

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

PRINTED: 09/08/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G324 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/05/2023 |
|---|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4516 W WALDEN DR MUNCIE, IN 47304 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
| K 000 | <p>INITIAL COMMENTS</p> <p>A Life Safety Code and Environmental Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a) for the emergency repair, remediation, and clean-up of the home.</p> <p>Survey Date: 09/05/2023</p> <p>Facility Number: 000842 Provider Number: 15G324 AIM Number: 100243860</p> <p>At this LSC Environmental Preoccupancy 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. This facility has a fire alarm system with hard wired smoke detectors in client sleeping rooms, the corridors, and common living areas with 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 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of .8.</p> <p>Quality Review completed on 09/07/23</p> | K 000 | | |

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.