

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G324	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2021
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 4516 W WALDEN DR MUNCIE, IN 47304		
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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: 01/21/21</p> <p>Facility Number: 000842 Provider Number: 15G324 AIM Number: 100243660</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 8.</p> <p>Quality Review completed on 01/26/21</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: 01/21/21</p> <p>Facility Number: 000842 Provider Number: 15G324 AIM Number: 100243660</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

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 S345 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 facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors common living areas, and hard wired smoke detectors in client sleeping rooms. The attic was not used for living purposes, storage or fuel-fired equipment and was provided with a heat detection system to activate 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 Prompt with an E-Score of 1.28.</p> <p>Quality Review completed on 01/26/21</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 1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm system</p>	K S345	W0345: Testing and Maintenance. The Sensitivity was	02/20/2021

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	<p>including the components was inspected annually to protect 4 of 4 clients. LSC 9.6.1.3 requires fire alarm systems to be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, Table 14.4.5 requires functional testing to be conducted annually for initiating devices such as smoke detectors, release devices, and fire alarm boxes. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 01/21/21 at 1:20 p.m. with the Maintenance Supervisor (MS), the most current annual fire alarm inspection was not available for review. Also, the last annual fire report was not available for review. Based on an interview at the time of record review with the MS, there was no other documentation available for review to indicate a current annual functional test was conducted on the fire alarm system initiating devices. This was discussed with the MS during the exit conference.</p> <p>2. 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 in the facility.</p>		<p>completed 3/2/2020 and will be uploaded with the plan of correction. Residential Manager will be trained that all inspections need to be filed in the Fire Drill book. All staff will be retrained on activating the fire alarm system. Area Supervisor and QIDP will include asking the staff how to activate and deactivate the alarm system when completing their weekly observations in the home to ensure that staff have that knowledge. The observation forms will be submitted to the program director for his review.</p>	

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K S351 Bldg. 01	<p>Findings include:</p> <p>Based on record review on 01/21/21 at 1:20 p.m. with the Maintenance Supervisor (MS), the last two year sensitivity test could not be provided upon request. Based on interview with the MS it was acknowledged the last two year sensitivity was not available for review. This was discussed with the MS during the exit conference.</p> <p>3. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems could be reset promptly after activation in accordance with LSC 9.6. Section 9.6.1.5 refers to NFPA 72. NFPA 72-14.5.4 states all apparatus requiring resetting to maintain normal operation shall be reset as promptly as possible after each test and alarms. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review of fire drill reports on 01/21/21 at 2:06 p.m. with the Maintenance Supervisor (MS), the fire drill reports indicated the fire alarm system had been activated monthly. House staff was asked to describe the procedure for testing the fire alarm system, but could not explain accurately how to reset the fire alarm system by opening the pull station and deactivating the device by flipping the switch up. Based on interview at the time of record review, the MS agreed that training on the activation and resetting of the fire alarm system would be helpful. This was discussed with the MS during the exit conference.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation</p>			

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 Residential Occupancies up to and including Four Stories in Height, shall be permitted.</p>			

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	<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 and interview, the facility failed to ensure a 1 of 1 complete automatic sprinkler system was installed in accordance with NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems, Section 9.1.1.7, Support of Non-System Components, requires sprinkler piping or hangers shall not be used to support non-system components. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor (MS) on 01/21/21 at 1:53 p.m., in the Riser closet room there were two low voltage wires strapped to a 2 1/2 inch diameter metal sprinkler pipe located at the ceiling. Based on interview at the time of observation, the MS acknowledged the attachment to the sprinkler pipe and was unaware this was not allowed.. This was</p>	K S351	K0351: The two low voltage wires have been removed and re-routed. Area Supervisor and QIDP will include ensuring there are no low voltage wires in the riser closet as they do their weekly observations in the home.	02/06/2021

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K S354 Bldg. 01	<p>discussed with the MS during the exit conference.</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.</p> <p>33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide a complete written policy when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. NFPA 25, 15.5.2 (4) requires where a required fire protection system is out of service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following: (5) the fire department has been notified and (6) the insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 01/21/21 at 1:40 p.m. with the Maintenance Supervisor (MS), the facility provided fire watch plan documentation but it was incomplete. The plan failed to include contacting the local Fire department, owner/operator and insurance carrier and then failed to call all entities back once the sprinkler</p>	K S354	<p>K0354: The fire watch plan has been updated to include contacting the Fire department, insurance carrier, alarm company and the owner/operator when it is out for more than 10 hours in a 24 hours period and contacting the entities when the sprinkler is back to normal function. The plan has been added to the fire drill book. The QIDP and Area Supervisor will review the fire drill book monthly to ensure the policy is in the book.</p>	02/06/2021

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K S511 Bldg. 01	<p>system has been restored to normal. Based on interview during the record review, the MS confirmed the fire watch documentation provided did not contact all required entities or make a call back to all entities to inform them the sprinkler system was back to normal function. This was discussed with the MS during the exit conference.</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 4 ground fault circuit interrupter (GFCI) tested worked properly to provide protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect clients and staff.</p> <p>Findings include:</p> <p>Based on observations on 01/21/21 during the tour between 1:40 p.m. and 2:15 p.m. with the Maintenance Supervisor (MS) there was one GFCI receptacle in the client bathroom on long hall</p>	K S511	<p>K0511: An electrician has been to the home and stated that the 2 ground fault circuit interrupters were working properly. A Zip file with all the information will be uploaded.</p> <p>The email will be uploaded with the statement from the electrician. Couldn't upload will send by email.</p>	02/01/2021

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	which when tested showed "open ground" and did not trip. Also, the GFCI in the Main bathroom when tested showed "open ground" and did not trip. Based on interview at the time of observations and tests with the MS it was acknowledged the GFCI's needed to be replaced. This was discussed with the MS during the exit conference.			