



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

17-09-01

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant	Title
Mill Pond Health Campus	Healthcare Facility
Name of organization	Telephone number
	(765) 653-4397
Address (number and street, city, state, and ZIP code)	
1014 Mill Pond Lane, Greencastle, IN 46135-2601	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant	Title
Lisa Fightmaster	Licensure Analyst
Name of organization	Telephone number
Mill Pond Health Campus	(502) 909-1259
Address (number and street, city, state, and ZIP code)	
303 N. Hurstbourne Parkway, Suite 200, Louisville, KY 40222	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
N/A	
Name of organization	Telephone number
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Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Mill Pond Health Campus	N/A	Putnam
Address of site (number and street, city, state, and ZIP code)		
1014 Mill Pond Lane, Greencastle, IN 46135-2601		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing		

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)

One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.

Written documentation showing that the local fire official has received a copy of the variance application.

Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

Yes (If yes, attach a copy of the Correction Order.) No

Has a violation been issued?

Yes (If yes, attach a copy of the Violation and answer the following.) No

Violation issued by:

Local Building Department
 State Fire and Building Code Enforcement Section
 Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved 2014 Edition IFC 675 IAC 22-2.5	Specific code section Section 1008.1
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.) "Exit doors at the memory care wing were painted to look like a book case."	

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

Non-compliance with the rule will not be adverse to the public health, safety or welfare; or

Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:
Mill Pond Health Campus is licensed by the Indiana State Department of Health for both Comprehensive Care and Residential Care services. Mill Pond is fully staffed per State licensing requirements 24 hours a day/7 days a week. The painted doors in violation of Section 1008.1 of the 2014 Edition IFC 675 IAC 22-2.5 are only within our "Legacy Lane" unit, which is specifically designed to serve and protect our residents living with dementia diagnoses, including Alzheimer's Disease. Please see attached "Memory Care Door Murals" for a detailed explanation regarding the purpose of the exit doors painted as a safety measure for those residents.

Also attached is the "Fire" section of Mill Pond's Emergency Evacuation Manual, detailing the policy in place for escorting anyone from the building in an emergency. Item 5.B assigns additional staff to assist moving Legacy Lane residents to safety, so residents are never left unattended to seek safety by their own accord. Residents are then accounted for, as outlined in Item 14 F.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.

Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.

Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.

Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:
The exit doors in the Legacy Lane unit are painted as a safeguard for residents suffering from various memory-care diagnoses. As outlined in the attachment, by camouflaging the exit doors within this unit, we are reducing the risk of elopement. With elopement bringing the highest risk of accidental harm, injury or death to a resident, removing the mural from the exit doors would almost certainly heighten the curiosity of those residents, thereby increasing their risk for harm.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application <i>Lisa Fightmaster</i>	Please print name Lisa Fightmaster	Date of signature (month, day, year) July 31, 2017
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant <i>Lisa Fightmaster</i>	Please print name Lisa Fightmaster	Date of signature (month, day, year) July 31, 2017
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FIRE AND BUILDING CODE ENFORCEMENT INSPECTION REPORT ORDER

DIVISION OF FIRE AND BUILDING SAFETY
INDIANA DEPARTMENT OF HOMELAND SECURITY
302 WEST WASHINGTON STREET, RM E241
INDIANAPOLIS, IN 46204
TELEPHONE: 317-232-2222
WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number LT6094	Name of the facility MILL POND HEALTH CAMPUS	County PUTNAM
Address of Property 1014 MILL POND LANE GREENCASTLE 46135		Name of the Contact RACHEL FRYE
Email Rachel.Frye@millpondhc.com		Telephone Number (765) 653-4397
Inspection Category HEALTHCARE FACILITY		Inspection Date 07/12/2017
Inspection Type ANNUAL		Inspection Status: VIOLATION
Name of the inspector DEL SCHROEDER		Phone: 3174176654
Email: dschroeder@dhs.in.gov		

