



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

16-04-03

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant	Title
Owen Valley Health Campus	Healthcare Facility
Name of organization	Telephone number
	(812) 829-2331
Address (number and street, city, state, and ZIP code)	
920 W. State Hwy. 46, Spencer, IN 47460	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant	Title
Kathy Corbin	Director of Licensing
Name of organization	Telephone number
Owen Valley Health Campus	(502) 213-7575
Address (number and street, city, state, and ZIP code)	
303 N. Hurstbourne Parkway, Suite 200, Louisville, KY 40222	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
N/A	
Name of organization	Telephone number
	()
Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Owen Valley Health Campus	N/A	Owen
Address of site (number and street, city, state, and ZIP code)		
920 W. State Hwy. 46, Spencer, IN 47460		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing		

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)

One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.

Written documentation showing that the local fire official has received a copy of the variance application.

Written documentation showing that the local building official has received a copy of the variance application. N/A

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

Yes (If yes, attach a copy of the Correction Order.) No

Has a violation been issued?

Yes (If yes, attach a copy of the Violation and answer the following.) No

Violation issued by:

Local Building Department State Fire and Building Code Enforcement Section Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved 2014 Edition IFC 675 IAC 22-2.5	Specific code section Section 1008.1
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Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)
 "Several doors in the means of egress were painted to look like a book case to conceal or confuse that they were exit doors."

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

Non-compliance with the rule will not be adverse to the public health, safety or welfare; or

Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:
 Owen Valley Health Campus is licensed by the Indiana State Department of Health for both Comprehensive Care and Residential Care services. Owen Valley is fully-staffed per State licensing requirements 24 hours a day/7 days a week. The painted doors in violation of Section 1008.1 of the 2014 Edition IFC 675 IAC 22-2.5 are only within our 'Legacy Lane' unit, which is specifically designed to serve and protect our residents living with dementia diagnoses, including Alzheimer's Disease. Please see attached 'Memory Care Door Murals' for a detailed explanation regarding the purpose of those exit doors painted as a safety measure for those residents.

Also attached is the "Fire" section of Owen Valley's Emergency Evacuation Manual, detailing the policy in place for escorting anyone from the building in an emergency. Item 5.B assigns additional staff to assist moving Legacy Lane residents to safety, so residents are never left unattended to seek safety by their own accord. Residents are then accounted for, as outlined in Item 14 E

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.

Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.

Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:
 The exit doors in the Legacy Lane unit are painted as a safeguard for residents suffering from various memory-care diagnoses. As outlined in the attachment, by camouflaging the exit doors within this unit, we are reducing the risk of elopment. With elopment bringing the highest risk of accidental harm, injury or death to a resident, removing the mural from the exit doors would almost certainly heighten the curiosity of those residents, thereby increasing their risk for harm.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application <i>Kathy Corbin</i>	Please print name Kathy Corbin	Date of signature (month, day, year) 02/26/2016
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant <i>Kathy Corbin</i>	Please print name Kathy Corbin	Date of signature (month, day, year) 02/26/2016
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FIRE AND BUILDING CODE ENFORCEMENT INSPECTION REPORT ORDER

DIVISION OF FIRE AND BUILDING SAFETY
INDIANA DEPARTMENT OF HOMELAND SECURITY
302 WEST WASHINGTON STREET, RM E241
INDIANAPOLIS, IN 46204
TELEPHONE: 317-232-2222
WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number LT1703	Name of the facility OWEN VALLEY HEALTH CARE CTR	County OWEN
Address of Property 920 W HWY 46 SPENCER 47460	Name of the Contact RACHEL FRYE	Telephone Number (812) 829-2331
Email Rachel.Frye@owenvalleyhc.com	Inspection Date 01/27/2016	
Inspection Category HEALTHCARE FACILITY	Inspection Type ANNUAL	Inspection Status: VIOLATION
Name of the inspector DEL SCHROEDER	Phone: 3174176654	
Email: dschroeder@dhs.in.gov		

