CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/11/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G496 NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2333 WESTDALE CT KOKOMO, IN 46902				ETED
(X4) ID PREFIX TAG K020000	(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)	ATE	(X5) COMPLETION DATE
	Survey was cond State Departmen with 42 CFR 483 Survey Date: 10 Facility Number Provider Number AIM Number: 1 Surveyor: Philli Code Specialist At this Life Safe Vista Programs I compliance with Participation in I subpart 483.4700 and the 2000 edi Protection Assoc Safety Code (LS Residential Boar This one story fa The facility has a smoke detection common living a resident sleeping	ty Code survey, Bona Inc. was found not in Requirements for Medicaid, 42 CFR (j), Life Safety from Fire, tion of the National Fire Station (NFPA) 101, Life C), Chapter 32, New d and Care Occupancies. Incility was sprinklered. In fire alarm system with in the corridors, areas and none in the grooms. The facility has the and had a census of	K02	20000	To ensure that all fire alarm and sprinkler systems are properly maintained, the following correction actions will be implemented: All fire a safety alarms and sprinkler systems located at 2333 Westdale Court (Westdale growne) are maintained by Koo Fire and Security Company. Use Completion of the Life Safety Code Survey conducted on October 15, 2014, the agency safety and maintenance staff contacted Koorsen Fire and Security toinquire about the last of routine maintenance provided and documented for the group home. Koorsen Fire and Security toinquire about the last of routine maintenance provided and prompt response a conducted an annual fire alarm inspection and smoke detectors ensitivity test on October 15, 2014. Furthermore, they provided additional fire alarm sprinkler service on October 2014. To ensure that all fire a safety alarms and sprinkler systems within the home are properly assessed and maintained, the Residential House Manager will maintain proper documentation of each inspection as it occurs annual As the time for the next annual inspection draws near, the Residential House Manager will maintain proper documentation of Safety and Maintenance that it is time for needed inspections. The Director of Safety and Maintenance that it is time for needed inspections. The Director of Safety and Maintenance that it is time for needed inspections. The Director of Safety and Maintenance that it is time for needed inspections.	and oup orsen Jpon deck led ourity and mor and 21, and our lly. al	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

Facility ID:

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		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
		A. BUILDING	02	COMPLETED	
		15G496	B. WING		10/15/2014
NAME OF P	ROVIDER OR SUPPLIER	• }	STREET A	ADDRESS, CITY, STATE, ZIP CODE	-
				ESTDALE CT	
BONA VI	STA PROGRAMS I	INC	KOKON	MO, IN 46902	
(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	
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
		ne Evacuation Difficulty		of Safety and Maintenance wil turn contact Koorsen Fire and	i in
	` ′	using NFPA 101 A,		Security Company to have all	
		roaches to Life Safety,		necessary and required	
	• .	the facility Slow with an		inspections completed.	
	E-score of 2.12.				
	` .	by Dennis Austill, Life			
	Safety Code Spe	ecialist on 10/20/14.			
	_	found not in compliance			
		entioned regulatory			
	requirements as	evidenced by the			
	following:				
K02S051	483.470(j)(1)(i)				
	LIFE SAFETY CC				
	A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on record review and interview, the facility failed to ensure 1 of 1 fire				
			K02S051	 Toensure that all fire alari	m 11/14/2014
				and sprinkler systems are	/1//2011
	_	vas maintained in		properly maintained,	
	accordance with			thefollowing correction	
		NFPA 72, National Fire		actions will be implemente	·4·
	-	SC 9.6.1.4 requires fire	1	All fire and safety alarms an	
		be maintained in		sprinkler systemslocated at	14
	· ·	NFPA 72. NFPA 72,	1	2333 Westdale Court	
		sting shall be performed		(Westdalegroup home) are	
	•	ith the schedules in		maintained by Koorsen Fire	
		re often if required by the		and Security Company.	
	-				
	-	jurisdiction. Table 7-3.2		Uponcompletion of the Life	
	snan appiy. Tab	ole 7-3.2 "Testing		Safety Code Survey conduct	ieu

