

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 11/08/2012
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 568 YORKTOWN RD GREENWOOD, IN 46142
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 09/21/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 11/08/12</p> <p>Facility Number: 000840 Provider Number: 15G322 AIM Number: 100244010</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, common living areas with none in resident sleeping rooms. The facility has a capacity of eight and had a census of eight at the time of this visit.</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 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS051	<p>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.</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>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 that 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.</p> <p>Findings include:</p> <p>Based on Fire and Security Inspections record review on 11/08/12 at 12:35 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</p>	KS051	<p>K 0051 Life Safety Code Standard</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.4.4.1.</p> <p>· What corrective action will be accomplished?</p> <p>· A new fire panel was installed by Koorsen's Fire and Security on 11-21-12.</p> <p>· 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> <p>· All residents have the</p>	12/08/2012			

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	<p>on 11/08/12 at 12:40 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.</p> <p>This deficiency was cited on 09/21/12. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> · Koorsen's will continue to perform regularly scheduled maintenance checks on the fire safety systems within the home. · What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Koorsen's will continue to perform regularly scheduled maintenance checks on the fire safety systems within the home. · How will the corrective action be monitored to ensure the deficient practice will not recur? · Maintenance Coordinator will continue to monitor as he is in the home. · Residential Coordinator will continue to monitor as she is in the home. 		