STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G353	A. BUILDING -- B. WING	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
REM OCCAZIO LLC	1012 PARKWAY DR ANDERSON, IN 46012

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 10/09/24 Facility Number: 000869 Provider Number: 15G353 AIM Number: 100244230 At this Emergency Preparedness survey, Rem Occazio Llc was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 8 certified beds. At the time of the survey, the census was 8. Quality Review completed on 10/11/24	E 0000		
E 0039 Bldg. --	403.748(d)(2), 416.54(d)(2), 418.113(d)(EP Testing Requirements Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least twice per year. The ICF/IID facility must do all of the following: (i) Participate in an annual full-scale exercise that is community-based; or a. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. b. If the ICF/IID facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID facility is exempt from engaging its next required	E 0039	Staff and Program Supervisor will be trained on updated emergency preparedness plan. Program Supervisor will ensure annual drills are completed, each year, executing the emergency preparedness plan. Program Supervisor will complete the drills and training schedule, per Mentor protocol Program Director will monitor training and execution of drills. Two emergency	11/08/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Monica	Baty	10/27/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	full-scale community-based or individual, facility-based full-scale functional exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: a. A second full-scale exercise that is community-based or an individual, facility-based functional exercise. b. A mock disaster drill; or c. A tabletop exercise or workshop that is led by a facilitator that includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID facility's emergency plan, as needed in accordance with 42 CFR 483.475(d)(2). This deficient practice could affect all occupants. Findings include: Based on record review and interview with the House Manager (HM) between 9:50 a.m. and 11:00 a.m. on 10/09/24, the facility lacked documentation of an actual emergency; a required full-scale exercise; and a second exercise of choice during the past year. Based on interviews at the time of record review, the HM stated that she didn't believe the exercises were conducted. This finding was acknowledged by the HM at the time of discovery and again at the exit conference.		preparedness exercises will be completed by 11-8-24.	
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was	K 0000		

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	conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 10/09/24 Facility Number: 000869 Provider Number: 15G353 AIM Number: 100244230 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 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one-story facility was sprinkled. The facility has a fire alarm system with smoke detection in the corridors common living areas, and hard-wired smoke detectors in client sleeping rooms. The attic was not used for living purposes, storage or fuel-fired equipment and was provided with a heat detection system to activate the fire alarm system. The facility has a capacity of 8 and had a census of 8 at the time of this survey. 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 0.72. Quality Review completed on 10/11/24			
K S351 Bldg. 01	NFPA 101 Sprinkler System - Installation Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 mechanical room in accordance with NFPA 13,	K S351	The circular hole in the furnace room ceiling will be repaired.	11/08/2024

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	Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect 2 consumers. Findings include: Based on observation and interview with the House Manager (HM) between 11:00 a.m. and 12:05 p.m. on 10/09/24, the furnace room, which was sprinklered, had a circular hole approximately 8-10 inches. The HM stated that some pipes and equipment had been replaced but the ceiling had not been patched. This finding was acknowledged by the HM at the time of discovery and again at the exit conference.		The Program Supervisor will ensure that holes in the ceiling are reported so they can be repaired. The Program Supervisor and/or Program Director will complete monthly observations to ensure that holes are not present in the ceilings. Koorsens will monitor when they complete their inspections. The Program Supervisor and/or Program Director will complete quarterly health and safety forms that monitor the safety needs of the home.	
K S511 Bldg. 01	NFPA 101 Utilities - Gas and Electric Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords was not used as a substitute for fixed wiring according to 33.2.5.1. LSC 33.2.5.1 states utilities shall comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all occupants. Findings include: Based on observation and interview with the House Manager (HM) between 11:00 a.m. and	K S511	The multi-plug adapter has been removed from the electronic equipment in the living room. The Program Supervisor and Program Director will monitor as they complete their observations in the home. Quarterly Health and Safety assessments will be completed quarterly by the Program Supervisor or Program Director to ensure that there are no environmental concerns in the home and that safety needs are being addressed.	11/08/2024

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	12:05 p.m. on 10/09/24, in the main living area, a multiplug adaptor was in use and powering electronic equipment. The HM removed the adapter during the survey. This finding was acknowledged by the HM at the time of discovery and again at the exit conference.			
K S712 Bldg. 01	NFPA 101 Fire Drills Based on record review and interview, the facility failed to conduct quarterly shift fire drills in accordance with 42 CFR 483.470(i), which states the following: (1) The facility must hold 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 fire protection features. Findings include: Based on record review and interview with the House Manager (HM) between 9:50 a.m. and 11:00 a.m. on 10/09/24, the facility could not provide fire drills for the 1 of 12 required fire drills. The 2nd shift, 1st quarter drill was missing from the documentation provided. Based on interviews at the time of record review, the HM agreed the drill the period previously mentioned was not conducted. This finding was acknowledged by the HM at the time of discovery and again at the exit conference.	K S712	Additional drills for each shift of personnel will be completed (1st, 2nd and 3rd shift drills). A schedule identifying when each emergency drill should be ran with unpredictable days has been implemented. The Program Supervisor 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. The staff will have training on the current fire plan, their current duties, life safety procedures, and the fire protection devises in their assigned area. The Program Supervisor will monitor monthly and after each drill is to be ran to ensure completion. The Program Supervisor will conduct training for the staff on the current fire plan, their current duties, life safety procedures, and the fire protection devises in their	11/08/2024

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			assigned area. 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.	