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Event ID:

W4Z521 Facility ID: 001010

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G496		A. BUI	LDING	02	COMPLETED	
15G496			B. WIN			10/15/2014
NAME OF	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP CODE	
DONA V	ICTA DDOCDAMC	INC			ESTDALE CT	
	ISTA PROGRAMS				MO, IN 46902	
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
	, i				CROSS-REFERENCED TO THE APPROPRIA	IE
TAG		*		TAG		DATE
	1 1	*			1	
		•			1 2 3	
		•				
	•				_	
	clients, starr, an	d visitors in the facility.			_	1
	F: 1: : 1 1					
	Findings includ	e:				ıp
		077				
					1	
					_	
	_	•			_	
	_					ity
					· ·	
					I	
	_	_			*	n
	_					
	other document	ation for an annual Fire				
	_	on report was available for			To ensure that all fire and	
	review for 2014				safety alarms andsprinkler	
					systems within the home are	e
					properly assessed and	
					maintained, theResidential	
					House Manager will mainta	in
					proper documentation of each	ch
					inspectionas it occurs	
					annually. As the time for the	e
					next annual inspection draw	S
					near,the Residential House	
					Manager will notify the	
					Director of Safety	
					andMaintenance that it is tir	ne
					for all needed inspections. T	The
					Director of Safetyand	
					Maintenance will in turn	
PREFIX TAG	Frequencies" re appliances, batte devices to be test This deficient p clients, staff, and Findings include Based on review Inspection report p.m. with the Hefire alarm inspection 10/02/13. Base concurrent with Manager, it was consulting with other document.	v of Fire Alarm rts on 10/15/14 at 12:05 couse Manager, the last ction was done on d on interview on review with the House acknowledged after Central Office staff, no ation for an annual Fire on report was available for		PREFIX TAG	on October 15, 2014, theagency safety and maintenance staff contacted Koorsen Fire and Security toinquire about the lack of routine maintenance provide and documented for thegrouthome. Koorsen Fire and Security provided a prompt response and conductedan annual fire alarm inspection and smoke detector sensitivitest on October 15, 2014. Furthermore, they providedadditional fire alarm and sprinkler service on October 21, 2014. To ensure that all fire and safety alarms andsprinkler systems within the home are properly assessed and maintained, the Residential House Manager will mainta proper documentation of each inspectionas it occurs annually. As the time for the next annual inspection draw near, the Residential House Manager will notify the Director of Safety and Maintenance that it is tir for all needed inspections. To Director of Safetyand	ed ap

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER: 15G496		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 02	(X3) DATE SURVEY COMPLETED 10/15/2014	
NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC			2333 W KOKON	ADDRESS, CITY, STATE, ZIP CODE VESTDALE CT MO, IN 46902	
(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 APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
K02S053	483.470(j)(1)(i) LIFE SAFETY CO Approved smoke a accordance with 9 Smoke alarms are including basemer spaces and unfinis	DE STANDARD alarms are provided in .6.2.10, 32.2.3.43.1. installed on all levels, alts but excluding crawleshed attics. Additional installed for all living		contact Koorsen Fire and Security Company to havea necessary and required inspections completed.	
	buildings protected approved automated accordance with 3 Based on record the facility failed detectors were seen section 9.6.2.10. National Fire Al 7-3 requires testiwith Section 7-3 Frequency. NFF detector sensitive within 1 year of alternate year the second required sensitivity tests in remained within sensitivity range between calibrate permitted to be experienced.	review and interview, I to ensure 4 of 4 smoke ensitivity tested. LSC 1 refers to NFPA 72, arm Code. NFPA 72, at ng to be in accordance Inspection and Testing A 72, 7-3.2.1 states ity shall be checked installation, and every ereafter. After the calibration test, if ndicate the detector has its listed and marked the the length of time	K02S053	Toensure that all fire alar and sprinkler systems are properly maintained, thefollowing correction actions will be implement All fire and safety alarms a sprinkler systemslocated at 2333 Westdale Court (Westdalegroup home) are maintained by Koorsen Fire and Security Company. Uponcompletion of the Life Safety Code Survey conduction October 15, 2014, theagency safety and maintenance staff contacted Koorsen Fire and Security toinquire about the lack of	ed: nd e

