PRINTED: 03/10/2022 FORM APPROVED OMB NO. 0938-0391

			X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING COMPLETED			
		15G353	B. WI	NG		02/16/	2022
NAMEORD	DOMNED OF STREET		-	STREET A	ADDRESS, CITY, STATE, ZIP CODE	_	
NAME OF P	PROVIDER OR SUPPLIER	·		1012 PA	ARKWAY DR		
	CAZIO LLC		,	ANDER	SON, IN 46012		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
E 0000							
Blda							
Bldg	An Emarganay Deam	poradness Survey was	F 00	000			
	An Emergency Preparedness Survey was conducted by the Indiana Department of Health		E 00)UU			
	in accordance with	-					
	Survey Date: 02/16/22						
	Facility Number: 0	00060					
	Provider Number:						
	AIM Number: 1002						
	At this Emergency Preparedness survey, Rem						
	Occazio Llc was found in compliance with						
		dness Requirements for					
		caid Participating Providers					
	and Suppliers, 42 C	FK 405.4/5.					
	The facility has & ce	ertified beds. At the time of					
	the survey, the cens						
	and but vey, the cons						
	Quality Review con	npleted on 02/21/22					
		•					
K 0000							
Bldg. 01							
		Recertification Survey was	K 0	000			
		diana Department of Health					
	in accordance with	42 CFR 483.470(₁).					
	Survey Date: 02/16	5/22					
	D 115 37 4 2	00070					
	Facility Number: 0						
	Provider Number: 1000						
	AIM Number: 1002	2 44 230					
	At this I if Safate	Code survey, Rem Occazio					
	Llc was found not in						
		articipation in Medicaid, 42					
	10111						
LABORATOR	Y DIRECTOR'S OR PROV	VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE		TITLE		(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353		(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 02/16/2022		
	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012				
(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 APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE		
	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 7 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 0.34.					
K S100	Quality Review completed on 02/21/22 NFPA 101					
Bldg. 01	General Requirements - Other General Requirements - Other 2012 EXISTING 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.					
	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)	K S100	K0100 General Requirements Other List in the REMARKS section a LSC Section 33.1 or 33.2 Gen Requirements that are not	any		

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Event ID:

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Facility ID: 000869

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			RVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. Bl	UILDING	01	COMPLET	ED
		15G353	B. WING 02/16/2022)22	
				CTDEET	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER						
DEMOG	04710110				ARKWAY DR		
REM OC	CAZIO LLC			ANDER	RSON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DDOVIDED'S DI AN OE CODDECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	16	DATE
	secured on a hanger	(2) in the bracket supplied			addressed by the provided K-t	ags,	
	by the manufactures	(3) in a listed bracket			but are deficient. This information	-	
		surpose (4) in cabinets or wall			along with the applicable Life		
		ient practice could affect all			Safety Code or NFPA standar	d	
	occupants.	1			citation, should be included or		
	1				Form CMS-2567. This		
	Findings include:				STANDARD is not met as		
					evidenced by: Based on		
	Based on observation and interview with the				observation and interview, the	.	
	Program Supervisor between 12:15 p.m. and				facility failed to ensure 1 of 6 f		
		5/22, a fire extinguisher was			extinguishers was properly		
	_	er, unsupported in the			mounted.		
	Laundry Room Area. Based on interview at the						
	time of observation, the Program Supervisor				1. What corrective action v	will	
		sher was sitting on the			be accomplished?		
	-	d. The Program Supervisor			The fire extinguisher in the	ne	
		inting and patching the walls			laundry room has been	10	
	_	s sitting on the counter and			remounted.		
	-	thed to the wall. At the time			Tomountou.		
		ers were patching walls and			2. How will we identify oth	er	
	repainting.	ors were parening wans and			residents having the potentia		
	repulling.				to be affected by the same		
	This finding was ac	knowledged by the Program			deficient practice and what		
		ne of discovery and again at			corrective action will be take	_{n?}	
	the exit conference				All residents have the		
		F			potential to be affected by the		
					same deficient practice.		
					The fire extinguisher in the fire extingu	ne	
					laundry room has been	.	
					remounted.		
			1		· The Program Supervisor		
					and Koorsens will monitor to		
					ensure the fire extinguishers a	ıre	
					mounted.		
					mountou.		
					3. What measures will be p	t	
					into place or what systemic	,41	
					changes will be made to ens	ure	
					that the deficient practice do		
					not recur:	63	
			1		ilot recur.		

