

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G353	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  02/16/2022
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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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: 02/16/22</p> <p>Facility Number: 000869 Provider Number: 15G353 AIM Number: 100244230</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. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 02/21/22</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: 02/16/22</p> <p>Facility Number: 000869 Provider Number: 15G353 AIM Number: 100244230</p> <p>At this Life Safety Code survey, Rem Occazio Llc was found not in compliance with Requirements for Participation in Medicaid, 42</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 S100  Bldg. 01	<p>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 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 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 0.34.</p> <p>Quality Review completed on 02/21/22</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire extinguishers in the laundry area was protected. NFPA 10, Standard for Portable Fire Extinguishers, 6.1.3.4 requires that portable fire extinguisher types shall be (1)</p>	K S100	<p><b>K0100 General Requirements- Other</b></p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not</p>	03/17/2022

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	<p>secured on a hanger (2) in the bracket supplied by the manufacturer (3) in a listed bracket approved for such purpose (4) in cabinets or wall recesses. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Supervisor between 12:15 p.m. and 12:50 p.m. on 02/16/22, a fire extinguisher was sitting on the counter, unsupported in the Laundry Room Area. Based on interview at the time of observation, the Program Supervisor agreed the extinguisher was sitting on the counter unsupported. The Program Supervisor stated that due to painting and patching the walls the extinguisher was sitting on the counter and had not been reattached to the wall. At the time of this survey, painters were patching walls and repainting.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.</p>		<p>addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 6 fire extinguishers was properly mounted.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>The fire extinguisher in the laundry room has been remounted.</li> </ul> <p><b>2. 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 fire extinguisher in the laundry room has been remounted.</li> <li>The Program Supervisor and Koorsens will monitor to ensure the fire extinguishers are mounted.</li> </ul> <p><b>3. 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>	

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K S300  Bldg. 01	NFPA 101 Protection - Other Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that		<ul style="list-style-type: none"> <li>· The fire extinguisher in the laundry room has been remounted.</li> <li>· The Program Supervisor and Koorsens will monitor to ensure the fire extinguishers are mounted.</li> </ul> <p><b>4. 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 fire extinguisher in the laundry room has been remounted.</li> <li>· The Program Supervisor and Koorsens will monitor to ensure the fire extinguishers are mounted.</li> <li>· 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.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> March 17, 2022</p>	

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	<p>are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoking areas did not contain flammable gases. LSC 8.7.3.1 states the storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards (1) NFPA 30, Flammable and Combustible Liquids Code. NFPA 30 2012 edition 6.5.1 states precautions shall be taken to prevent the ignition of flammable vapors by sources such as the following:</p> <ol style="list-style-type: none"> <li>(1) Open flames</li> <li>(2) Lightning</li> <li>(3) Hot surfaces</li> <li>(4) Radiant heat</li> <li>(5) Smoking</li> <li>(6) Cutting and welding</li> <li>(7) Spontaneous ignition</li> <li>(8) Frictional heat or sparks</li> <li>(9) Static electricity</li> <li>(10) Electrical sparks</li> <li>(11) Stray currents</li> <li>(12) Ovens, furnaces, and heating equipment</li> </ol> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Supervisor between 12:15 p.m. and 12:50 p.m. on 02/16/22, in the designated smoking area there was a propane tank in the gas grill sitting on the patio.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at</p>	K S300	<p><b>K 300</b></p> <p><b>Based on observation and interview the facility failed to ensure 1 of 1 smoking areas did not contain flammable gases.</b></p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Grill has been moved to a safe distance from the smoking area.</li> <li>· The Program Supervisor will monitor to ensure that the grill is a safe distance from the smoking area.</li> <li>· The Program Director will monitor during their weekly supervisory visits to ensure that the grill is moved a safe distance from the smoking area.</li> </ul> <p><b>2. 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>· Grill has been moved to a safe distance from the smoking area.</li> <li>· The Program Supervisor will monitor to ensure that the grill is a</li> </ul>	03/17/2022			

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	the exit conference at 1:00 p.m.		<p>safe distance from the smoking area.</p> <ul style="list-style-type: none"> <li>The Program Director will monitor during their weekly supervisory visits to ensure that the grill is moved a safe distance from the smoking area.</li> </ul> <p><b>3. 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>Grill has been moved to a safe distance from the smoking area.</li> <li>The Program Supervisor will monitor to ensure that the grill is a safe distance from the smoking area.</li> <li>The Program Director will monitor during their weekly supervisory visits to ensure that the grill is moved a safe distance from the smoking area.</li> </ul> <p><b>4. 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 Supervisor will monitor to ensure that the grill is a safe distance from the smoking area.</li> <li>The Program Director will monitor during their weekly supervisory visits to ensure that the grill is moved a safe distance from the smoking area.</li> <li>Quarterly Health and Safety</li> </ul>		

