STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCCAZIO INC	568 YORKTOWN RD GREENWOOD, IN 46142

(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	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 09/21/12 Facility Number: 000840 Provider Number: 15G322 AIM Number: 100244010 Surveyor: Phillip Komsiski, Life Safety Code Specialist 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. 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. Calculation of the Evacuation Difficulty	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/28/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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KS051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. 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. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. Based on record review and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all clients, staff, and visitors in the facility. Findings include: Based on Fire and Security Inspections record review on 09/21/12 at 1:35 p.m. with the House Manager, the report states "nothing on fire panel is supervised, could not get a trouble. Recommend upgrade of entire fire system." Based on interview	KS051	**K0051 Life Safety Code of Standard** The facility failed to ensure 1 of 1 manual fire alarm systems was continuously in proper operating condition. **1. What corrective action will be accomplished?** · Occazio maintenance inspected the alarm system for the condition of operation on 10/11/2012. All systems were functioning correctly as required (see attached notice of inspection) · The Residential Coordinator was trained on the system and how to properly monitor and inspect it to ensure it is continuously in working order by the Maintenance Supervisor on 10/11/2012. **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?** · All clients have the potential to be affected. **3. What measures**	10/21/2012

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	on 09/21/12 at 1:40 p.m. with the House Manager, it was acknowledged the inspection report is accurate, the "System Trouble" and "Supervisory" functions do not illuminate on the fire alarm control panel and any trouble with fire alarm components could not be reported to maintenance.		**will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur?** · The group home staff will monitor while conducting routine drills monthly and communicate to their supervisor any problems immediately. · The Residential Coordinator will monitor on a regular basis during normal job duty expectations. · The Direct Support Assistant will monitor on a regular basis as part of their routine job duty expectations. · Koorsens will continue their regularly scheduled maintenance to ensure proper working order. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The group home staff will monitor while conducting routine drills monthly and communicate to their supervisor any problems immediately. · The Residential Coordinator will monitor on a regular basis during normal job duty expectations. · The Direct Support Assistant will monitor on a regular basis as part of their routine job duty expectations. · Koorsens will continue their regularly scheduled maintenance to ensure proper working order. 5. What is the date by which the systemic changes will be completed? · **October 21, 2012**	