

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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(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
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: 08/13/15</p> <p>Facility Number: 000771 Provider Number: 15G251 AIM Number: 100243430</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 seven at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 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 S152 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.8.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) 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>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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>(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.</p>			

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	<p>Based on record review and interview, the facility failed to conduct fire drills on all shifts for 1 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 08/13/15 at 2:00 p.m. with the House Manager, the first shift of the first quarter of 2015 had not been done. Based on interview on 08/13/15 at 2:07 p.m. with the House Manager, it was acknowledged the aforementioned shift of the first quarter of 2015 had not been done.</p>	K S152	<p>K0152 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 - (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. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. (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.</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 	09/12/2015	

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			<p>for the appropriate time period will be reviewed with staff.</p> <ul style="list-style-type: none"> · A day shift will be completed by September 12th. · 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 potential to be affected by the same deficient practice. · 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. · A day shift will be completed by September 12th. · 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</p>	

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			<p>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. · A day shift will be completed by September 12th. · 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 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? September 12th, 2015</p>	