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G353	A. BUILDING B. WING	01	COMPLETED 02/16/2022
	PROVIDER OR SUPPLIEI	3	1012 P	ADDRESS, CITY, STATE, ZIP CODE ARKWAY DR RSON, IN 46012	•
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	(X5) E COMPLETION DATE
K \$300	NEDA 101			The fire extinguisher in laundry room has been remounted. The Program Supervis and Koorsens will monitor to ensure the fire extinguishers mounted. 4. How will the corrective action be monitored to ensure the deficient practice will in recur? The fire extinguisher in laundry room has been remounted. The Program Supervis and Koorsens will monitor to ensure the fire extinguishers mounted. Quarterly Health and S assessments will be comple quarterly by the Program Supervisor or Program Direct ensure that there are no environmental concerns in thome and that safety needs being addressed. 5. What is the date by with the systemic changes will completed? March 17, 2022	or o
K S300	NFPA 101 Protection - Other				
Bldg. 01		RKS section any LSC otection requirements that			

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	/CLIA (X2) MULTIPLE (ONSTRUCTION	X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	A. BUILDING <u>01</u>		COMPLETED	
		15G353	B. W	B. WING		02/16/2022	
			STREET ADDRESS, CITY, STATE, ZIP CODE				
NAME OF P	ROVIDER OR SUPPLIER	2					
551100	0.4710.1.1.0				ARKWAY DR		
REM OC	CAZIO LLC			ANDER	RSON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDENCE NAME OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	IE	DATE
	are not addressed	by the provided K-tags,					
		Γhis information, along with					
		Safety Code or NFPA					
	• • •	should be included on					
	Form CMS-2567.	onedia de meiadea en					
		on and interview, the facility	KS	300	K 300		03/17/2022
		f 1 smoking areas did not	I K S	300	Based on observation and		03/1//2022
		gases. LSC 8.7.3.1 states the			interview the facility failed to		
	•	g of flammable liquids or			ensure 1 of 1 smoking areas		
		cordance with the following			not contain flammable gases		
		s (1) NFPA 30, Flammable		not contain fiammable ga			
			1 What corre		1. What corrective action		
	and Combustible Liquids Code. NFPA 30 2012 edition 6.5.1 states precautions shall be taken to				will be accomplished?		
	prevent the ignition of flammable vapors by			· Grill has been me		.	
	sources such as the				safe distance from the smoking		
	(1) Open flames	ionowing.		area.		9	
	(2) Lightning				· The Program Supervisor	will	
	(3) Hot surfaces				monitor to ensure that the grill		
	(4) Radiant heat				safe distance from the smokin		
	(5) Smoking				area.	9	
	(6) Cutting and wel	ding			· The Program Director wil	ı l	
	(7) Spontaneous ign	_			monitor during their weekly		
	(8) Frictional heat o				supervisory visits to ensure that	at	
	(9) Static electricity	-			the grill is moved a safe distant		
	(10) Electrical spark				from the smoking area.		
	(11) Stray currents						
	` '	es, and heating equipment			2. How will we identify oth	her	
		ice could affect all			residents having the potentia		
	occupants.				to be affected by the same		
	1				deficient practice and what		
	Findings include:				corrective action will be take	n?	
	Based on observation	on and interview with the			· All residents have the		
	Program Supervisor	between 12:15 p.m. and			potential to be affected by the		
		5/22, in the designated			same deficient practice.		
	-	was a propane tank in the gas			Grill has been moved to a	a	
	grill sitting on the p				safe distance from the smokin	g	
					area.	-	
	This finding was ac	knowledged by the Program			· The Program Supervisor	will	
	-	ne of discovery and again at			monitor to ensure that the grill		
	i		1		1		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	01	COMPLETED
		15G353	B. W	ING		02/16/2022
				STREET /	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIER				ARKWAY DR	
DEM OC	04710110					
REM OC	CAZIO LLC			ANDER	SON, IN 46012	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DDOVIDED'S DI AN OF CODDECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	the exit conference	at 1:00 p.m.			safe distance from the smokin	q
		1			area.	
					· The Program Director wil	1
					monitor during their weekly	
					supervisory visits to ensure the	at
					the grill is moved a safe distan	
					from the smoking area.	
					and officially area.	
					3. What measures will be	
					put into place or what system	
					changes will be made to ens	
				that the deficient practice do		
					not recur:	
					· Grill has been moved to a	a
					safe distance from the smokin	
					area.	9
					· The Program Supervisor	will
					monitor to ensure that the grill	
					safe distance from the smokin	
					area.	9
					The Program Director wil	1
					monitor during their weekly	'
					supervisory visits to ensure the	at
					the grill is moved a safe distan	,UG
					from the smoking area.	
					4. How will the corrective	
					action be monitored to ensur	
					the deficient practice will not	
					recur?	, <u> </u>
					The Program Supervisor	will
					monitor to ensure that the grill	
					_	
					safe distance from the smokin	9
					area. The Drogram Director wil	
					The Program Director wil	1
					monitor during their weekly	-4
					supervisory visits to ensure the	
					the grill is moved a safe distar	ice
					from the smoking area.	
					· Quarterly Health and Saf	ety