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K S351  Bldg. 01	<p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented. In Prompt Evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, shall be permitted. Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier. In Prompt Evacuation Capability facilities</p>		<p>checks along with the weekly supervisory visits completed by the Program Director, Program Supervisor and Area Director include a review of the environment of the home to ensure no unsafe practices (like the grill near the smoking area) are in place.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> · March 17, 2022</p>	

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	<p>where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier. In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted. Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6. Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> <li>1. Protected by heat detection system to activate the fire alarm system according to 9.6.</li> <li>2. Protected by automatic sprinkler system according to 9.7.</li> <li>3. Constructed of noncombustible or limited-combustible construction; or</li> <li>4. Constructed of fire-retardant-treated wood according to NFPA 703.</li> </ol> <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7 Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler system piping</p>	K S351	<b>K0351 Sprinkler System-Installation</b>	03/17/2022
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	<p>was not used to support Non-System Components accordance with NFPA 13R 11.3 which states sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25. NFPA 25, 2011 edition, Section 5.2.2.2 requires sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice could affect all occupants. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Supervisor between 12:15 p.m. and 12:50 p.m. on 02/16/22,, in the utility closet which housed the sprinkler riser, sprinkler piping was supporting wires and wires were taped to the sprinkler pipe. Based on interview at the time of observation, the Program Supervisor stated that this had been something pointed out in a previous survey.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.</p>		<p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>The wires strapped to the metal sprinkler pipe located at the ceiling have been moved so they are no longer attached to the sprinkler pipe.</li> </ul> <p><b>2. 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 wires strapped to the metal sprinkler pipe located at the ceiling have been moved so they are no longer attached to the sprinkler pipe.</li> <li>The Program Supervisor will ensure that wires are not connected to the sprinkler pipes.</li> <li>Koorsens will also ensure that wires are not connected to the sprinkler pipes.</li> </ul> <p><b>3. What measures will be put into place or what systemic</b></p>		

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			<p><b>changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The wires strapped to the metal sprinkler pipe located at the ceiling have been moved so they are no longer attached to the sprinkler pipe.</li> <li>· The Program Supervisor will ensure that wires are not connected to the sprinkler pipes.</li> <li>· Koorsens will also ensure that wires are not connected to the sprinkler pipes.</li> </ul> <p><b>4. 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 Supervisor and/or Program Director will complete monthly observations to ensure that wires are not connected to the sprinkler pipes.</li> <li>· Koorsens will monitor when they complete their inspections.</li> <li>· The Program Supervisor and/or Program Director will complete quarterly health and safety forms that monitor the safety needs of the home.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> March 17, 2022</p>		

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K S511  Bldg. 01	<p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Supervisor between 12:15 p.m. and 12:50 p.m. on 02/16/22, in the medical room a power strip was being used to power a dorm style refrigerator (high power draw equipment). The Program Supervisor removed the power strip during the survey.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 4 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be</p>	K S511	<p><b>K0511 Utilities- Gas and Electric</b> Equipment using gas o related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPS 70, National Electric Code.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The power strip has been removed from the med room as the dorm size refrigerator is now plugged directly into the wall.</li> <li>· The outlet to the right of the kitchen sink has been replaced with a working GFCI.</li> <li>· The outlets by the sink in the bathroom with the tub was replaced with a working GFCI.</li> </ul> <p><b>2. 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 power strip has been</li> </ul>	03/17/2022

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	<p>provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B) (1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located</p>		<p>removed from the med room as the dorm size refrigerator is now plugged directly into the wall.</p> <ul style="list-style-type: none"> <li>The outlet to the right of the kitchen sink has been replaced with a working GFCI.</li> <li>The outlets by the sink in the bathroom with the tub was replaced with a working GFCI.</li> </ul> <p><b>3. 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 power strip has been removed from the med room as the dorm size refrigerator is now plugged directly into the wall.</li> <li>The outlet to the right of the kitchen sink has been replaced with a working GFCI.</li> <li>The outlets by the sink in the bathroom with the tub was replaced with a working GFCI.</li> </ul> <p><b>4. 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 Supervisor and Program Director will monitor as they complete their observations in the home.</li> <li>Quarterly Health and Safety assessments will be completed quarterly by the Program Supervisor or Program Director to ensure that there are no</li> </ul>				

