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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G488 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> 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 38 RYAN 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: 001002 Provider Number: 15G488 AIM Number: 100245020</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 | | |
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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 0130 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 0.3</p> <p>Quality Review on 11/10/15 - DA</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 2 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition, NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is</p> | K 0130 | <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"> · Inspections will be performed and documented monthly by Program Coordinator. <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"> · Fire Extinguishers will be checked monthly by Program Director to ensure that they have been inspected. | 11/27/2015 |

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| | <p>available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Program Director from 11:45 a.m. to 12:30 p.m. on 10/28/15, monthly portable fire extinguisher inspection documentation for the most recent twelve month period was not available for review. Based on observation with the Program Director during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 10/28/15, the portable fire extinguisher located in the laundry room had an affixed inspection and maintenance tag lacking documentation of monthly inspections for February through September 2015. Based on interview at the time of observation, the Program Director stated no other documentation of monthly portable fire extinguisher inspections was available for review and acknowledged documentation of monthly inspections for February through September 2015 for the aforementioned portable fire extinguisher was not available for review.</p> | | <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"> · Program Director will acknowledge on monthly checklist that inspection of fire extinguisher has been completed. · Area Director will review monthly checklist to ensure that inspection of fire extinguisher has been completed. <p>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 S051 Bldg. 01 | <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, Table 7-3.2 states all initiating devices shall be functional tested annually. 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 during</p> | K S051 | <p>What corrective action will be accomplished for these residents found to have been affected by the deficient practice: · Smoke Detector in living room area will be replaced and retested for sensitivity. 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: · Program Coordinator will review all paperwork of inspections and schedule repairs and replacements immediately following inspections. How will the corrective actions be monitored to ensure the deficient practice will</p> | 11/27/2015 |

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| | <p>record review with the Program Director from 11:45 a.m. to 12:30 p.m. on 10/28/15, documentation of the location and results of initiating device testing in the facility within the most recent twelve month period was not available for review. The aforementioned documentation stated a total of two fire alarm boxes and seven smoke alarms were located in the facility. Based on interview at the time of record review, the Program Director stated no other documentation was available for review indicating the location and results of functional testing of manual fire alarm box locations and smoke alarm locations within the most recent twelve month period. Based on observations with the Program Director during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 10/28/15, two manual fire alarm boxes and seven smoke alarms were installed in the facility.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was continuously maintained in proper operating condition. LSC 4.6.12.1 requires any device or any feature of a required fire detection and alarm system shall be continuously maintained in proper operating condition. This deficient practice could affect all clients, staff, and visitors in the facility.</p> | | <p>not recur, i.e., what quality assurance program will be put into place: · Program Coordinator will forward all inspection paperwork to Program Director and Area Director for review. · Program Coordinator will review paperwork and ensure follow-up is completed for any suggested repairs and replacement. What is the date by which the systemic changes will be completed: · November 27, 2015 ADDENDUM</p> <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"> · Smoke Detector in living room area will be replaced and retested for sensitivity. · Annual Fire alarm inspection was completed in 1/2015, and paperwork was not present in home. · Paperwork obtained from Koorsen's with details of location, type of device, type of test and pass/fail result. <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 will review all paperwork of inspections | | | | |

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| K S053 Bldg. 01 | <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Systems Service" documentation dated 01/27/15 during record review with the Program Director from 11:45 a.m. to 12:30 p.m. on 10/28/15, the living room smoke detector was listed as failing annual functional testing. No living room smoke detector repair or replace documentation on or after 01/27/15 was available for review. Based on interview at the time of record review, the Program Director acknowledged the living room smoke detector failed 01/27/15 functional testing and no smoke detector repair or replace documentation on or after 01/27/15 was available for review.</p> <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</p> | | <p>and schedule repairs and replacements immediately following inspections.</p> <ul style="list-style-type: none"> · Program Coordinator will be present in home at time of inspection. · Upon completion of inspection, Program Coordinator will obtain copy of paperwork from Koorsens. <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"> · Program Coordinator will forward all inspection paperwork to Program Director and Area Director for review. · Program Director and Area Director will review paperwork for completeness upon receipt. · Program Coordinator will review paperwork and ensure follow-up is completed for any suggested repairs and replacement. <p>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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| | <p>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 record review, observation and interview; the facility failed to ensure 1 of 7 smoke detectors were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked</p> | K S053 | <p>What corrective action will be accomplished for these residents found to have been affected by the deficient practice: · Annual assessment of systems was completed in January, 2015. · Documentation forwarded to Program Coordinator to be placed in Life Safety book in home. 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</p> | 11/27/2015 |

