

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G343	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304
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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: 07/16/15</p> <p>Facility Number: 000859 Provider Number: 15G343 AIM Number: 100244170</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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and no smoke detectors in resident rooms. The facility has a capacity of eight and had a census of eight at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 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 S051 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.54.</p> <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 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all clients, staff, and visitors in the facility.</p>	K S051	<p>K 0051 Life Safety Code Standard Exception 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 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The fire alarm inspection report for 2015 has been obtained will be available in the home for review. · The fire alarm inspection reports will be kept in the life safety book within the home. 	08/15/2015

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	<p>Findings include:</p> <p>Based on review of Fire Alarm Inspection reports on 07/16/15 at 2:55 p.m. with the House Manager, the last fire alarm inspection was done on 01/29/14. Based on interview concurrent with review with the House Manager, it was acknowledged after consulting with Central office staff, no other documentation for an annual Fire Alarm Inspection report was available for review within the past year.</p>		<ul style="list-style-type: none"> · The Program Coordinator will be trained on the expectations of ensuing that the life safety book is kept updated within the home. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Maintenance Coordinator will ensure that the fire alarm inspection reports are available at the sites for review. · The fire alarm inspections will be completed yearly. · The Program Coordinator will be trained on the expectations of ensuing that the life safety book is kept updated within the home. <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"> · All residents have the potential to be affected by the same deficient practice. · The Maintenance Coordinator will ensure that the fire alarm inspection reports are available at the sites for review. · The fire alarm inspections will be completed yearly. · The Program Coordinator will 		

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K S056 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is		<p>be trained on the expectations of ensuing that the life safety book is kept updated within the home.</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"> · Maintenance Coordinator will continue to monitor yearly. · Koorsens Fire and Security will monitor yearly. · The Program Coordinator will review the life safety book monthly to ensure that the necessary inspections and documents are present in the book. · The Program Director and Program Coordinator will review the life safety book during the quarterly health and safety reports are completed to ensure the life safety book contains the necessary inspections and documents are present in the book. · The QA department will review the life safety book during their network audits and pre-survey reviews. <p>5. What is the date by which the systemic changes will be completed? August 15th, 2015</p>		

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	<p>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 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>			

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	<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 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>			

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	<p>IMPRACTICAL</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. 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 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</p>			

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	<p>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. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was tested at least annually. 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 13, at Table A-9-1.1 Maintenance Schedule requires annual sprinkler dry pipes valve inspections as well as a Flow test and annual Antifreeze Solutions test. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Sprinkler System records on 7/16/15 at 1:15 p.m. with the House Manager the last sprinkler inspection available for review was dated 1/29/14. Based on interview concurrent with record review at 1:16 p.m., it was acknowledged by the House Manager after consulting with home office no other sprinkler inspections were available for review.</p>	K S056	<p>K 0056 Life Safety Code Standard 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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The sprinkler system inspection report for 2015 has been obtained will be available in the home for review. · The sprinkler system inspection reports will be kept in the life safety book within the home. · The Program Coordinator will be trained on the expectations of ensuing that the life safety book is kept updated within the home. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Maintenance Coordinator will ensure that the sprinkler system 	08/15/2015	

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			<p>inspection reports are available at the sites for review.</p> <ul style="list-style-type: none"> · The sprinkler system inspections will be completed yearly. · The Program Coordinator will be trained on the expectations of ensuing that the life safety book is kept updated within the home. <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"> · The Maintenance Coordinator will ensure that the sprinkler system inspection reports are available at the sites for review. · The sprinkler system inspections will be completed yearly. · The Program Coordinator will be trained on the expectations of ensuing that the life safety book is kept updated within the home. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Maintenance Coordinator will continue to monitor yearly. · Koorsens Fire and Security will monitor yearly. · The Program Coordinator will review the life safety book monthly to ensure that the necessary inspections and documents are present in the book. · The Program Director and Program Coordinator will review the life safety book during the quarterly 		

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K S152 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <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>health and safety reports are completed to ensure the life safety book contains the necessary inspections and documents are present in the book.</p> <p>The QA department will review the life safety book during their network audits and pre-survey reviews.</p> <p>5. What is the date by which the systemic changes will be completed? August 15th, 2015</p>				

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	<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 conduct fire drills on all shifts for 2 of 4 quarters for the past 12 months. This deficient practice affects all clients in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 07/16/15 at 2:00 p.m. with the House Manager, fire drill reports for the following shifts of the past year were not available for review.</p> <ol style="list-style-type: none"> 1. First and third shifts of the second quarter 2015 2. First, second and third shifts of the first quarter 2015 <p>Based on interview on 07/16/15 at 2:07 p.m. with the House Manager, it was acknowledged the fire drills for the aforementioned shifts of the first and second quarter of 2015 had not been done.</p>	K S152	<p>K 0152 Life Safety Code Standard 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> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff. · First, second and third shift drills will be completed by August 15th. · The Program Director will monitor the emergency drills monthly. <p>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?</p> <ul style="list-style-type: none"> · All residents have the 	08/15/2015	

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			<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff. · First, second and third shift drills will be completed by August 15th. · The Program Director will monitor the emergency drills monthly. · Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled. <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"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff. · First, second and third shift 	

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			<p>drills will be completed by August 15th.</p> <ul style="list-style-type: none"> · The Program Director will monitor the emergency drills monthly. · Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will monitor monthly and after each drill is to be ran to ensure completion. · The Program Director will monitor on a monthly basis and during monthly supervisory visits. · The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed. <p>5. What is the date by which the systemic changes will be completed? August 15th, 2015</p>		