Violations

VIO-LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	Sec. 605.1 2014 Edition IFC 675 IAC 22-2.5	Identified electrical hazards shall be abated. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. <u>Panel K-1 in the kitchen had an open breaker location.</u>	08/12/2017
2	Sec. 703.2.3 2014 Edition IFC 675 IAC 22-2.5	Swinging fire doors shall close from the full-open position and latch automatically. The door closer shall exert enough force to close and latch the door from any partially open position. <u>A fire door at the dining room was damaged and failed to latch.</u>	08/12/2017
3	Sec. 1008.1 2014 Edition IFC 675 IAC 22-2.5	Means of egress doors shall meet the requirements of this section. Doors serving a means of egress system shall meet the requirements of this section and Section 1020.2. Doors provided for egress purposes in numbers greater than required by this code shall meet the requirements of this section. Means of egress doors shall be readily distinguishable from the adjacent construction and finishes such that the doors are easily recognizable as doors. Mirrors or similar reflecting materials shall not be used on means of egress doors. Means of egress doors shall not be concealed by curtains, drapes, decorations or similar materials. <u>Exit doors at the memory care wing were painted to look like a book case.</u>	08/12/2017

Facility Id LT6094	Received By Name	Signature and Date
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Memory Care Door Murals

Trilogy Health Services' Legacy and Legacy Lane venues are designed to serve and protect those living with dementia diagnoses, including Alzheimer's disease. Masking, or painting, exit doors in dementia care venues is a widely practiced method in long term care for maintaining resident safety. The painted door murals provide the following benefits:

- **Reduction of door testing.** Often, those living with dementia will wander without purpose due to a loss of planning abilities. In this wandering, an obvious door might be worth a try since it is a recognized way to continue one's journey. With the declining visual acuity experienced by many elders and/or the visiospatial disruption experienced by many living with dementia, a 2-dimensional picture will take on a very real quality, thus, making the door appear to be a bookshelf, plate rack, cabinet front, or whatever the artist has painted on the door. Since these items are not associated with a doorway, the resident doesn't feel the need to try and go through.
- **Reduction of exit-seeking.** Those with dementia diagnoses will frequently feel the need to leave a current environment to "go home"; even from a house in which they may have lived for many decades. They have forgotten where they now live and feel the need to seek a home they may remember from their previous years. When this happens, residents will seek out, sometimes aggressively, exits that they feel will allow them to complete their quest. Door murals, once again, mask the door and decrease the likelihood that a resident will push on it repeatedly to try and leave the Memory Care neighborhood.
- **Decrease in elopements/Resulting missing person situations.** We all have heard reports of elders with dementia who have wandered away from home or other safe places, thus requiring the involvement of local First Responders. Many of these elders happen into perilous situations including violence, injury and even death. The door murals are effective in directing our residents away from the exit doors and back to the safety of the Memory Care neighborhood. These painted doors are yet another tool available to us as dementia-care providers that assist us in maintaining the safety and well-being of our residents.

FIRE

The first person to discover a fire or smoke that appears related to a fire is responsible to immediately take the following steps:

1. **Rescue anyone in immediate danger.** Remove the resident(s) from the immediate area and close the door of the room or area where the fire is located.
2. **Alert others - activate the fire alarm system** (if not activated) by pulling the nearest pull station. (The fire alarm monitoring company will automatically contact the Executive Director, Director of Plant Operations or on-call maintenance in the event they are not on the premises). **Patient care items in corridor will be immediately placed in the nearest resident room upon activation of the fire system.**
3. **Immediately inform the charge nurse of the location of the fire.** The charge nurse is responsible to **contact the fire department (dial 911)** informing them of the following:
 - A. Type of fire
 - B. Exact location of the fire
 - C. Extent of the fire
 - D. If evacuation is in process
 - E. Other information as necessary or requested
4. **The charge nurse will immediately announce the location of the fire at least two times over the emergency paging system.**
5. **Employees in all departments are responsible to go to the following assigned areas to support nursing staff with resident safety.**
 - A. **Nursing employees** shall remain on their assigned units and implement the emergency procedures.
 -  B. **Dietary Cooks and Dietary Workers** shall turn off all equipment in the kitchen, including breakers, and report to the Legacy Lane nursing unit to assist moving residents to safety.
 - C. **Laundry Workers, Plant Operations Staff, Activities and Administrative Staff** shall report to the Comprehensive unit to assist moving those residents to safety.
6. **Contain the fire.** Close all doors and windows adjacent to the fire. Shut off fans, ventilators and air conditioners that may feed the fire and spread smoke throughout the building. Place a wet blanket under the room entrance door where the fire was located to prevent smoke from entering the rest of the building.
7. **Extinguish the fire or exit the area**