Violations

VIO-LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	Sec. 5.4.1.6 2011 Edition NFPA 25 675 IAC 28-1-12	A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. <u>The proper wrench was not present.</u>	02/29/2016
2	Sec. 1008.1.9.4 2014 Edition IFC 675 IAC 22-2.5	Manually operated flush bolts or surface bolts are not permitted. Exceptions: 1. On doors not required for egress in individual dwelling units or sleeping units. 2. Where a pair of doors serves a storage or equipment room, manually operated edge- or surface-mounted bolts are permitted on the inactive leaf. 3. Where a pair of doors serves an occupant load of less than 50 persons in a Group B, F or S occupancy, manually operated edge- or surface- mounted bolts are permitted on the inactive leaf. The inactive leaf shall contain no doorknobs, panic bars or similar operating hardware. 4. Where a pair of doors serves a Group B, F or S occupancy, manually operated edge- or surface- mounted bolts are permitted on the inactive leaf provided such inactive leaf is not needed to meet egress width requirements and the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1. The inactive leaf shall contain no doorknobs, panic bars or similar operating hardware. 5. Where a pair of doors serves patient care rooms in Group I-2 occupancies, self-latching edge- or surface-mounted bolts are permitted on the inactive leaf provided that the inactive leaf is not needed to meet egress width requirements and the inactive leaf contains no doorknobs, panic bars or similar operating hardware. <u>A flush or slide bolt was present on the kitchen exit door.</u>	02/29/2016
3	Sec. 605.3 2014 Edition IFC 675 IAC 22-2.5	A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1,981 mm) in height shall be provided in front of electrical service equipment. Where the electrical	02/29/2016

		<p>service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. No storage of any materials shall be located within the designated working space.</p> <p>Exceptions:</p> <ol style="list-style-type: none"> 1. Where other dimensions are required or allowed by NFPA 70. 2. Access openings into attic or underfloor areas, which provide a minimum clear opening of 20 inches (509 mm) by 40 inches (1,016 mm). <p><u>Items were stored in the required clear space.</u></p>	
4	<p>Sec. 703.2.3 2014 Edition IFC 675 IAC 22-2.5</p>	<p>Swinging fire doors shall close from the full-open position and latch automatically. The door closer shall exert enough force to close and latch the door from any partially open position.</p> <p><u>Several fire doors did not latch properly.</u></p>	02/29/2016
5	<p>Sec. 315.3.3 2014 Edition IFC 675 IAC 22-2.5</p>	<p>Combustible material shall not be stored in boiler rooms, mechanical rooms or electrical equipment rooms.</p> <p><u>Mattresses and other combustibles were being store in electric and mechanical rooms.</u></p>	02/29/2016
6	<p>Sec. 1008.1 2014 Edition IFC 675 IAC 22-2.5</p>	<p>Means of egress doors shall meet the requirements of this section. Doors serving a means of egress system shall meet the requirements of this section and Section 1020.2. Doors provided for egress purposes in numbers greater than required by this code shall meet the requirements of this section.</p> <p>Means of egress doors shall be readily distinguishable from the adjacent construction and finishes such that the doors are easily recognizable as doors. Mirrors or similar reflecting materials shall not be used on means of egress doors. Means of egress doors shall not be concealed by curtains, drapes, decorations or similar materials.</p> <p><u>Several doors in the means of egress were painted to look like a book case to conceal or confuse that they were exit doors.</u></p>	02/29/2016

Facility Id	Received By Name	Signature and Date
LT1703		

Memory Care Door Murals

Trilogy Health Services' Legacy and Legacy Lane venues are designed to serve and protect those living with dementia diagnoses, including Alzheimer's disease. Masking, or painting, exit doors in dementia care venues is a widely practiced method in long term care for maintaining resident safety. The painted door murals provide the following benefits:

- **Reduction of door testing.** Often, those living with dementia will wander without purpose due to a loss of planning abilities. In this wandering, an obvious door might be worth a try since it is a recognized way to continue one's journey. With the declining visual acuity experienced by many elders and/or the visiospatial disruption experienced by many living with dementia, a 2-dimensional picture will take on a very real quality, thus, making the door appear to be a bookshelf, plate rack, cabinet front, or whatever the artist has painted on the door. Since these items are not associated with a doorway, the resident doesn't feel the need to try and go through.
- **Reduction of exit-seeking.** Those with dementia diagnoses will frequently feel the need to leave a current environment to "go home"; even from a house in which they may have lived for many decades. They have forgotten where they now live and feel the need to seek a home they may remember from their previous years. When this happens, residents will seek out, sometimes aggressively, exits that they feel will allow them to complete their quest. Door murals, once again, mask the door and decrease the likelihood that a resident will push on it repeatedly to try and leave the Memory Care neighborhood.
- **Decrease in elopements/Resulting missing person situations.** We all have heard reports of elders with dementia who have wandered away from home or other safe places, thus requiring the involvement of local First Responders. Many of these elders happen into perilous situations including violence, injury and even death. The door murals are effective in directing our residents away from the exit doors and back to the safety of the Memory Care neighborhood. These painted doors are yet another tool available to us as dementia-care providers that assist us in maintaining the safety and well-being of our residents.