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 02/16/2022		
	PROVIDER OR SUPPLIER CAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012				
(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 APPROPRI DEFICIENCY)	DATE		
K S351 Bldg. 01	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		checks along with the weekly supervisory visits completed in the Program Director, Program Supervisor and Area Director include a review of the environment of the home to ensure no unsafe practices (lithe grill near the smoking area are in place. 5. What is the date by which the systemic changes will be completed? March 17, 2022	ke a)		

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G353	A. BUILDING <u>01</u> B. WING		COMPLETED 02/16/2022		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR				
REM OC	CAZIO LLC			RSON, IN 46012			
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	re ((X5) COMPLETION DATE	
	Standard for the In Sprinkler Systems not be required in exceeding 24 squared in exceeding 24 squared in exceeding 25 sprovided that such lath and plaster or providing a 15-min In Prompt Evacual buildings four or feabove grade plane with NFPA 13R, Source Including Four Stopermitted. Initiation of the fire required for existing installations in accompany with the storage, or fuel-fire protected by July Source Invited Intervention of the fire required for existing installations in accompany of the storage, or fuel-fire protected by July Source Invited Intervention of the fire also according to 9.6. 2. Protected by au according to 9.7. 3. Constructed of form of the storage in the storage	dance with NFPA 13, installation of a utomatic sprinklers shall closets not are feet and in bathrooms square feet, a spaces are finished with material aute thermal barrier. Ition Capability facilities in ewer stories as systems in accordance tandard for the inkler Systems in ancies up to and iries in Height, shall be a alarm system shall not be a gordance with 33.2.3.5.6. Itic sprinkler is installed, ag purposes, and equipment are sprinkler of 2019. Attics not used for lorage, or fuel-fired and of the following: at detection system to arm system system to arm system to arm system to arm system to arm system system to arm system system to arm system system system to arm system system to arm system system system system system system sys	K \$351	K0351 Sprinkler System-		03/17/2022	
		on and interview, the facility I sprinkler system piping	K S351	Installation		03/17/2022	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING <u>01</u> C		COMPL	ETED	
		15G353	B. W	ING		02/16/2022	
				CENTER	ADDRESS OF A STATE OF SORE		
NAME OF P	ROVIDER OR SUPPLIER	8		1	ADDRESS, CITY, STATE, ZIP CODE		
DE14.00	0.4710.11.0				ARKWAY DR		
REM OC	CAZIO LLC			ANDER	RSON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DROVIDED'S DI AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		16	DATE	
	was not used to sup	port Non-System			Where an automatic sprinkler		
	Components accordance with NFPA 13R 11.3				system is installed, for either to	otal	
	which states sprink				or partial building coverage, th		
	_	nd maintained in accordance			system shall be in accordance		
	-	PA 25, 2011 edition, Section			with Section 9.7 and shall initia	ate	
		inkler piping shall not be			the fire alarm system in		
		al loads by materials either			accordance with Section 9.6, a	as	
	-	or hung from the pipe. This			modified below.		
	deficient practice could affect all occupants.						
	This deficient practice could affect all clients.				1. What corrective action v	vill	
					be accomplished?		
	Findings include:				The wires strapped to the	,	
					metal sprinkler pipe located at		
	Based on observation and interview with the				ceiling have been moved so th		
	Program Supervisor between 12:15 p.m. and				are no longer attached to the		
		5/22,, in the utility closet			sprinkler pipe.		
	which housed the sp	prinkler riser, sprinkler piping					
	was supporting wire	es and wires were taped to the			2. How will we identify oth	er	
	sprinkler pipe. Base	ed on interview at the time of			residents having the potentia	al	
	observation, the Pro	ogram Supervisor stated that			to be affected by the same		
	this had been somet	thing pointed out in a previous			deficient practice and what		
	survey.				corrective action will be taken?		
					· All residents have the		
	This finding was ac	knowledged by the Program			potential to be affected by the		
	Supervisor at the tir	ne of discovery and again at			same deficient practice.		
	the exit conference	at 1:00 p.m.			 The wires strapped to the)	
					metal sprinkler pipe located at	the	
					ceiling have been moved so th	ney	
					are no longer attached to the		
					sprinkler pipe.		
					 The Program Supervisor 	will	
					ensure that wires are not		
					connected to the sprinkler pipe	es.	
					 Koorsens will also ensure 	e	
					that wires are not connected to	o	
					the sprinkler pipes.		
					3. What measures will be p	out	
					into place or what systemic		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/16/2022	
NAME OF P	ROVIDER OR SUPPLIEF				ADDRESS, CITY, STATE, ZIP CODE	
REM OC	CAZIO LLC				ARKWAY DR SON, IN 46012	
REM OCCURRENCE (X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)				e t the ney will es. e o o es. nen is.
					the systemic changes will be completed? March 17, 2022	9

