

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 23 SKYVIEW DR CHESTERFIELD, IN 46017		
(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: 11/14/24</p> <p>Facility Number: 000809 Provider Number: 15G290 AIM Number: 100243730</p> <p>At this Emergency Preparedness survey, REM Occazio LLC was found 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 beds are certified for Medicaid. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 11/15/24</p>	E 0000		
K 0000 Bldg. 01	<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: 11/14/24</p> <p>Facility Number: 000809 Provider Number: 15G290 AIM Number: 100243730</p> <p>At this Life Safety Code survey, REM Occazio LLC was found not in compliance with</p>	K 0000		

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

TITLE

(X6) DATE

Misty Marrs

Area Director

11/29/2024

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 23 SKYVIEW DR CHESTERFIELD, IN 46017		
(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
K S353 Bldg. 01	<p>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> <p>This one story facility was fully sprinklered. This facility has a fire alarm system with battery operated smoke detectors in client sleeping rooms, the corridors, and common living areas with heat detection in the attic. The facility has a capacity of 8 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of .12</p> <p>Quality Review completed on 11/15/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review, observation, and interview, the facility failed to maintain monthly sprinkler systems inspection documentation for 6 of 12 months in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance</p>	K S353	<p>Koorsens inspections will be kept in the safety book in the home.</p> <p>Program Supervisor and Koorsens will ensure that the sprinkler heads are not loaded with foreign material.</p> <p>Program Supervisor will keep monthly checks in the home.</p> <p>The Program Supervisor will ensure the correct documentation is in the safety book and kept in the home.</p> <p>The Program Director will ensure that checks are being</p>	12/27/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 23 SKYVIEW DR CHESTERFIELD, IN 46017		
(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
K S712 Bldg. 01	<p>with applicable NFPA standards shall be permitted to be inspected monthly. Section 3.3.18 states an inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operating condition and is free of physical damage. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review and interview with the Program Supervisor on 11/14/24 between 12:05 p.m. and 1:05 p.m., there was no documentation of a monthly gauge and valve checks for the months of January through June of 2024. Based on an interview at the time of records review, the Program Supervisor stated not all monthly sprinkler gauge and valve checks were conducted.</p> <p>This finding was reviewed with the Program Supervisor at the exit conference.</p>	K S712	<p>documented appropriately and kept in the safety book during the supervisory visits</p> <p>The Program Supervisor will ensure that the checks are completed.</p> <p>The Program Supervisor and/or Program Director will complete quarterly health and safety forms that monitor the safety needs of the home.</p>	12/27/2024
	<p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct evacuation/fire drills at least quarterly for each shift of personnel and under varied conditions for 10 of 12 shifts. This deficient practice affects all staff and clients.</p> <p>Findings include:</p> <p>Based on records review with the Program Supervisor on 11/14/24 at 12:45 p.m., the following shifts were missing fire drills:</p> <p>a) There was no documentation of third shift fire drill in the first quarter of 2024.</p> <p>b) There was no documentation of any shift fire drill in the second quarter of 2023.</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G290	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 23 SKYVIEW DR CHESTERFIELD, IN 46017		
(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
	<p>Based on interview at the time of record review, the Program Supervisor stated they could not provide documentation of any of the missing fire drills.</p> <p>Findings were reviewed with the Program Supervisor at the exit conference.</p>		<p>period will be reviewed with staff.</p> <p>The Program Supervisor will monitor monthly and after each drill is to be ran to ensure completion.</p> <p>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 assigned area.</p> <p>The Program Director will monitor on a monthly basis and during monthly supervisory visits.</p> <p>The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed.</p>	