



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)

18-04-05

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

Name of applicant Blair Ridge Health Campus	Title Healthcare Facility
Name of organization	Telephone number (765) 472-8049
Address (number and street, city, state, and ZIP code) 269 Meadowview Drive, Peru, IN 46970-8996	

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

Name of applicant Lisa Fightmaster	Title Licensure Analyst
Name of organization Blair Ridge Health Campus	Telephone number (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 N/A	License number
Name of organization	Telephone number ()
Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project Blair Ridge Health Campus	State project number N/A	County Miami
Address of site (number and street, city, state, and ZIP code) 269 Meadowview Drive, Peru, IN 46970-8996		
Type of project <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input 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?

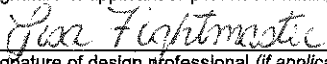
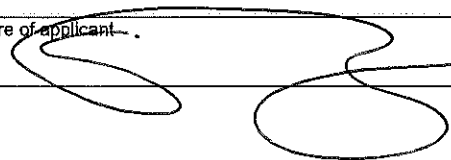
Yes (If yes, attach a copy of the Correction Order.) No

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 Sec. 1030.6 and Sec. 1008.1	
Nature of non-compliance <i>(Include a description of spaces, equipment, etc. involved as necessary.)</i> "Exit doors in the memory care unit cannot be painted or camouflaged in a way that they no longer look like an exit door."		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED		
Select one of the following statements:		
<input checked="" type="checkbox"/> Non-compliance with the rule will not be adverse to the public health, safety or welfare; or <input type="checkbox"/> 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 <i>(be specific)</i> .		
Facts demonstrating that the above selected statement is true: Blair Ridge Health Campus is licensed by the Indiana State Department of Health for both Comprehensive Care and Residential Care services. Blair Ridge is fully staffed per State licensing requirements 24 hours a day/7 days a week. The painted doors in violation of Sections 1030.6 and 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 Emergency" section of Blair Ridge's Emergency Operations Plan, detailing the policy in place for escorting anyone from the building in an emergency. Item 6.D 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 17 C.		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE		
Select at least one of the following statements:		
<input type="checkbox"/> Imposition of the rule would result in an undue hardship <i>(unusual difficulty)</i> because of physical limitations of the construction site or its utility services. <input checked="" type="checkbox"/> Imposition of the rule would result in an undue hardship <i>(unusual difficulty)</i> because of major operational problems in the use of the building or structure. <input type="checkbox"/> Imposition of the rule would result in an undue hardship <i>(unusual difficulty)</i> because of excessive costs of additional or altered construction elements. <input type="checkbox"/> 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 	Please print name Lisa Fightmaster	Date of signature <i>(month, day, year)</i> March 20, 2018
Signature of design professional <i>(if applicable)</i>	Please print name N/A	Date of signature <i>(month, day, year)</i> N/A
11. STATEMENT OF AWARENESS <i>(If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)</i>		
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 	Please print name Stephen J. Bardoczi	Date of signature <i>(month, day, year)</i> March 20, 2018



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 LT11810	Name of the facility BLAIR RIDGE HEALTH CAMPUS	County MIAMI
Address of Property 269 MEADOWVIEW DR. PERU IN 46970	Name of the Contact MICHAEL WRAY	Telephone Number (765) 472-8049
Email mlke.wray@blairridge.com	Inspection Date 11/07/2017	
Inspection Category HEALTHCARE FACILITY	Inspection Type ANNUAL	Inspection Status: VIOLATION
Name of the inspector JAMES STRAWS	Phone: 3176953625	
Email: jstraws@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>Repair or cover the open light outlet in the walk-in cooler.</u>	12/07/2017
2	Sec. 605.3 2014 Edition IFC 675 IAC 22-2.5	A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1,981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. No storage of any materials shall be located within the designated working space. Exceptions: 1. Where other dimensions are required or allowed by NFPA 70. 2. Access openings into attic or underfloor areas, which provide a minimum clear opening of 20 inches (509 mm) by 40 inches (1,016 mm). <u>Check all electrical panels and remove all storage from in front of the electrical panels.</u>	12/07/2017
3	Sec. 1030.6 2014 Edition IFC 675 IAC 22-2.5	Means of egress doors shall be maintained in such a manner as to be distinguishable from the adjacent construction and finishes such that the doors are easily recognizable as doors. Furnishings, decorations or other objects shall not be placed so as to obstruct exits, access thereto, egress therefrom, or visibility thereof. Hangings and draperies shall not be placed over exit doors or otherwise be located to conceal or obstruct an exit. Mirrors shall not be placed on exit doors. Mirrors shall not be placed in or adjacent to any exit in such a manner as to confuse the direction of exit. <u>Exit doors in the memory care unit cannot be painted or camouflaged in a way that they no longer look like an exit door.</u>	12/07/2017
4	Sec. 1011.5 2014 Edition IFC 675 IAC 22-2.5	Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be	12/07/2017