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| | <p>sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This</p> | | <p>make to ensure that the deficient practices does not recur:</p> <ul style="list-style-type: none"> · Program Coordinator will be present for all inspections completed by Koorsens. · At the time of inspection, Program Coordinator will request paperwork and make a copy of paperwork. 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: · At the time of inspection, Program Coordinator will forward a copy of paperwork form inspections to Program Director and Area Director. What is the date by which the systemic changes will be completed: · November 27, 2015 ADDENDUM <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"> · Annual assessment of systems was completed in January, 2015. · Documentation forwarded to Program Coordinator to be placed in Life Safety book in home. <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</p> | |

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| | <p>deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Detection Inspection Report" documentation dated 01/13/14 during record review with the Program Coordinator from 11:45 a.m. to 12:30 p.m. on 10/28/15, documentation for the living room smoke detector was listed as failing sensitivity testing with no repair or replace documentation available for review. Based on interview at the time of record review, the Program Coordinator acknowledged the living room smoke detector was listed as failing sensitivity testing with no repair or replace documentation available for review. Based on observation with the Program Coordinator during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 10/28/15, seven Gentex Corporation single station smoke detectors were installed in the facility. Based on Internet review of Gentex Corporation single station smoke detector Owner's/User's Information Manual, sensitivity testing shall be conducted by turning the test knob to the Test 2 position. Sensitivity testing frequency and record keeping shall be in accordance with NFPA 72.</p> | | <p>deficient practices does not recur:</p> <ul style="list-style-type: none"> · Program Coordinator will review all paperwork of inspections and schedule repairs and replacements immediately following inspections. · Program Coordinator will be present in home at time of inspection. · Upon completion of inspection, Program Coordinator will obtain copy of paperwork from Koorsens. <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"> · Program Coordinator will forward all inspection paperwork to Program Director and Area Director for review. · Program Director and Area Director will review paperwork for completeness upon receipt. · Program Coordinator will review paperwork and ensure follow-up is completed for any suggested repairs and replacement. <p>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 S056 Bldg. 01 | <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT 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</p> | | | |

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| | <p>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</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 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</p> | | | |

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| NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 38 RYAN DR TRAFALGAR, IN 46181 |
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| (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 |
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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>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</p> | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G488 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 10/28/2015 | |
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| | <p>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, 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 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 11:45 a.m. to</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: · 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: · Tracking Device</p> | 11/27/2015 | | | |

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| | <p>12:30 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 system 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 12:30 p.m. to 1:00 p.m. on 10/28/15, Koorsen Fire & Security had affixed a hanging tag to the sprinkler system riser which indicated the only documented 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>2. 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</p> | | <p>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: November 27, 2015 ADDENDUM</p> <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"> · 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. <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 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 | | |

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| | <p>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 be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Program Director during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 10/28/15, sidewall sprinklers were installed throughout the facility in addition to pendant sprinklers and no spare sidewall sprinklers were 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</p> | | <p>present at the time of inspection.</p> <ul style="list-style-type: none"> · Program Coordinator will check paperwork to ensure that Koorsen's has checked on spare sprinklers availability. <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. <p>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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| | two spare sidewall sprinklers representative of the types of installed sprinklers was not provided on the premises in the spare sprinkler cabinet. | | | | |