8. **Use an ABC extinguisher that works on all types of fires.** To use the extinguisher take the following steps:
 - A. Hold the extinguisher upright.
 - B. Pull the ring pin to snap the safety seal.
 - C. Start back ten (10) feet from the fire.
 - D. Aim at the base of the fire. **Do not start at the top of the fire.**
 - E. Squeeze the lever. Substance will last for 6-10 seconds.
 - F. Sweep the hose from side to side.

In the kitchen: Use a "K" Class fire extinguisher in the kitchen after first using the fixed fire suppression system (Ansul) to extinguish fires on the cooking equipment. To use the extinguisher take the following steps:

- G. Hold the extinguisher upright.
 - H. Pull the ring pin to snap the safety seal.
 - I. Start back ten (10) feet from the fire.
 - J. Aim at the base of the fire. **Do not start at the top of the fire.**
 - K. Squeeze the lever. Substance will last for 6-10 seconds.
 - L. Sweep the hose from side to side.
9. **Do not attempt to put out an overhead fire.** Only firemen shall proceed to control overhead fires because of the extreme danger involved.
 10. **Once the fire is extinguished, using caution remove burning articles and place articles outside or in an area where they cannot rekindle or cause further damage.**
 - A. Inform the person in charge that the fire has been extinguished and of the actions taken.
 - B. Assure the residents and staff that the fire has been extinguished and everything is under control.
 11. **Evacuate residents from unsafe areas only.** Move all residents inside a safe room with a smoke door and close all doors and windows. No residents should remain in hallways or open common areas that are not protected with smoke doors in close proximity. Do not evacuate residents unless they are in an unsafe area.
 12. **Always remain calm and do not panic.** Assure residents and staff that the situation is under control.
 13. **Keep communication lines open** and do not make unnecessary calls. **If guests are in the building, ask guests to remain in a safe location also.** State in a clear and distinct voice that an emergency exists and we will assist them as soon as the emergency is cleared.

14. If the fire is a fire evacuate all residents and staff from the affected compartment to another compartment of the building to these pre-assigned areas.
 - A. Turn on all lights and check all exits to assure they are safe and usable.
 - B. As residents are evacuated close all doors and windows to rooms and turn off heating and air conditioning units.
 - C. Move Comprehensive nursing residents (Compartment A) to the Business Office lobby (Compartment B) and Residential assisted living unit (Compartment C).
 - D. Move Legacy Lane nursing residents and Residential Assisted Living residents (Compartment C) to the Business Office lobby (Compartment B), Comprehensive nursing unit (Compartment A) and Suites assisted living unit (Compartment D).
 - E. Move Suites assisted living residents (Compartment D) to the Residential assisted living unit (Compartment C).
 - F. Make sure all residents are accounted for. Report any missing residents to the person in charge immediately.
 - G. Do not return to the danger area (compartment) once compartments have been vacated.
 - H. Shut off all unnecessary electrical equipment.

When the fire department arrives (typically within 3 minutes), they will assume all fire fighting responsibilities. Provide as much information as possible or as requested by the fire department officials.

- have the department assess the evacuated compartment and adjacent compartment to ensure compartments where residents are being evacuated to remains safe.
 - have the Fire department assess the burning articles to ensure the fire was fully extinguished.
 - The fire department must assess the room or area where the fire was discovered to ensure that location is safe as well.
15. No residents or staff may return to an affected compartment or room until the fire department has determined it is safe to return.
 16. Once the fire department has given the all clear for the affected room or compartment, an announcement should be made over the emergency paging system twice announcing "ALL CLEAR".
 17. Staff should assist residents to return to their apartments/rooms and turn on all heating and air conditioning units and assist residents to return their home to normal.

Mill Pond Health Campus Evacuation Routes

