

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G322	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 568 YORKTOWN RD GREENWOOD, IN 46142		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 08/22/24</p> <p>Facility Number: 000840 Provider Number: 15G322 AIM Number: 100244010</p> <p>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.</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 08/23/24</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>	E 0000		
E 0037 Bldg. --	<p>403.748(d)(1), 416.54(d)(1), 418.113(d) EP Training Program</p> <p>Based on record review and interview, the facility failed to ensure the emergency preparedness training and testing program includes a training program. The ICF/IID facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency</p>	E 0037	<p>E037 – EP Training Program Direct Support Staff trained on EP Plan New hires will be trained on EP Plan during in-house orientation. All staff will be retrained on EP plan annually and upon any revisions to the plan.</p>	09/22/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tracy Price

Area Director

09/16/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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E 0039 Bldg. --	<p>preparedness training at least every two years;</p> <p>(iii) Maintain documentation of the training; (iv)</p> <p>Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.475(d)</p> <p>(1). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of "Emergency Preparedness - Response Plan" documentation dated January 2024 and "S.A.F.E. Program" documentation dated 11/14/23 with the Area Director during record review from 1:00 p.m. to 2:10 p.m. on 08/22/24, the emergency preparedness plan did not include staff training and testing on the emergency preparedness plan within the most recent two year period. Based on interview at the time of record review, the Area Director stated staff receive training on computer in Relias but could not retrieve the training documentation at the time of the survey and agreed a training and testing program which documented staff training on all emergency preparedness policies and procedures within the most recent two year period was not available for review.</p> <p>These findings were reviewed with the Area Director during the exit conference.</p> <p>403.748(d)(2), 416.54(d)(2), 418.113(d)(EP Testing Requirements</p> <p>Based on record review and interview, the facility failed to conduct a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based to test the emergency plan on an annual basis using the emergency procedures.</p> <p>The ICF/IID facility must do all of the following: (i)</p>	E 0039	<p>Program Supervisor will complete training on plan annually.</p> <p>Program Director will review trainings to ensure training occurs for new-hire and annually.</p> <p>Area Director will conduct random reviews of employee files to ensure documentation of training is available in employee file.</p>	09/22/2024

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	<p>participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the ICF/IID facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IIC facility is exempt from engaging in a community-based or individual, facility-based full-scale 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 individual, facility-based. (B) a tabletop exercise 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.</p> <p>Findings include:</p> <p>Based on review of "Emergency Preparedness - Response Plan" documentation dated January 2024 and "S.A.F.E. Program" documentation dated 11/14/23 with the Area Director during record review from 1:00 p.m. to 2:10 p.m. on 08/22/24, documentation of a community based disaster drill was not available for review. Documentation of a facility based emergency preparedness exercise or an actual occurrence to test emergency preparedness policies and procedures was also not available for review. Two table top exercises conducted on 01/10/24 and 06/09/24 was available</p>		<p>Community Based-Drill completed.</p> <p>Program Director will monitor drills monthly to ensure that all drills are completed per schedule.</p> <p>Area Director will monitor during site visits to ensure that all drills are completed per schedule.</p>	

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K 0000 Bldg. 01	<p>for review but no additional emergency preparedness exercise documentation was available for review. Based on interview at the time of record review, the Area Director stated clients recently experienced an actual natural emergency due to Covid-19 but documentation on emergency procedures followed and the results which followed was not available for review and agreed the facility has not conducted a community based disaster drill or conducted a functional exercise within the most recent twelve month period and agreed additional testing documentation was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Area Director during the exit conference.</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/22/24</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 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p>	K 0000		

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K S712 Bldg. 01	<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 heat detection in the attic. The facility has a capacity of 8 and had a census of 7 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 0.2.</p> <p>Quality Review completed on 08/23/24</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Area Director during record review from 1:00 p.m. to 2:10 p.m. on 08/22/24, documentation of a fire drill conducted on the first shift in the third quarter (July, August, September) 2023 was not available for review.</p> <p>Based on interview at the time of record review, the Area Director stated the facility operates three shifts per day, additional fire drill documentation was not available for review and agreed documentation of a fire drill conducted on the first</p>	K S712	<p>K0712 – Fire Drills</p> <p>Program Supervisor trained on regulations regarding fire drills.</p> <p>Program Supervisor provided with drill schedule for the year and tracking sheet for drills.</p> <p>Program Director will monitor monthly to ensure that drills are completed in accordance with schedule.</p> <p>Area Director will monitor during site visits to ensure that drills are completed.</p>	09/22/2024

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	shift in the third quarter 2023 was not available for review. These findings were reviewed with the Area Director during the exit conference.			