this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i).</p> <p>*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years.</p> <p>Based on record review and interview, the facility failed to review and update the Emergency Preparedness Plan's (EPP) training and testing program at least every two years in accordance with 42 CFR 483.475(b). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's EPP with the Residential Manager on 04/15/21 at 12:23 p.m., the facility failed to review and update the EPP's training and testing program every two years. The EPP had a revision date listed on the cover page of May 2018. Based on an interview during records review, the Residential Manager agreed the listed date of review was May of 2018 and</p>			E 0036	<p>E036: The RM, Area Supervisor and Program Director have been trained that the Emergency Preparedness Training and testing program will be reviewed and updated annually. The RM will be responsible for reviewing and updating the information annually. The Area Supervisor will ensure the books have been updated by reviewing the plans every 6 months. The Program Director will ensure that all plans have been updated by reviewing the books at least yearly.</p>		05/15/2021

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K 0000  Bldg. 02	<p>stated there was no other documentation available to show the EPP's training and testing program was reviewed within the past 2 years.</p> <p>This finding was reviewed with the Residential Manager during the exit conference.</p> <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: 04/15/21</p> <p>Facility Number: 000737 Provider Number: 15G211 AIM Number: 100243270</p> <p>At this Life Safety Code survey, VOCA Corporation of Indiana was found 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 heat detection in the attic and smoke detection in the corridors, sleeping rooms, common living areas and heat detection in the attic. 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 of Life Safety, Chapter 6, rated the</p>			K 0000			



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	facility Prompt with an E-Score of 1.2.  Quality Review completed on 04/16/21						