		<p>installed in accordance with the manufacturer's Instructions and Chapter 27 of the International Building Code. Exit signs shall be illuminated at all times.</p> <p><u>Exit signs need to be installed over the exit doors by rooms 28/45 and 1/24.</u></p>	
5	<p>SEC. 7.2.6.3.1 2010 Edition NFPA 13 675 IAC 13-1-8</p>	<p>Connection pipe from the air supply to the dry pipe valve shall not be less than 1/2 in. (15 mm) in diameter and shall enter the system above the priming water level of the dry pipe valve.</p> <p><u>Check the pipe from the air compressor to the sprinkler system and provide documentation that it complies with this section of the code.</u></p>	12/07/2017
6	<p>SEC 7.2.6.5.1 2010 Edition NFPA 13 675 IAC 13-1-8</p>	<p>Unless the requirements of 7.2.6.5.2 are met, where the air supply to a dry pipe system is maintained automatically, the air supply shall be from a dependable plant system or an air compressor with an air receiver, and shall utilize an air maintenance device specifically listed for such service and capable of controlling the required air pressure on, and maximum airflow to, the dry pipe system.</p> <p><u>Provide documentation that the air compressor is labeled and listed for use with a sprinkler system.</u></p>	12/07/2017
7	<p>Sec. 907.8.5 2014 Edition IFC 675 IAC 22-2.5</p>	<p>The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements of NFPA 72 for maintaining, inspecting and testing such systems. A written record shall be maintained and shall be made available to the fire code official.</p> <p><u>The fire alarm system shows a trouble light due to being worked on at the time of this inspection.</u></p>	12/07/2017
8	<p>Sec. 1008.1 2014 Edition IFC 675 IAC 22-2.5</p>	<p>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.</p> <p>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.</p> <p><u>Exit doors in the memory care unit cannot be painted or camouflaged in a way that they no longer look like an exit door.</u></p>	12/07/2017

Inspection Notes:

Inspection was made with Jeff Short and local fire inspector.

Facility Id	Received By Name	Signature and Date
LT11810		

APPEAL RIGHTS

Please be advised that if you desire administrative review of this Order and **this Order was delivered by hand**, you must file a written petition for review with the Fire Prevention and Building Safety Commission at 302 West Washington Street, Rm. W246, Indianapolis, IN 46204, identifying the violations for which you seek review no later than 15 calendar days from the hand delivery date of this Order unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours, in which case the deadline would be the first calendar day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this Order will be **FINAL** and you **MUST** comply with its requirements.

Please be advised that if you desire administrative review of **this Order and this Order was delivered by first class U.S. mail**, you must file a written petition for review with the Fire Prevention and Building Safety Commission at 302 West Washington Street, Rm. W246, Indianapolis, IN 46204, identifying the violations for which you seek review no later than 18 calendar days from the mailing date of this Order unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours, in which case the deadline would be the first calendar day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this Order will be **FINAL** and you **MUST** comply with its requirements.

Please be further advised that you may request an opportunity to informally discuss this Order prior to filing a petition for review. Such informal discussion, or a request therefor, does not extend the deadline for filing a petition for review and, therefore, any request for an informal discussion should be made promptly, preferably by telephone, upon receipt of this Order.

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.

E0041

Fire Emergency

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- the monitoring company will also call 911, which notifies your local fire department of a fire emergency. See your Addendum section for a list of local fire department numbers).
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 if this information is available or known.
 - 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. The nurse will announce the location of the fire alarm.**
5. **The fire alarm panel should not be silenced during the alarm.**
6. **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 charge nurse to assist moving residents to safety.
 - C. **Laundry Workers, Life Enrichment and Administrative Staff** shall report to the Assisted Living hall to assist moving those residents to safety.
 - D. **Legacy** if the fire/emergency is in Legacy, staff charge nurse and Executive Director and Director of Plant Operations should go to the Legacy to assist. If fire is in the main campus,

Legacy staff should remain in their campus monitoring their residents.