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K S712  Bldg. 01	<p>in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Supervisor between 12:15 p.m. and 12:50 p.m. on 02/16/22, (1) in the kitchen to the right of the sink, the GFCI receptacles when tested, failed to trip and indicated "open ground." (2) In the bathroom with the bathtub, the two GFCI receptacles located on each side of the sink failed to reset when tested.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.</p> <p>NFPA 101 Fire Drills Fire Drills 1. The facility must hold evacuation drills at least quarterly for each shift of personnel</p>		<p>environmental concerns in the home and that safety needs are being addressed.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> March 17th, 2022</p>	

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	<p>and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <p>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the evacuation of clients with physical disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>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.</p> <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>1. 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:</p> <p>(1) The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</p> <p>Or, per 2019 Novel Coronavirus Disease (COVID-19) 1135 Waiver allowances, a</p>	K S712	<p><b>K 0712 NFPA 101 Fire Drills</b> 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 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</li> </ul>	03/17/2022
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	<p>documented orientation training program related to the current fire plan, which considers current facility conditions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview with the Program Supervisor between 10:30 a.m. and 12:15 p.m. on 02/16/22, the facility could not provide fire drills or allowed training documentation for the 1 of 12 required fire drills. The 1st shift, 3rd quarter drill was missing from the provided documentation. Based on interview at the time of record review, the Program Supervisor agreed the drill or training for the period previously mentioned were not conducted.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at unpredictable times and on unpredictable days. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review and interview with the Program Supervisor between 10:30 a.m. and 12:15 p.m. on 02/16/22, 10 of 12 fire drills took place between the 7th and 10th day of the month. This practice does not ensure that fire drills are held on unpredictable days.</p> <p>This finding was acknowledged by the Program</p>		<p>ran with unpredictable days has been implemented.</p> <ul style="list-style-type: none"> <li>The Program Supervisor 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 staff will have training on the current fire plan, their current duties, life safety procedures, and the fire protection devises in their assigned area.</li> </ul> <p><b>2. 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 with unpredictable days has been implemented.</li> <li>The Program Supervisor 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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	Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.		<p>The assessment includes ensuring evacuation drills are completed as scheduled.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>3. 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 with unpredictable days has been implemented.</li> <li>The Program Supervisor 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> <p>The assessment includes ensuring evacuation drills are completed as scheduled.</p> <ul style="list-style-type: none"> <li>The staff will have training on the current fire plan, their current duties, life safety procedures, and the fire</li> </ul>	



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K S741  Bldg. 01	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. 32.7.4.1, 32.7.4.2, 33.7.4.1, 33.7.4.2		protection devises in their assigned area.  <b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b> <ul style="list-style-type: none"> <li>· The Program Supervisor will monitor monthly and after each drill is to be ran to ensure completion.</li> <li>· 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.</li> <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> <b>5. What is the date by which the systemic changes will be completed?</b> March 17th, 2022	

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	<p>Based on observation and interview; the facility failed to ensure smoking areas were maintained by disposing cigarette butts in the provided metal or noncombustible containers with self-closing cover devices. This deficient practice could affect up to all clients and staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Program Supervisor between 12:15 p.m. and 12:50 p.m. on 02/16/22, in the front porch there were approximately 6 cigarette butts on the ground in the concrete and near the landscaping. Based on interview at the time of observation, the Program Supervisor stated that the cigarette butts were likely from contractors who were currently remodeling the home.</p> <p>This finding was acknowledged by the Program Supervisor at the time of discovery and again at the exit conference at 1:00 p.m.</p>	K S741	<p><b>K741 Smoking Regulations</b></p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>The Program Supervisor will review the importance of placing cigarette butts in the proper smoking container with staff, individuals and contractors working in the home.</li> <li>A proper smoking container will be purchased for the home.</li> </ul> <p><b>2. 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 Program Supervisor will review the importance of placing cigarette butts in the proper smoking container with staff, individuals and contractors working in the home.</li> <li>A proper smoking container will be purchased for the home.</li> </ul> <p><b>3. 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 Program Supervisor will review the importance of placing cigarette butts in the proper smoking container with staff,</li> </ul>	03/17/2022	

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			<p>individuals and contractors working in the home.</p> <ul style="list-style-type: none"> <li>· A proper smoking container will be purchased for the home.</li> </ul> <p><b>4. 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 Supervisor, Program Director and Area Director will monitor during their supervisory visits.</li> <li>· Quarterly Health and Safety checks along with the weekly supervisory visits completed by the Program Director, Program Supervisor and Area Director include a review of the maintenance needs in the home to ensure a safe environment.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>March 17th, 2022</p>	