

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G567	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11 GLORIA DR TRAFALGAR, IN 46181
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K 0000 Bldg. 01	<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: 10/28/15</p> <p>Facility Number: 001081 Provider Number: 15G567 AIM Number: 100239920</p> <p>At this Life Safety Code survey, REM Occazio LLC 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 sprinklered. The facility has a fire alarm system with manual fire alarm boxes, sprinkler system flow switches and alarms hard wired to the fire alarm system. The facility has interconnected smoke detectors powered from the building electrical system installed in corridors and in all common living areas. The facility has a capacity of 8 and had a</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 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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K S056 Bldg. 01	<p>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 0.6</p> <p>Quality Review on 11/10/15 - DA</p> <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</p>			

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	<p>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> <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</p>			

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	<p>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> <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>			

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	<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 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.</p> <p>1. Based on record review and interview, the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the</p>	K S056	<p>What corrective action will be accomplished for these residents found to have been affected by the deficient practice: · Sprinkler inspections will be scheduled with Koorsen Fire and Security on a quarterly basis. · Koorsen Fire and Security has been contacted to schedule Sprinkler Inspection. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: · All residents have the potential to be affected by this deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur:</p>	11/27/2015

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	<p>inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Systems Service" documentation dated 01/27/15 with the Program Director during record review from 1:10 p.m. to 1:40 p.m. on 10/28/15, "Water flow switch stuck in piping. It goes into alarm only if done by hand. Will not alarm running water @ ITV" was stated in the comments section of the aforementioned documentation. Based on interview at the time of record review, the Program Director stated she did not know if the water flow switch had been repaired or replaced and acknowledged there was no documentation available for review to verify the water flow switch had been repaired or replaced on or after 01/27/15.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure sprinkler waterflow alarm devices were tested for 3 of 4 quarters. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5</p>		<ul style="list-style-type: none"> · Program Coordinator will track Sprinkler Inspections to ensure that they are done quarterly. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: <ul style="list-style-type: none"> · Tracking Device will be developed to ensure inspections are done quarterly. · Program Director will review tracking device monthly to ensure that inspections are done in a timely manner. What is the date by which the systemic changes will be completed: <ul style="list-style-type: none"> · November 27, 2015 ADDENDUM What corrective action will be accomplished for these residents found to have been affected by the deficient practice: <ul style="list-style-type: none"> · Sprinkler inspections will be scheduled with Koorsen Fire and Security on a quarterly basis. · Koorsen Fire and Security has been contacted to schedule Sprinkler Inspection. · Spare sprinkler provided and placed in identified location. · Water flow switch repaired/replaced by Koorsen's. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: <ul style="list-style-type: none"> · All residents have the potential to be affected by this deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the 	

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	<p>refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices, including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Sprinkler Inspection Report" documentation with the Program Director during record review from 1:10 p.m. to 1:40 p.m. on 10/28/15, the only documented quarterly sprinkler system inspection of waterflow alarm devices within the most recent twelve month period was for the first quarter of 2015 on 01/27/15. No other written documentation of sprinkler systems inspections of waterflow alarm devices performed in the most recent twelve month period was available for review. Based on observation with the Program Director during a tour of the facility from 1:40 p.m. to 1:55 p.m. on 10/28/15, Koorsen Fire & Security had affixed a hanging tag to the sprinkler system riser which indicated the only documented</p>		<p>deficient practices does not recur:</p> <ul style="list-style-type: none"> · Program Coordinator will track Sprinkler Inspections to ensure that they are done quarterly. · Koorsen's will ensure that spare sprinklers are available and document on inspection that they are available. · Program Coordinator will be present at the time of inspection. · Program Coordinator will check paperwork to ensure that Koorsen's has checked on spare sprinklers availability. · Program Coordinator will check paperwork to ensure that any repairs or replacements of parts are addressed. <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <ul style="list-style-type: none"> · Tracking Device will be developed to ensure inspections are done quarterly. · Program Director will review tracking device monthly to ensure that inspections are done in a timely manner. · Program Coordinator will forward inspection documentation to Program Director and Area Director for review. · Program Director and Area Director will review documentation at time of receipt. · Program Director and Area Director will review inspection documentation and ensure that 				

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	<p>quarterly sprinkler system inspection of waterflow alarm devices was for the first quarter of 2015 on 01/27/15. Based on interview at the time of record review and of the observation, the Program Director stated additional sprinkler system inspections of waterflow alarm devices within the most recent twelve month period was not available for review and acknowledged the only documented sprinkler system inspection of waterflow alarm devices available for review was performed on 01/27/15.</p> <p>3. Based on observation and interview, the facility failed to keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet. LSC 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-4.1.4 states a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not</p>		<p>follow-up of repairs are completed. What is the date by which the systemic changes will be completed:</p> <ul style="list-style-type: none"> November 27, 2015 				

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K S152 Bldg. 01	<p>be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Program Director during a tour of the facility from 1:40 p.m. to 1:55 p.m. on 10/28/15, sidewall sprinklers were installed throughout the facility in addition to pendant sprinklers and one spare sidewall sprinkler was noted on the premises in the spare sprinkler cabinet at the sprinkler system riser room. Based on interview at the time of observation, the Program Director acknowledged a minimum of two spare sidewall sprinklers representative of the types of installed sprinklers was not provided on the premises in the spare sprinkler cabinet.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p>						

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	<p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the third shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Program Director from 1:10 p.m. to 1:40 p.m. on 10/28/15, documentation of a fire drill conducted on the third shift in the third quarter (July, August, September) of 2015 was not available for review. Based on interview at the time of record review, the Program Director acknowledged documentation a fire drill conducted on the third shift in the third quarter of 2015</p>	K S152	<p>What corrective action will be accomplished for these residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> · Third shift drill completed for missing drill. <p>How will you 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 this deficient practice. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur:</p> <ul style="list-style-type: none"> · Program Coordinator provided with a tracking form to ensure drills are done in accordance with federal guidelines. <p>How will the corrective actions be</p>	11/27/2015

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	was not available for review.		monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: · Area Director and Program Director will review drills monthly to ensure drills are being properly run. What is the date by which the systemic changes will be completed: November 27, 2015		