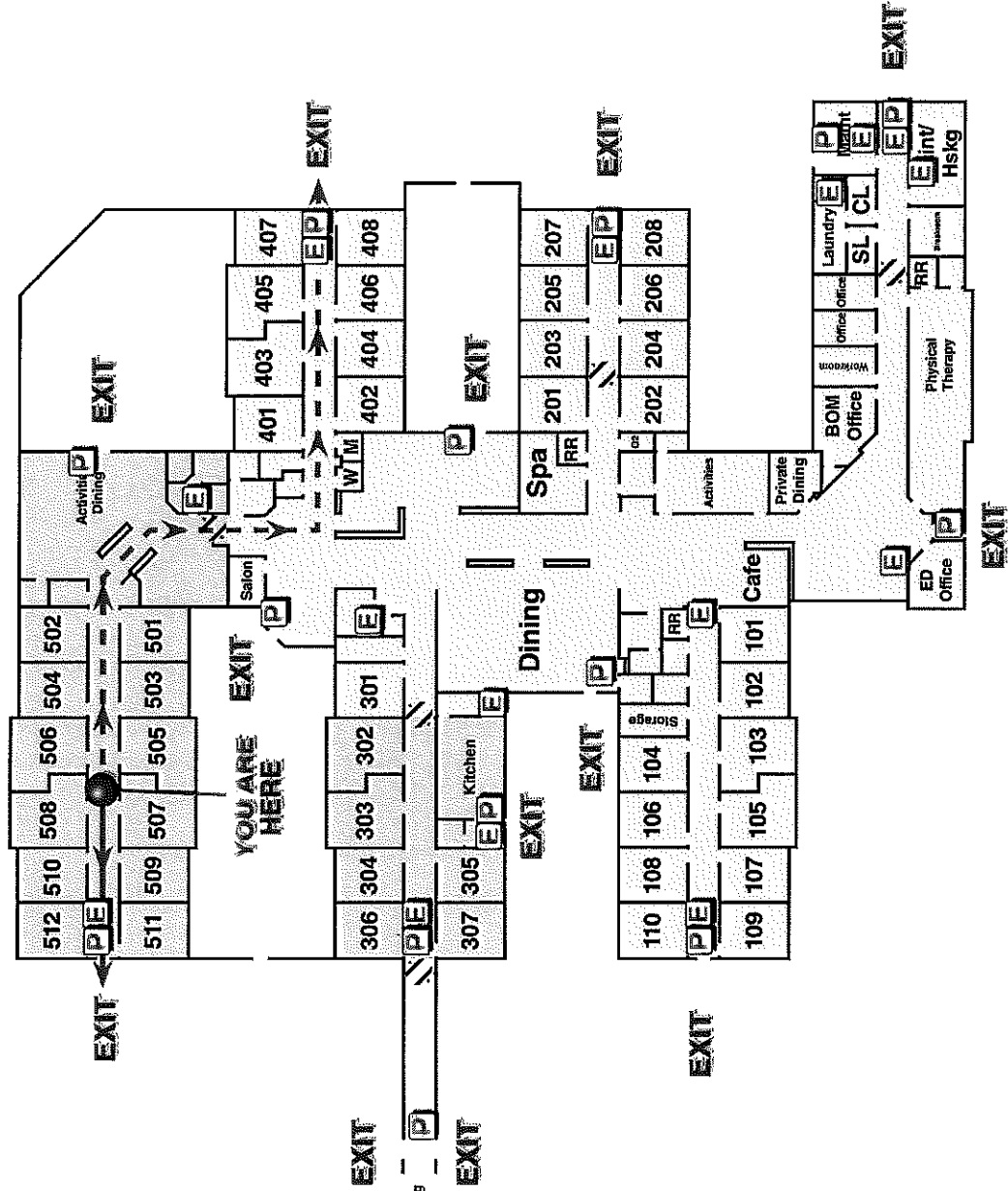
7. **Contain the fire.** Close all doors in areas adjacent to the fire.
8. **Staff should only attempt to extinguish the fire if it is small.** An example of a small fire would be a fire within a small trash can. If the fire is not able to be immediately contained/put out, close the door to the room until the fire department arrives or the sprinkler system is engaged and puts out the fire.
9. **Use an ABC extinguisher that works on all types of fires.** To use the extinguisher, take the following steps:
 - i. Hold the extinguisher upright.
 - ii. Pull the ring pin to snap the safety seal.
 - iii. Step back ten (10) feet from the fire.
 - iv. Aim at the base of the fire. **Do not start at the top of the fire.**
 - v. Squeeze the lever. Substance will last for 6-10 seconds.
 - vi. Sweep the hose from side to side.

