

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G343		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/21/2012	
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY 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			
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 01/18/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/21/12</p> <p>Facility Number: 000859 Provider Number: 15G343 AIM Number: 100244170</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Occazio Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR subpart 483.470(j), Life Safety from Fire, and the 2000 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 and common living areas. The facility has a capacity of eight and had a census of eight at the time of this survey.</p>	K0000					

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.

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	<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 1.07.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 7 smoke detectors were installed in a location which would allow the smoke detector to function to its fullest capability. LSC 9.6.2.10.1 refers to NFPA 72 at 2-3.5.1 requires in spaces served by air handling</p>	KS053	<p>1. What corrective action will be accomplished? *</p> <p>Koorsen has been scheduled on February 29-March 1, 2012 to relocate smoke detectors in the home to a location that is at least 3 feet away from an air diffuser.2. How will we identify other residents having the potential to</p>	03/22/2012			

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	<p>systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 02/20/12 at 2:24 p.m. with the House Manager, the smoke detector installed in the ceiling of hall 1 and hall 2 next to bedroom # 3 and # 4 was within one foot of an air supply vent. Based on interview on 02/20/12 at 2:27 p.m. with the House Manager, it was agreed the smoke detector was within one foot of an air supply vent and would be adversely affected because of its distance from an air diffuser.</p> <p>This deficiency was cited on 01/18/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>be affected by the same deficient practice and what corrective action will be taken? * All clients would have the potential to be affected.3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? *</p> <p>Residential Coordinator will monitor * Director of Residential Services will monitor * Maintenance Coordinator will monitor4. How will the corrective action be monitored to ensure the deficient practice will not recur? *</p> <p>Residential Coordinator will monitor * Director of Residential Services will monitor * Maintenance Coordinator will monitor * Area Residential Coordinator will monitor5. What is the date by which the systemic changes will be completed? *</p> <p>March 22, 2012</p>		