FIRE

The first person to discover a fire or smoke that appears related to a fire is responsible to immediately take the following steps:

1. **Rescue anyone in immediate danger.** Remove the resident(s) from the immediate area and close the door of the room or area where the fire is located.
2. **Alert others - activate the fire alarm system** (if not activated) by pulling the nearest pull station. (Fire alarm system to be monitored by an outside monitoring company. The auto dialer is to have two phone lines. Both lines are to notify the fire department and monitoring company. The monitoring contractor will contact the campus).
3. **Immediately inform the charge nurse of the location of the fire.** The charge nurse is responsible to **contact the fire department (dial 911)** informing them of the following:
 - A. Type of fire
 - B. Exact location of the fire
 - C. Extent of the fire
 - D. If evacuation is in process
 - E. Other information as necessary or requested
4. **The charge nurse will immediately announce the location of the fire at least two times over the emergency paging system.**
5. **Employees in all departments are responsible to go to the following assigned areas to support nursing staff with resident safety.**
 - A. **Nursing employees** shall remain on their assigned units and implement the emergency procedures.
 - * B. **Dietary Cooks and Dietary Workers** shall turn off all equipment in the kitchen, including breakers, and report to the LEGACY LANE unit to assist moving residents to safety.
 - C. **Laundry Workers, Plant Operations Staff, Activities and Administrative Staff** shall report to the Health Center unit to assist moving those residents to safety.
6. **Contain the fire.** Close all doors and windows adjacent to the fire. Shut off fans, ventilators and air conditioners that may feed the fire and spread smoke throughout the building. Place a wet blanket under the room entrance door where the fire was located to prevent smoke from entering the rest of the building.
7. **Extinguish the fire or exit the area.**

8. **Use an ABC extinguisher that works on all types of fires.** To use the extinguisher take the following steps:
 - A. Hold the extinguisher upright.
 - B. Pull the ring pin to snap the safety seal.
 - C. Start back ten (10) feet from the fire.
 - D. Aim at the base of the fire. **Do not start at the top of the fire.**
 - E. Squeeze the lever. Substance will last for 6-10 seconds.
 - F. Sweep the hose from side to side.

In the kitchen: Use a "K" Class fire extinguisher in the kitchen after first using the fixed fire suppression system (Ansul) to extinguish fires on the cooking equipment. To use the extinguisher take the following steps:

- G. Hold the extinguisher upright.
 - H. Pull the ring pin to snap the safety seal.
 - I. Start back ten (10) feet from the fire.
 - J. Aim at the base of the fire. **Do not start at the top of the fire.**
 - K. Squeeze the lever. Substance will last for 6-10 seconds.
 - L. Sweep the hose from side to side.
9. **Do not attempt to put out an overhead fire.** Only firemen shall proceed to control overhead fires because of the extreme danger involved.
10. **Once the fire is extinguished, using caution remove burning articles and place articles outside or in an area where they cannot rekindle or cause further damage.**
 - A. Inform the person in charge that the fire has been extinguished and of the actions taken.
 - B. Assure the residents and staff that the fire has been extinguished and everything is under control.
11. **Evacuate residents from unsafe areas only.** Move all residents inside a safe room with a smoke door and close all doors and windows. No residents should remain in hallways or open common areas that are not protected with smoke doors in close proximity. Do not evacuate residents unless they are in an unsafe area.
12. **Always remain calm and do not panic.** Assure residents and staff that the situation is under control.
13. **Keep communication lines open** and do not make unnecessary calls. **If guests are in the building, ask guests to remain in a safe location also.** State in a clear and distinct voice that an emergency exists and we will assist them as soon

as the emergency is cleared.

14. If there is a fire evacuate all residents and staff from the affected compartment to another compartment of the building to these pre-assigned areas.
 - A. Turn on all lights and check all exits to assure they are safe and usable.
 - B. As residents are evacuated close all doors and windows to rooms and turn off heating and air conditioning units.
 - C. Move Health Center residents (Compartment A) to the Business Office lobby (Compartment B) and Residential assisted living/Transitional Care unit (Compartment C). Also behind a smoke barrier door.

