

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G239	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/15/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S 14TH ST NEW CASTLE, IN 47362
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/15/14</p> <p>Facility Number: 000762 Provider Number: 15G239 AIM Number: 100234890</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code 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 fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. 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</p>	K010000		

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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K01S014	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.48.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/19/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 12 rooms was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 05/15/14 at</p>	K01S014	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Maintenance has been contacted about replacing dry wall within a 2 foot circular area of dry wall around the exhaust vent in the laundry room. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety 	06/14/2014

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	10:20 a.m. with the maintenance supervisor, the laundry room, located in the client sleeping room corridor, had a six inch circular area of drywall missing around the exhaust vent and a two foot circular area around the exhaust vent where the drywall was visibly stained from water damage. This was verified by the maintenance supervisor at the time of observation and acknowledged at the exit conference on 02/05/14 at 11:15 a.m.		<p>Assessments will be conducted to ensure group home meets safety standards.</p> <ul style="list-style-type: none"> Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. Maintenance has been contacted about replacing dry wall within a 2 foot circular area of dry wall around the exhaust vent in the laundry room. Staff will be retrained on reporting subpar equipment, including household fixtures. Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the</p>		

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			<p>deficient practice does not recur:</p> <ul style="list-style-type: none"> · Maintenance has been contacted about replacing dry wall within a 2 foot circular area of dry wall around the exhaust vent in the laundry room. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. <p>5. What is the date by which the systemic changes will be completed?</p> <p>6/14/14</p>		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: 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, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability 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, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>			

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observations and interview, the facility failed to ensure 4 of 12 rooms were provided with sprinkler heads free of paint or corrosion. 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 05/15/14 from 9:40 a.m. to 11:15 a.m. with the maintenance supervisor, the bedroom # 3 sprinkler, the bathroom # 2 sprinkler and bathroom # 1 sprinkler were completely covered in</p>	K01S056	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Maintenance has been contacted about replacing sprinkler heads in bedrooms # 1 ,2 , and 3 due to corrosion and kitchen and food pantry due to presence of paint. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. 	06/14/2014

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	green corrosion. Furthermore, the kitchen sprinkler by the food pantry was completely covered in brown paint. This was verified by the maintenance supervisor at the time of observations and acknowledged at the exit conference on 05/15/14 at 11:15 a.m.		<ul style="list-style-type: none"> · Maintenance has been contacted about replacing sprinkler heads in bedrooms # 1 ,2 , and 3 due to corrosion and kitchen and food pantry due to presence of paint. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. <p>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> <ul style="list-style-type: none"> · Maintenance has been contacted about replacing sprinkler heads in bedrooms # 1 ,2 , and 3 due to corrosion and kitchen and food pantry due to presence of paint. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. 	

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			<p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Home manager will evaluate home, monthly, to ensure group home meets safety standards and any maintenance issues will be reported to Maintenance. · Program Director will evaluate home, when on the premises. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards <p>5. What is the date by which the systemic changes will be completed?</p> <p>6/14/14</p>		