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Event ID:

KL3X21

Facility ID: 000869

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	01	COMPL	ETED	
		15G353	B. W	B. WING			02/16/2022	
				CENTER	A DDDDGG GITTI GTATE TID GODE			
NAME OF F	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP CODE			
DEMAG	04710110				ARKWAY DR			
REMOC	CAZIO LLC			ANDER	RSON, IN 46012			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY		DATE	
K S511	NFPA 101							
	Utilities - Gas and	d Electric						
Bldg. 01	Utilities - Gas and	d Electric						
	Equipment using	gas or related gas piping						
	complies with NF	PA 54, National Fuel Gas						
	Code, electrical w	viring and equipment						
	complies with NP	FA 70, National Electric						
	Code.							
	32.2.5.1, 33.2.5.1	, 9.1.1, 9.1.2						
	1. Based on observation and interview, the			511	K0511 Utilities- Gas and		03/17/2022	
1 -		sure 1 of 1 power strips were			Electric			
		itute for fixed wiring to			Equipment using gas o related	d		
	provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless				gas piping complies with NFP.	Α		
					54, National Fuel Gas Code,			
	specifically permit	ted in 400.7 flexible cords			electrical wiring and equipmer	nt		
	and cables shall no	t be used for (1) as a			complies with NFPS 70, Natio	nal		
	substitute for fixed	wiring.			Electric Code.			
	F. 1							
	Findings include:				1. What corrective action v	WIII		
	D 1 1	and the state of			be accomplished?	_		
		on and interview with the			The power strip has been			
		or between 12:15 p.m. and			removed from the med room a			
	_	6/22, in the medical room a			the dorm size refrigerator is no	OW		
		ing used to power a dorm style			plugged directly into the wall.	tha		
		ower draw equipment). The or removed the power strip			The outlet to the right of kitchen sink has been replace			
	during the survey.	or removed the power strip			with a working GFCI.	u		
	during the survey.				The outlets by the sink in	tho		
	This finding was a	cknowledged by the Program			bathroom with the tub was	ı uıc		
	_	me of discovery and again at			replaced with a working GFCI			
	the exit conference				Teplaced with a working of or	•		
	the exit conference	at 1.00 p.m.			2. How will we identify oth	er		
	2 Based on observ	ration and interview, the			residents having the potentia			
		sure 2 of 4 wet locations			to be affected by the same			
	· ·	ground fault circuit			deficient practice and what			
	_	protection against electric			corrective action will be take	n?		
shock. NFPA 70, NEC 2011 Edition at					· All residents have the	·•		
		uit-Interrupter Protection for			potential to be affected by the			
	Personnel, states, g	-			same deficient practice.			
	_	for personnel shall be			The power strip has been	n		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/16/2022		
NAME OF F	PROVIDER OR SUPPLIEF	· · · · · · · · · · · · · · · · · · ·	•	STREET.	ADDRESS, CITY, STATE, ZIP CODE	•	
					ARKWAY DR		
REM OC	CAZIO LLC			ANDEF	RSON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		d in 210.8(A) through (C).			removed from the med room a		
	1	rcuit-interrupter shall be			the dorm size refrigerator is no	WC	
	I	y accessible location.			plugged directly into the wall.		
		: See 215.9 for ground-fault			· The outlet to the right of		
		rotection for personnel on			kitchen sink has been replace	d	
	feeders.				with a working GFCI.		
	` '	relling Units. All 125-volt,			The outlets by the sink ir	the	
		nd 20-ampere receptacles			bathroom with the tub was		
	installed in the locations specified in 210.8(B) (1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms (2) Kitchens (3) Rooftops				replaced with a working GFCI		
					3. What measures will be provided the state of the state	out	
					into place or what systemic		
					changes will be made to ens		
					that the deficient practice do	es	
	(4) Outdoors	(2) 1(4) P (1 4)			not recur:		
	_	(3) and (4): Receptacles that			The new and this been been		
	1	essible and are supplied by a			The power strip has been removed from the med room a		
	branch circuit dedic						
	_	ing, or pipeline and vessel shall be permitted to be			the dorm size refrigerator is no plugged directly into the wall.	JW	
		nce with 426.28 or 427.22,			The outlet to the right of	tho	