Fire, Page 3

- D. Move Residential Assisted Living residents/Transitional Care Unit (Compartment C) to the Business Office lobby (Compartment B), Comprehensive nursing unit (Compartment A) and Suites assisted living unit (Compartment D).
 - E. Make sure all residents are accounted for. Report any missing residents to the person in charge immediately.
 - F. Do not return to the danger area (compartment) once compartments have been vacated.
 - G. Shut off all unnecessary electrical equipment.
15. When the fire department arrives (typically within 3 minutes), they will assume all fire fighting responsibilities. Provide as much information as possible or as requested by the fire department officials.
 - A. have the Fire department assess the evacuated compartment and adjacent compartment to ensure compartments where residents are being evacuated to remains safe.
 - B. have the Fire department assess the burning articles to ensure the fire was fully extinguished.
 - C. The fire department must assess the room or area where the fire was discovered to ensure that location is safe as well.
16. No residents or staff may return to an affected compartment or room until the fire department has determined it is safe to return.
17. Once the fire department has given the all clear for the affected room or compartment, an announcement should be made over the emergency paging system twice announcing "ALL CLEAR".
18. Staff should assist residents to return to their apartments/rooms and turn on all heating and air conditioning units and assist residents to return their home to normal.

EMERGENCY FIRE WATCH

Page revised 4/2/12

An emergency fire watch will be initiated in the event the facility fire alarm/sprinkler system is out of service for more than four (4) hours in a 24-hour period. The Spencer Fire Department and Indiana State Department of Health(317)233-7442 and BB& T Insurance (502)489-5900 will be notified of the activation of the emergency fire watch procedures. The designated individual conducting the fire watch will make rounds every fifteen (15) minutes checking all affected areas of the building. The person performing the fire watch is to have no other responsibilities while assigned. Written records of the fire watch shall be maintained. The person performing the fire watch will be a certified fireman assigned by the SPENCER Dept.

If the fire alarm or sprinkler system is out of service, the Manager of Plant Operations and/or the Executive Director are responsible to monitor the length of time the system is out of service.

1. If the fire alarm or sprinkler system remains out of service for four (4) hours in any 24 hour period, the emergency fire watch procedures shall be initiated.
2. The Manager of Plant Operations or the Executive Director shall contact Vanguard and the SPENCER Fire Department to announce the initiation of the fire watch procedures.
3. The Executive Director shall inform the Compliance Officer of the need to report the activation of the emergency fire watch procedures as an unusual occurrence to the Indiana State Department of Health.
4. The Manager of Plant Operations or the Executive Director shall assign an individual (preferably from the Plant Operations Department) to perform fire watch rounds. The individual must have key access to all areas of the building.
5. During the fire watch rounds, the designated individual is responsible to carefully observe the environment for any sign or indication of a possible fire emergency including observing for smoke, unusual odors, flames, unusual heat, or other common indicators of a fire.
6. The designated individual shall make rounds at fifteen (15) minute intervals throughout the part of the building in which the sprinkler system is not functioning.
7. In the event the rounds would take more than fifteen (15) minutes to complete, the designated individual fireman shall inform the Manager of Plant Operations or Exec Director, to contact fire department to send another fireman as assigned to ensure rounds of all affected areas are completed every 15 minutes.
8. Documentation of the fire watch rounds shall be completed by the designated individuals performing the fire watch rounds. The documentation sheet shall reflect the portions of the building checked and the length of time the fire watch rounds are performed. The signature of the individuals performing the rounds shall also be reflected on the documentation sheet.
9. The fire watch rounds shall be discontinued once the fire alarm/sprinkler system is fully functioning and on-line.
10. Vanguard and Spencer Fire Department shall be informed of the return to normal functioning the fire alarm/sprinkler system and discontinuance of the fire watch rounds.

11. **The Executive Director shall inform the Compliance Officer of the return to normal function of the fire alarm/sprinkler system to ensure proper follow-up reporting to the Indiana State Department of Health, complying with the unusual occurrence reporting standard.**

**OWEN VALLEY HEALTH CAMPUS
EMERGENCY FIRE WATCH ROUND COMPLETION LIST**

UNIT AFFECTED _____

DATE _____

TIME	AM/PM	SIGNATURE	TIME	AM/PM	SIGNATURE
12:00			6:00		
12:15			6:15		
12:30			6:30		
12:45			6:45		
1:00			7:00		
1:15			7:15		
1:30			7:30		
1:45			7:45		
2:00			8:00		
2:15			8:15		
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4:45			10:45		
5:00			11:00		
5:15			11:15		
5:30			11:30		
5:45			11:45		

LOSS OF TELEPHONE SERVICE

Owen Valley Health Campus Evacuation Routes

