

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 05/25/2016
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: 05/25/16</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 2000 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 eight and had a census of six 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 S056  Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.24.</p> <p>Quality Review completed on 06/01/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: 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, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished</p>			

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	<p>with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>SLOW</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow</p>			

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	<p>evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>IMPRactical</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability 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, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p>			

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	<p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was maintained in accordance with LSC Section 9.7. Section 9.7 refers to NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2-6.1.7 states sprinkler piping or hanger shall not be used to support nonsystem components. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation 05/25/16 at 3:37 p.m., with the House Manager the two inch diameter metal sprinkler pipe located in the riser room was used to support two low voltage wires which then connected to the furnace. Based on</p>	K S056	<p><b>K 0056 Life Safety Code Standard</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p><b>1. What corrective action will be accomplished?</b> Koorsen's will make the necessary repairs to the sprinkler pipe and the water flow switch. Koorsen's is scheduled for 6-23-16.</p> <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>	06/24/2016

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	<p>interview at the time of observation, the House Manager acknowledged the sprinkler pipe was used to support nonsprinkler components.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of the "Sprinkler System Inspection Report" dated 01/26/16 on 05/25/16 with the House Manager at 3:38</p>		<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 yearly inspections of the fire safety systems within the home. They will make the necessary repairs as they are found according to NFPA and life safety code standards.</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>Koorsen's will complete yearly inspections of the fire safety systems within the home. They will make the necessary repairs as they are found according to NFPA and life safety code standards.</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 Coordinator will ensure that the inspections are completed yearly.</li> <li>Koorsen's Fire and Security will monitor yearly.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>June 24th, 2016</p>	

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K S152 Bldg. 01	<p>p.m., the "Explanation of No Answers" section indicated the following:</p> <p>a) Water flow switch did not report to Fire Alarm Panel.</p> <p>Based on interview at the time of record review, the House Manager acknowledged the water flow switch had not been addressed.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <ul style="list-style-type: none"> <li>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>(ii) 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>(i) Actually evacuate clients during at least one drill each year on each shift;</li> <li>(ii) Make special provisions for the evacuation of clients with physical disabilities;</li> <li>(iii) File a report and evaluation on each drill;</li> <li>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and</li> <li>(v) 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</p>				

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	<p>paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct 12 fire drills for 9 of the past 12 months and on all shifts per quarter for the past 12 of 12 months. This deficient practice affects all clients in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 05/25/16 at 3:32 p.m. with the House Manager, only the first quarter of 2016 fire drills were available for review. Furthermore, the only the first shift of the first quarter of 2016 had been done and no other fire drills were available for review. Based on interview on concurrent with record review with the House Manager, it was acknowledged the aforementioned drills for 2015 could not be found for review and the first and third shifts for 2016 were not done.</p>	K S152	<p><b>K 0152 Life Safety Code Standard</b> The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to – (i.) ensure that all personnel on all shifts are trained to perform assigned tasks; (ii.) ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p><b>1. What corrective action will be accomplished?</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>· First, second and third shift drills will be completed by June 24th, 2016.</li> <li>· The Program Director will monitor the emergency drills monthly.</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> </ul>	06/24/2016

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			<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>· First, second and third shift drills will be completed by June 24th, 2016.</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>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 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>· First, second and third shift drills will be completed by June 24th, 2016.</li> </ul>	

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				<ul style="list-style-type: none"> <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>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 Coordinator will monitor monthly and after each drill is to be ran to ensure completion.</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> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>June 24th, 2016</p>	