	as applicable.	nice with 420.28 of 427.22,			kitchen sink has been replace		
	Exception No. 2 to	(4): In industrial			with a working GFCI.	u	
		, where the conditions of		The outlets by the sink in the			
	-	pervision ensure that only		bathroom with the tub was			
		are involved, an assured			replaced with a working GFCI		
		ng conductor program as			replaced mand menting of or	-	
		B)(2) shall be permitted for			4. How will the corrective		
		le outlets used to supply			action be monitored to ensu	re	
		ald create a greater hazard if			the deficient practice will no		
		d or having a design that is not			recur?		
	compatible with GF				· The Program Supervisor		
		eceptacles are installed within			and Program Director will mor		
		outside edge of the sink.			as they complete their		
	` ′	(5): In industrial laboratories,			observations in the home.		
	_	supply equipment where			· Quarterly Health and Sat	fety	
		vould introduce a greater			assessments will be complete	-	
		mitted to be installed without			quarterly by the Program		
	GFCI protection.				Supervisor or Program Director	or to	
	Exception No. 2 to	(5): For receptacles located			ensure that there are no		

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	l ′	JILDING	nstruction 01	(X3) DATE : COMPL 02/16 /	ETED
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012				
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
TAG	in patient bed locatic critical care areas of than those covered to 210.8(B)(1), GFCI prequired. (6) Indoor wet located (7) Locker rooms we facilities (8) Garages, serviced where electrical diagnated than tools. NFPA 70, 517-20 We receptacles and fixed of the wet location to interrupter (GFCI) procan reduce the contact and electrical insular failure. This deficients and staff. Findings include: Based on observation Program Supervisors 12:50 p.m. on 02/16 right of the sink, the tested, failed to trip (2) In the bathroom GFCI receptacles losink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sind of the sink failed to reset with the sink failed to reset	cons of general care or chealth care facilities other under crotection shall not be sions ith associated showering chays, and similar areas gnostic equipment, electrical dequipment within the area to have ground-fault circuit crotection. Note: Moisture act resistance of the body, tion is more subject to ent practice could affect all the between 12:15 p.m. and 1/22, (1) in the kitchen to the count of the c		TAG	environmental concerns in the home and that safety needs at being addressed. 5. What is the date by which the systemic changes will be completed? March 17th, 2022	re :h	DATE
K S712	the exit conference of NFPA 101						
Bldg. 01		t hold evacuation drills at each shift of personnel					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	a. Ensure that a trained to perform b. Ensure that a familiar with the use emergency and diprocedures. 2. The facility muse. a. Actually evactions one drill each year b. Make special evacuation of clier disabilities; c. File a report a drill; d. Investigate all drills, including action; and e. During fire drievacuated to a sarunder the Health of the Life Safety (3. Facilities must reparagraphs (i) (1) any live-in and relifus to condition; and the same of the same o	Il personnel on all shifts are assigned tasks; Il personnel on all shifts are se of the facility's saster plans and It: Late clients during at least on each shift; provisions for the ats with physical and evaluation on each problems with evacuation cidents and take corrective are area in facilities certified Care Occupancies Chapter Code. Ils, clients may be fe area in facilities certified Care Occupancies Chapter Code. In eet the requirements of and (2) of this section for ef staff that they utilize. In eview and interview, the adduct quarterly shift fire with 42 CFR 483.470(i), sowing: It hold evacuation drills at ach shift of personnel and ions to expensionel on all shifts are	K S712	K 0712 NFPA 101 Fire Drills The facility must hold evacuat drills at least quarterly for each shift of personnel and under varied conditions. 1. What corrective action to be accomplished? · Additional drills for each shift of personnel will be completed (1st, 2nd and 3rd shills). · A schedule identifying wheach emergency drill should be	vill hift