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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 02		02	COMPLETED	
15G496			B. WIN			10/15/2014	
NAME OF D	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	KOVIDEK OK SUPPLIER			2333 W	ESTDALE CT		
	STA PROGRAMS I	NC		KOKOM	//O, IN 46902		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION DATE	
TAG		LSC IDENTIFYING INFORMATION)		IAG			
		or caused nuisance			routine maintenance provide		
		equent trends of these			and documented for thegrou	p	
		naintained. In zones or			home. Koorsen Fire and		
		ance alarms show an			Security provided a prompt		
	increase over the	-			response and conductedan		
		shall be performed. To			annual fire alarm inspection		
		smoke detector is within			and smoke detector sensitivi	ty	
		rked sensitivity range, it			test on October15, 2014.		
		sing any of the methods:			Furthermore, they		
	(1) Calibrated te				providedadditional fire alarr	n	
		s calibrated sensitivity			and sprinkler service on		
	test instrument.				October 21, 2014.		
	(3) Listed contro	l equipment arranged for			To ensure that all fire and		
	the purpose.				safety alarms andsprinkler		
	(4) Smoke detec	tor/control unit			systems within the home are	;	
	arrangement who	ereby the detector causes			properly assessed and		
	a signal at the co	ntrol unit where its	maintained, theResidential				
	sensitivity is out	side its listed sensitivity	House Manager will maintain		in		
	range.		proper documentation of each			eh	
	(5) Other calibra	ted sensitivity method	inspectionas it occurs				
	acceptable to the	authority having	annually. As the time for		annually. As the time for the	;	
	jurisdiction. Det	tectors found to have			next annual inspection draw	s	
	sensitivity outsic	le the listed and marked			near,the Residential House		
		shall be cleaned and			Manager will notify the		
	recalibrated, or r	eplaced. The detector			Director of Safety		
		ot be tested or measured			andMaintenance that it is tin	ne	
	· ·	device which administers			for all needed inspections. T		
	• • • •	concentration of aerosol			Director of Safetyand		
		This deficient practice			Maintenance will in turn		
		lients in the facility as			contact Koorsen Fire and		
	well as staff, and	•			Security Company to haveal	1	
	swii, alle				necessary and required	-	
	Findings include	·			inspections completed.		
					- In the second second		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G496		(X2) MULTIPLE CON A. BUILDING	02 	COMPI 10/15	LETED
		B. WING STREET AD	DDRESS, CITY, STATE, ZIP CODE	10/13	72017
	PROVIDER OR SUPPLIER STA PROGRAMS INC	2333 WE	STDALE CT O, IN 46902		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
K02S056	Based on review of Fire Safety inspection records on 10/15/14 at 12:15 p.m. with the House Manager, there were no smoke detector sensitivity tests available for review. Based on interview on 10/15/14 at 12:18 p.m. with the House Manager it was acknowledged there was no written documentation or other evidence available for review to show the four smoke detectors had been tested for sensitivity. 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 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction. 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. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	INSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	02	COMPI	LETED
		15G496	B. WIN			10/15	/2014
I					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIEF	₹		2333 W	ESTDALE CT		
BONA VI	STA PROGRAMS	INC			10, IN 46902		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	Exception No. 2: I	Not applicable					
	1	n prompt and slow					
		ility facilities where an					
		er system is in accordance					
	l ·	andard for the Installation					
		ms, automatic sprinklers					
		n closets not exceeding 24 coms not exceeding 55 sq.					
		such spaces are finished					
	l	ter or material providing a					
	15 minute therma						
	Exception No. 4: I	n prompt and slow					
		ility facilities up to and					
	including four stor	ies in height, systems in					
		NFPA 13R, Standard for					
		Sprinkler Systems in					
		pancies up to an Including					
	Four Stories in He	eight, are permitted.					
	Exception No. 5: I	Not applicable					
	Exception No. 6: I	nitiation of the fire alarm					
	system is not requ	uired for existing					
	installations in acc	cordance with 33.2.3.5.5.					
	SLOW						
		itic sprinkler system is					
		r total or partial building					
		tem is in accordance with itiates the fire alarm					
		ance with 32.2.3.4.1. The					
		vater supply is documented					
	to the authority ha						
	 						
