

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/25/2017
NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012		
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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: 07/25/17</p> <p>Facility Number: 000869 Provider Number: 15G353 AIM Number: 100244230</p> <p>At this Life Safety Code survey, Rem-Occazio Inc. 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> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and none in resident sleeping rooms. The facility has a capacity of 8 and had a census of 5 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 S353  Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.32.</p> <p>Quality Review completed on 07/28/17 - DA</p> <p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System – Maintenance and Testing</p> <p>2012 EXISTING (Prompt)</p> <p>NFPA 13 and 13R Systems</p> <p>All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> </ol>			

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	<p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided.  B. Show who provided the service.  C. Note the source of the water supply for the automatic sprinkler system.</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview,</p>	K S353	<b>K 0353 NFPA 101 Sprinkler System- Maintenance and</b>	08/24/2017

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	<p>the facility failed to ensure 1 of 1 sprinkler systems were tested and inspected in accordance with NFPA25. NFPA 25, 5.2.6 requires water flow alarm devices to be inspected quarterly and 5.3.3.2 which states Vane-type and pressure switch-type water flow alarm devices shall be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Area Director on 07/25/16 at 1:15 p.m., the last two sprinkler water flow tests available for review were dated 3/1/17 and 1/28/16 leaving more than a one year gap between water flow sprinkler tests. Based on observation during a tour of the home at 1:30 p.m., the home is equipped with a vane-type water flow alarm, therefore the system requires semiannual tests. Based on an interview at the time of record review, the Area Director confirmed there was more than a one year gap between tests.</p>		<p><b>Testing</b></p> <p><b>All sprinkler systems installed in accordance with NFPA 13, standars for the installation of sprinkler systems, and NFPA 13R, standard for the installation of sprinkler systems in residential occupancies up to and including four stories in eheight, are inspected, tested and maintained in accordance with NFPA 25, standard for inspection, tesing and maintenance of water based fire protection system.</b></p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>·Koorsen's will complete a sprinkler system inspection of the waterflow alarm devices on a semiannual basis.</li> <li>·The next sprinkler system inspection is due on September 1st, 2017 (based off of the one that was already completed on March 1st, 2017).</li> </ul> <p><b>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p>	

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			<ul style="list-style-type: none"> <li>·All residents have the potential to be affected by the same deficient practice.</li> <li>·Koorsen's will complete sprinkler system inspections of the waterflow alarm devices as recommended by the NFPA and life safety code standards.</li> <li>·The next sprinkler system inspection is due on September 1st, 2017 (based off of the one that was already completed on March 1st, 2017).</li>   <b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b>   <li>·Koorsen's will complete sprinkler system inspections of the waterflow alarm devices as recommended by the NFPA and life safety code standards.</li> <li>·The next sprinkler system inspection is due on September 1st, 2017 (based off of the one that was already completed on March 1st, 2017).</li>   <b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b>   <li>·The Program Coordinator will</li> </ul>	

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K S363  Bldg. 01	<p>NFPA 101</p> <p>Corridor - Doors</p> <p>Corridor – Doors</p> <p>2012 EXISTING (Prompt)</p> <p>Doors shall meet all of the following requirements:</p> <ul style="list-style-type: none"> <li>1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed.</li> <li>2. No doors shall be arranged to prevent the occupant from closing the door.</li> <li>3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5.</li> <li>33.2.3.6.4</li> </ul> <p>Based on observation and interview, the facility failed to ensure 1 of 4 clients sleeping rooms were provided with a door which would latch securely in the door frame. This deficient practice could affect 1 of 5 clients.</p> <p>Findings include:</p>	K S363	<p>ensure that the inspections are completed.</p> <p>·Koorsen's Fire and Security will monitor.</p> <p><b>1.What is the date by which the systemic changes will be completed?</b> August 24th, 2017</p> <p><b>K 0363 NFPA 101 Corridor – Doors</b></p> <p><b>Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the</b></p>	08/24/2017

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	<p>Based on observation during a tour of the facility with the Area Supervisor on 07/25/17 at 1:40 p.m., the door of bedroom number four would not latch into the frame due to damage to the door frame. Based on interview, this was acknowledged by the Area Supervisor at the time of observation.</p>		<p><b>occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5.</b></p> <p><b>1.What corrective action will be accomplished?</b></p> <p>·The door on bedroom #4 will be repaired.</p> <p><b>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>·All residents have the potential to be affected by the same deficient practice.</p> <p>·All bedroom doors in the home will be checked to ensure that they latch properly.</p> <p>·A review of maintenance needs for the home will be completed and identified concerns will be addressed.</p> <p><b>1.What measures will be put</b></p>	

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			<p><b>into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>·All bedroom doors in the home will be checked to ensure that they latch properly.</p> <p>·A review of maintenance needs for the home will be completed and identified concerns will be addressed.</p> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <p>·The Program Coordinator will complete monthly maintenance inspections on the home and forward to the Program Coordinator for review.</p> <p>·The maintenance needs of the home will be addressed as they arise.</p> <p>·Quarterly Health and Safety inspections will be completed by the PD or the PC and forwarded to the QI department to ensure there are no safety concerns.</p> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>August 24th, 2017</p>	

