

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G316	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 373 S BALDWIN ST BARGERSVILLE, IN 46106
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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: 10/28/15</p> <p>Facility Number: 000834 Provider Number: 15G316 AIM Number: 100243980</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		
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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>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 11/10/15 - DA</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 deficient practice could affect all clients,</p>	K S051	<p>What corrective action will be accomplished for these residents found to have been affected by the deficient practice: · Annual assessment of systems was completed in January, 2015. · Documentation forwarded to Program Coordinator to be placed in Life Safety book in home. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: · All residents have the potential to be affected by this</p>	11/27/2015

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	<p>staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Systems Service" documentation dated 01/27/15 during record review with the Program Coordinator from 10:30 a.m. to 11:15 a.m. on 10/28/15, 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 eight 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 11:15 a.m. to 11:30 a.m. on 10/28/15, two manual fire alarm boxes and eight smoke alarms were installed in the facility.</p>		<p>deficient practice. 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. 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: · At the time of inspection, Program Coordinator will forward a copy of paperwork form inspections to Program Director and Area Director. What is the date by which the systemic changes will be completed: · November 27, 2015 <p>ADDENDUM:</p> <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"> · Smoke Detector in living room area will be replaced and retested for sensitivity. · Annual Fire alarm inspection was completed in 1/2015, and paperwork was not present in home. · Paperwork obtained from Koorsen's with details of location, type of device, type of test and pass/fail result. <p>How will you identify other residents having the potential to be affected</p>		

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			<p>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 review all paperwork of inspections and schedule repairs and replacements immediately following inspections. · Program Coordinator will be present in home at time of inspection. · Upon completion of inspection, Program Coordinator will obtain copy of paperwork from Koorsens. <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 Coordinator will forward all inspection paperwork to Program Director and Area Director for review. · Program Director and Area Director will review paperwork for completeness upon receipt. · Program Coordinator will review paperwork and ensure follow-up is completed for any suggested repairs and replacement. <p>What is the date by which the systemic changes will be completed:</p> <ul style="list-style-type: none"> · November 27, 2015 	

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K S053 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review, observation and interview; the facility failed to ensure 8 of 8 smoke detectors were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at</p>	K S053	What corrective action will be accomplished for these residents found to have been affected by the deficient practice: · Annual assessment of systems was completed in January, 2015. · Documentation forwarded to	11/27/2015

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	7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods: (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having		Program Coordinator to be placed in Life Safety book in home. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: · All residents have the potential to be affected by this deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practices does not recur: · 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. 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: · At the time of inspection, Program Coordinator will forward a copy of paperwork form inspections to Program Director and Area Director. What is the date by which the systemic changes will be completed: · November 27, 2015 ADDENDUM What corrective action will be accomplished for these residents found to have been affected by the deficient practice: · Annual assessment of systems was completed in January, 2015. · Documentation forwarded to Program Coordinator to be placed in Life Safety book in home.				

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	<p>jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This 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 01/27/15 during record review with the Program Coordinator from 10:30 a.m. to 11:15 a.m. on 10/28/15, documentation of smoke detector sensitivity testing within the most recent two year period was not available for review. The aforementioned documentation stated eight smoke detectors were located in the facility and functional tested on 01/27/15. Based on interview at the time of record review, the Program Coordinator acknowledged written smoke detector sensitivity documentation for the most recent two year period was not available for review. Based on observation with the Program Coordinator during a tour of the facility from 11:15 a.m. to 11:30 a.m.</p>		<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 review all paperwork of inspections and schedule repairs and replacements immediately following inspections. · Program Coordinator will be present in home at time of inspection. · Upon completion of inspection, Program Coordinator will obtain copy of paperwork from Koorsens. <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 Coordinator will forward all inspection paperwork to Program Director and Area Director for review. · Program Director and Area Director will review paperwork for completeness upon receipt. · Program Coordinator will review paperwork and ensure follow-up is completed for any suggested repairs and replacement. <p>What is the date by which the</p>	
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	on 10/28/15, eight Gentex Corporation single station smoke detectors were installed in the facility. Based on Internet review of Gentex Corporation single station smoke detector Owner's/User's Information Manual, sensitivity testing shall be conducted by turning the test knob to the Test 2 position. Sensitivity testing frequency and record keeping shall be in accordance with NFPA 72.		systemic changes will be completed: · November 27, 2015		