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING <u>01</u>			COMPLETED	
		15G353	B. WING		02/16/2022		
							-
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
					ARKWAY DR		
REM OCCAZIO LLC			ANDERSON, IN 46012				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DROVIDERIC DI AM OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	'E	DATE
	documented orienta	ition training program related			ran with unpredictable days ha	as	
	to the current fire p	lan, which considers current			been implemented.		
	_	This deficient practice could			· The Program Supervisor will		
	affect all clients.	•			receive training on the emerge		
					drill tracking.		
	Findings include:				The importance of ensuring	ing	
					emergency drills are ran each	-	
	Based on record rev	view and interview with the			month for the appropriate time		
	Program Supervisor	r between 10:30 a.m. and			period will be reviewed with st	aff.	
		5/22, the facility could not			The staff will have trainin	g	
	provide fire drills o				on the current fire plan, their	Ĭ	
	l ~	the 1 of 12 required fire			current duties, life safety		
	drills. The 1st shift, 3rd quarter drill was missing				procedures, and the fire		
	from the provided documentation. Based on				protection devises in their		
	interview at the time of record review, the				assigned area.		
	Program Supervisor agreed the drill or training				_		
	for the period previously mentioned were not				2. How will we identify oth	er	
	conducted.				residents having the potential	al	
					to be affected by the same		
	This finding was ac	knowledged by the Program			deficient practice and what		
	Supervisor at the tir	ne of discovery and again at			corrective action will be take	n?	
	the exit conference	at 1:00 p.m.			· All residents have the		
					potential to be affected by the		
					same deficient practice.		
	2. Based on record	review and interview, the			 A schedule identifying when the schedule identified in the schedule identified in the schedule. 	nen	
	facility failed to ens	sure fire drills were held at			each emergency drill should b	е	
	unpredictable times	and on unpredictable days.			ran with unpredictable days ha	as	
	This deficient pract	ice could affect all clients in			been implemented.		
	the facility.				 The Program Supervisor 	will	
					receive training on the emerge	ency	
	Findings include:				drill tracking.		
					The importance of ensure	ing	
	Based on record rev	view and interview with the			emergency drills are ran each		
	Program Supervisor	r between 10:30 a.m. and			month for the appropriate time	:	
	12:15 p.m. on 02/10	5/22, 10 of 12 fire drills took			period will be reviewed with st	aff.	
	place between the 7	th and 10th day of the month.			· The Program Director wi	ı	
	This practice does i	not ensure that fire drills are			monitor the emergency drills		
	held on unpredictab	ole days.			monthly.		
					· Quarterly Health and Saf	ety	
	This finding was ac	knowledged by the Program			assessments will be complete	d.	