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K S712  Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> <li>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</li> </ul> <p>2. The facility must:</p> <ul style="list-style-type: none"> <li>a. Actually evacuate clients during at least one drill each year on each shift;</li> <li>b. Make special provisions for the evacuation of clients with physical disabilities;</li> <li>c. File a report and evaluation on each drill;</li> <li>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</li> <li>e. 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.</li> </ul> <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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 4 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K S712	<p><b>K 0712 NFPA 101 Fire Drills</b></p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions.</p> <p><b>1.What corrective action will</b></p>	08/24/2017

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	<p>Based on record review of the "Fire Drill Report" with Area Director on 07/25/17 at 1:10 p.m., documentation for the following drills were not available for review:</p> <ul style="list-style-type: none"> <li>a) A first shift and third shift drills for the first quarter of 2017</li> <li>b) A third shift drill for the second quarter of 2017</li> <li>c) A first shift drill for the third quarter of 2016</li> <li>d) A first shift and third shift drills for the fourth quarter of 2016</li> </ul> <p>Based on an interview at the time of record review, the Area Director was unable to confirm these fire drill were conducted.</p>		<p><b>be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Additional drills for each shift of personnel will be completed (1st, 2nd and 3rd shift drills).</li> <li>· A schedule identifying when each emergency drill should be ran has been implemented.</li> <li>· The Program Coordinator will receive training on the emergency drill tracking.</li> <li>· The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff.</li> </ul> <p><b>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· A schedule identifying when each emergency drill should be ran has been implemented.</li> <li>· The Program Coordinator will receive training on the emergency drill tracking.</li> <li>· The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff.</li> <li>· The Program Director will monitor the emergency drills monthly.</li> <li>· Quarterly Health and Safety assessments will be completed.</li> </ul>	

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			<p>The assessment includes ensuring evacuation drills are completed as scheduled.</p> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· A schedule identifying when each emergency drill should be ran has been implemented.</li> <li>· The Program Coordinator will receive training on the emergency drill tracking.</li> <li>· The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff.</li> <li>· The Program Director will monitor the emergency drills monthly.</li> <li>· Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor monthly and after each drill is to be ran to ensure</li> </ul>	

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K S741  Bldg. 01	<p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted by the administration of board and care occupancies. Where smoking is permitted, noncombustible safety type ashtrays or receptacles shall be provided in convenient locations.</p> <p>32.7.4.1, 32.7.4.2, 33.7.4.1, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to ensure noncombustible covered can provide for 1 of 1 smoking areas did not contain combustibles. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Area Supervisor on</p>	K S741	<p>completion.</p> <ul style="list-style-type: none"> <li>· The Program Director will monitor on a monthly basis and during monthly supervisory visits.</li> <li>· The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b> August 24th, 2017</p> <p><b>K 0741 NFPA 101 Smoking Regulations</b></p> <p>Smoking regulations shall be adopted by the administration of board and care occupancies. Where smoking is permitted, noncombustible safety type ashtrays or receptacles shall be provided in convenient locations.</p> <p><b>1.What corrective action will be accomplished?</b></p>	08/24/2017

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	<p>07/25/17 at 1:23 p.m., there was a self-closing metal can in the smoking area but the can contained cigarette butts and combustible trash. Based on interview at the time of observation, the Area Supervisor acknowledged there were cigarette butts in a covered can with trash.</p>		<ul style="list-style-type: none"> <li>· The ashtray receptacle will be cleaned to ensure that there are no cigarette butts present with combustible trash.</li> <li>· Staff training will be provided to ensure they understand that cigarette butts cannot be present with combustible trash.</li> <li>· Programming to be implemented for clients who smoke to help with the understanding of how to properly dispose of their trash.</li> </ul> <p><b>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The ashtray receptacle will be cleaned to ensure that there are no cigarette butts present with combustible trash.</li> <li>· Staff training will be provided to ensure they understand that cigarette butts cannot be present with combustible trash.</li> <li>· Programming to be implemented for clients who smoke to help with the understanding of how to properly dispose of their trash.</li> </ul>	

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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
			<p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>·The ashtray receptacle will be cleaned to ensure that there are no cigarette butts present with combustible trash.</li> <li>·Staff training will be provided to ensure they understand that cigarette butts cannot be present with combustible trash.</li> <li>·Programming to be implemented for clients who smoke to help with the understanding of how to properly dispose of their trash.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>·The Program Coordinator will ensure that staff will utilize the proper location for disposing of trash.</li> <li>·The Program Coordinator and/or Program Director will complete quarterly health and safety forms that monitor the safety needs of the home.</li> </ul> <p><b>1.What is the date by which the systemic changes will be</b></p>	

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

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				completed? August 24th, 2017	