

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G735	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/04/2016
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 S MAIN ST NEW CASTLE, IN 47362
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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: 05/04/16</p> <p>Facility Number: 005553 Provider Number: 15G735 AIM Number: 200854080</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 32, New 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, common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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 S149 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.36.</p> <p>Quality Review completed on 05/11/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 areas where smoking was permitted used safety type ashtrays or receptacles for discarded smoking materials. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 05/04/16 from 9:30 a.m. to 11:30 a.m. with the area director, the back exit outside smoking location lacked a safety type ashtray and had twenty unlit cigarette butts on the ground surface outside the back exit. The lack of an acceptable safety type ashtray or receptacle for discarded smoking material was confirmed by the area director at the exit conference on 05/04/16 at 11:30 a.m.</p>	K S149	<p>K0149 Life and SafetyCode Standard Where smoking is permitted, noncombustible safety typeashtrays or receptacles are provided in convenient locations.</p> <p>1. What corrective action will beaccomplished?</p> <ul style="list-style-type: none"> •<input type="checkbox"/>A non-combustible ash receptacle will bepurchased for all outdoor smoking areas. •<input type="checkbox"/>Program Coordinator will be retrained on ensuringash receptacles are available, per standards. •<input type="checkbox"/>Quarterly Health and Safety Assessments will beconducted to ensure group home meets safety standards. •<input type="checkbox"/>Program Director will evaluate home, monthly toensure group home meets safety standards , monthly. <p>2. How will we identify other</p>	06/03/2016

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			<p>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"> • <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice. • <input type="checkbox"/> A non-combustible ash receptacle will be purchased for all outdoor smoking areas. • <input type="checkbox"/> Program Coordinator will be retrained on ensuring ash receptacles are available, per standards. • <input type="checkbox"/> Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. • <input type="checkbox"/> Program Director will evaluate home, monthly to ensure group home meets safety standards, monthly. <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"> • <input type="checkbox"/> A non-combustible ash receptacle will be purchased for all outdoor smoking areas. • <input type="checkbox"/> Program Coordinator will be retrained on ensuring ash receptacles are available, per standards. • <input type="checkbox"/> Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. • <input type="checkbox"/> Program Director will 	

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			<p>evaluate home, monthly to ensure group home meets safety standards , monthly.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> A non-combustible ash receptacle will be purchased for all outdoor smoking areas. • <input type="checkbox"/> Program Coordinator will be retrained on ensuring ash receptacles are available, per standards. • <input type="checkbox"/> Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. • <input type="checkbox"/> Program Director will evaluate home, monthly to ensure group home meets safety standards , monthly. <p>5. What is the date by which the systemic changes will be completed? 6/3/16</p>	