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G353	A. BUILDING B. WING	01	COMPLETED 02/16/2022			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	(X5) COMPLETION DATE			
	Supervisor at the tin the exit conference	ne of discovery and again at at 1:00 p.m.		The assessment includes ense evacuation drills are complete scheduled. 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.	ed as			
				3. What measures will be into place or what systemic changes will be made to ens that the deficient practice do not recur:	sure pes			
				A schedule identifying weach emergency drill should be ran with unpredictable days he been implemented. The Program Supervisor receive training on the emerged drill tracking.	oe as · will			
				drill tracking. The importance of ensuremergency drills are ran each month for the appropriate time period will be reviewed with s The Program Director w monitor the emergency drills monthly.	e e taff.			
				Quarterly Health and Sa assessments will be completed. The assessment includes ensewacuation drills are completed scheduled. The staff will have training on the current fire plan, their current duties, life safety procedures, and the fire	ed. suring ed as			

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	OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 02/16/2022
	ROVIDER OR SUPPLIER	1012 PANDER	ADDRESS, CITY, STATE, ZIP CODE ARKWAY DR RSON, IN 46012	
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
			A. How will the corrective action be monitored to ensu the deficient practice will no recur? The Program Supervisor monitor monthly and after each drill is to be ran to ensure completion. The Program Supervisor conduct training for the staff of the current fire plan, their curreduties, life safety procedures, the fire protection devises in the assigned area. The Program Director with monitor on a monthly basis and during monthly supervisory visor. The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed. What is the date by which the systemic changes will be completed?	will h will n ent and neir ll nd sits.
K S741 Bldg. 01	NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted by the		March 17th, 2022	
	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			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING <u>01</u>			COMPLETED
		15G353				02/16/2022
		1				
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE	
			1012 PARKWAY DR			
REMOC	CAZIO LLC			ANDER	RSON, IN 46012	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)		TAG DEFICIENCY)		DATE
	Based on observat	ion and interview; the facility	KS	741	K741 Smoking Regulations	03/17/2022
	failed to ensure sm	oking areas were maintained			1. What corrective action	
	by disposing cigar	ette butts in the provided metal			will be accomplished?	
	or noncombustible	containers with self-closing				
	cover devices. Thi	s deficient practice could			· The Program Supervisor	will
	affect up to all clie	ents and staff.			review the importance of place	ng
					cigarette butts in the proper	
	Findings include:				smoking container with staff,	
					individuals and contractors	
	Based on observat	ion and interview with the			working in the home.	
		or between 12:15 p.m. and			 A proper smoking contai 	
	12:50 p.m. on 02/1	6/22, in the front porch there			will be purchased for the hom-	e.
		y 6 cigarette butts on the				
	-	rete and near the landscaping.			2. How will we identify ot	
		v at the time of observation,			residents having the potential	al
		visor stated that the cigarette			to be affected by the same	
		rom contractors who were			deficient practice and what	
	currently remodeli	ng the home.			corrective action will be take	en?
	This finding was a	cknowledged by the Program			· All residents have the	
	Supervisor at the t	ime of discovery and again at			potential to be affected by the	
	the exit conference	e at 1:00 p.m.			same deficient practice.	
					· The Program Supervisor	will
					review the importance of placi	ng
					cigarette butts in the proper	
					smoking container with staff,	
					individuals and contractors	
					working in the home.	
					· A proper smoking contai	
					will be purchased for the hom-	e.
					3. What measures will be	
					put into place or what system	
					changes will be made to ens	
					that the deficient practice do	
					not recur:	
					The Program Supervisor	will
					review the importance of placi	
					cigarette butts in the proper	
					smoking container with staff,	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED		
		15G353	B. WING		02/16/2022		
			CTDEET	ADDRESS SITY STATE ZID CODE			
NAME OF I	PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZIP CODE				
REM OC	CAZIO LLC		I -	PARKWAY DR RSON, IN 46012			
				1	1		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE COMPLETION		
TAG	REGULATORY C	PR LSC IDENTIFYING INFORMATION)	TAG		DATE		
				individuals and contractors			
				working in the home.			
				A proper smoking contain			
				will be purchased for the hom	ie.		
				4. How will the corrective	e		
				action be monitored to ensu			
				the deficient practice will no			
				recur?			
				· The Program Superviso	r.		
				Program Director and Area	,		
				Director will monitor during th	eir		
				supervisory visits.			
				· Quarterly Health and Sa	fety		
				checks along with the weekly	-		
				supervisory visits completed	by		
				the Program Director, Progra	m		
				Supervisor and Area Director			
				include a review of the			
				maintenance needs in the ho	me to		
				ensure a safe environment.			
				5. What is the date by			
				which the systemic changes	·		
				will be completed?			
				March 17th, 2022			
				IVIAIGIT 17 III, 2022			
	I		1	1	l		

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