

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 02/12/2016
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 568 YORKTOWN RD GREENWOOD, IN 46142
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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: 02/12/16</p> <p>Facility Number: 000840 Provider Number: 15G322 AIM Number: 100244010</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		

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>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 02/17/16 by Lex Brashear, LSC Specialist</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. 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</p>	K S051	<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</p>	03/13/2016
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K S056 Bldg. 01	<p>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 01/12/16 during record review with the Program Coordinator from 1:10 p.m. to 2:00 p.m. on 02/12/16, 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 ten smoke alarms were located in the facility. Based on interview at the time of record review, the Program Coordinator 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 observation with the Program Coordinator during a tour of the facility from 2:00 p.m. to 2:20 p.m. on 02/12/16, two manual fire alarm boxes and ten smoke alarms were installed in the facility.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p>		<p>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 be present for all inspections completed by Koorsens. · At the time of inspection, Program Coordinator will request paperwork and make a copy of paperwork. <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"> · At the time of inspection, Program Coordinator will forward a copy of paperwork form inspections to Program Director and Area Director. <p>What is the date by which the systemic changes will be completed:</p> <ul style="list-style-type: none"> · March 13, 2016 	

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	<p>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 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>						

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	<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 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</p>			

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	<p>installations in accordance with 33.2.3.5.5.</p> <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.</p> <p>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</p>			

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	<p>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. 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 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 observations with the Program</p>	K S056	<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"> Spare Sprinkler placed in spare sprinkler cabinet. <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 ensure Koorsen Fire and Security checks spare sprinkler cabinet during inspections. <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"> Koorsen's will note on inspection documentation that spare sprinklers are available in the home. <p>What is the date by which the systemic changes will be completed:</p> <ul style="list-style-type: none"> March 13, 2016 	03/13/2016

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K S152 Bldg. 01	<p>Coordinator during a tour of the facility from 2:00 p.m. to 2:20 p.m. on 02/12/16, sidewall mounted and residential sprinklers were installed throughout the facility. Only five spare sprinklers were noted on the premises in the spare sprinkler cabinet at the sprinkler system riser one of which was a sidewall mounted sprinkler. Based on interview at the time of the observations, the Program Coordinator acknowledged a minimum of six spare sprinklers representative of the types of installed sprinklers was not provided on the premises in the spare sprinkler cabinet.</p> <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</p>			
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	<p>evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <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 provide documentation of a fire drill conducted on the first shift for 2 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "ISP Data Collection" documentation during record review with the Program Coordinator from 1:10 p.m. to 2:00 p.m. on 02/12/16, documentation of a fire drill conducted on the first shift in the second quarter (April, May, June) of 2015 and the fourth quarter (October, November, December) of 2015 was not available for review. Based on offsite review of "Clinician Report" documentation received in a e-mail from the Program Coordinator on 02/15/16, documentation of a fire drill conducted during the aforementioned shifts and quarters was also not available for review. Based on interview at the time of record review, the Program Coordinator acknowledged documentation a fire drill conducted on the first shift during the</p>	K S152	<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"> All fire drills were conducted in accordance with regulations. Copy of those drills will be printed and put in life safety book 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"> Training with Program Coordinator regarding expectations of having documentation available in the house. <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 check Life Safety book monthly to ensure that all drills have been put into book. 	03/13/2016

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	second and fourth quarters of 2015 was not available for review.		What is the date by which the systemic changes will be completed: · March 13, 2016		