B. NOTE: Kitchen fire extinguishers are Type K
10. **Do not attempt to put out an overhead fire.** Only firefighters shall proceed to control overhead fires because of the extreme danger involved.
11. **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.
12. **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. Do not evacuate residents outside of the building unless told to do so by Incident Command.
13. **Always remain calm and do not panic.** Assure residents and staff that the situation is under control.
14. Elevators should be shut down and stair well doors closed by the charge nurse or incident command at the time of the alarm.
15. Nurses should turn off any liquid oxygen and connect residents to Oxygen Concentrators until

after the emergency.

16. **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.
17. If the fire is a significant fire, **evacuate all residents and staff from the affected compartment to another compartment of the building to these pre-assigned areas. A compartment comprises an area protected by the fire / smoke barrier doors.**
 - A. **Turn on all lights and check all exits to assure they are safe and usable.**
 - B. **As residents are evacuated, close all doors to the rooms in the affected area to designated areas within the campus.**
 - C. **Make sure all residents are accounted for.** Report any missing residents to the person in charge immediately.
 - D. **Do not return to the danger area (compartment) once compartments have been vacated.**
 - E. **Shut off all unnecessary electrical equipment.**
18. **When the fire department arrives, they will assume all fire fighting responsibilities.** Provide as much information as possible or as requested by the fire department officials.
 - A. **If the fire is a fire, have the fire department assess the location where residents are being evacuated to (within the campus) or that there is no further risk if fire was contained/put out.**
 - B. **The fire department must assess the room or area where the fire was discovered to ensure that location is safe as well.**
19. **No residents or staff may return to an affected compartment or room until the fire department has determined it is safe to return.**
20. **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".**
21. **Staff should assist residents to return to their apartments/rooms, turn on all heating and air conditioning units, and assist residents to return their home to normal.**
22. **The staff shall not silence the audible portion of the alarm.**
23. **All departments are responsible for removing all items out of the hallways so that all hallways are clear.**

Blair Ridge Health Campus Evacuation Routes



- SMOKE COMPARTMENTS**
- Compartment A
 - Compartment B
 - Compartment C
 - Compartment D
 - Compartment E

- LEGEND**
- Primary Route
 - Secondary Route
 - Fire Extinguisher
 - Pull Alarm
 - Smoke Doors
 - You Are Here

**MIAMI COUNTY PLAN/BUILDING COMMISSION
25 NORTH BROADWAY
COURTHOUSE – ROOM 105
PERU, IN. 46970
765-472-3901 EXT. 1213
FAX: 765-472-3908
tgamble@miamicountyin.gov**

Trilogy Health Services, LLC
Attn: Lisa Fightmaster
303 N. Hurstbourne Parkway
Suite 200
Louisville, Ky. 40222

RE: Blair Ridge Health Campus
269 Meadowview Drive
Peru, In. 46970

March 1, 2018

Lisa,

This is written notice that I have received a copy of your Application for Variance you are applying for with the Indiana Department of Homeland Security Code Services Section.

If you need anything else please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Tammy R. Gamble". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Tammy R. Gamble
Zoning Administrator/Building Commissioner
Miami County Plan/Building Commission

Lisa Fightmaster

From: Jerry Santen <jsanten@cityofperu.org>
Sent: Thursday, February 15, 2018 7:55 AM
To: Lisa Fightmaster
Subject: Blair Ridge -Application for variance

Ms. Fightmaster,

My apologies for not responding in a more timely manner.

I have received your e-mail request for this departments acknowledgement of of the application, as well as your phone message left yesterday. Unfortunately I was unable to respond due to other situations that have occurred here. In that regard, I have also made the zoning administrator for the city aware of your request for confirmation, and she is now looking at the documents that were sent to us.

Both departments are aware of of the application and request. If you need anything else please try to contact me again.

--

Jerry Santen
Building Commissioner
City of Peru

Office: 765-473-4881 Ext 117
Fax: 765-472-5815

Email: jsanten@cityofperu.org

Peru Fire Department

85 West Canal Street
Peru, Indiana 46970



Chief

Erick Hawk

Phone: 765-472-2410

Fax: 765-472-5191



Inspectors

Brian Edwards

Paul Donaldson

Eric Mathias

Indiana Department of Homeland Security,

The Inspection Department has received a copy of the Variance Application from Trilogy Health Services, LLC / Blair Ridge Health Campus at 269 Meadowview Drive, Peru, IN 46970. The Peru Fire Inspection Department is aware of the doorway at issue. There is an exit sign above the doors, each door has a small window and panic hardware that is visible. The doors also require a code to enter and exit but locks are released and work freely with an active fire alarm. There are also two other means of egress that goes directly outside at each end of the hall in that unit. Peru Fire Inspection Department has no objection to the approval of the Variance.

Paul Donaldson
Peru Fire Department
Inspection Division