		n slow and impractical					
		ility facilities, an automatic					
		n accordance with NFPA					
		the Installation of					
		s in One and Two Family					
	∣ Dwellings and Ma	nufactured Homes, with a					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	IULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A RIII	ILDING	02	COMPLETED	
		15G496	B. WIN			10/15/2014	
			D. WII		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	_
NAME OF P	PROVIDER OR SUPPLIER				ESTDALE CT		
BONA VI	STA PROGRAMS I	NC			10, IN 46902		
(X4) ID		FATEMENT OF DEFICIENCIES	ı	ID		(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE	
TAG		upply, is permitted. All		IAG		DATE	
		nd closets are sprinklered.					
		e than eight residents are					
		nily dwellings with regard					
	to water supply.	, ,					
		n prompt and slow					
	· ·	lity facilities where an					
		r system is in accordance andard for the Installation					
		ms, automatic sprinklers					
		closets not exceeding 24					
	· ·	ooms not exceeding 55					
	sq. ft., provided th	at such spaces are					
		and plaster or material					
	providing a 15 min	ute thermal barrier.					
	Evention No. 4: I	n prompt and slow					
		lity facilities up to and					
		ies in height, systems in					
		IFPA 13R, Standard for					
		Sprinkler Systems in					
	Residential Occup	ancies up to and Including					
	Four Stories in He	ight, are permitted.					
	Exception No. 5: N	Jot Applicable					
	LACEPHOIT NO. 5. I	ioi Applicable					
	Exception No. 6: In	nitiation of the fire alarm					
	system is not requ						
		ordance with 32.2.3.5.5.					
	MODACTICAL						
	MPRACTICAL	tio apripklar avatam is					
		tic sprinkler system is r total or partial building					
		em is in accordance with					
		nall initiate the fire alarm					
		nce with 32.2.3.4.1. The					
		ater supply isdocumented					
	to the authority ha	ving jurisdiction.					
	32.2.3.5.2.						
	Evention No. 4: N	lot Applicable					
	Exception No. 1: N	иот Арріісавіе.					

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	of correction (X1) provider/supplier/clia (IDENTIFICATION NUMBER: 15G496	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 02	(X3) DATE SURVEY COMPLETED 10/15/2014		
	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 2333 WESTDALE CT KOKOMO, IN 46902				
(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		
	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 system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply. Exception No. 3: Not Applicable. Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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	K02S056	To ensure that all fire alarm and sprinkler systems are properly maintained, the following correction actions will be implemented: All fire a safety alarms and sprinkler systems located at 2333 Westdale Court (Westdale grohome) are maintained by Koo Fire and Security Company. Ucompletion of the Life Safety Code Survey conducted on October 15, 2014, the agency	oup rsen Ipon		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			02	COMPLETED	
		15G496	A. BUILDING		10/15/2014
		1.00.00	B. WING		10/10/2011
NAME OF I	PROVIDER OR SUPPLIE	3		ADDRESS, CITY, STATE, ZIP CODE	
5011414	074 000004440	11.0		WESTDALE CT	
BONA VI	STA PROGRAMS	INC	KOKC	MO, IN 46902	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	Water-Based Fin	re Protection Systems.		safety and maintenance staff	
	NFPA 25, 1-4,4	states the owner or		contacted Koorsen Fire and	
	· · · · · · · · · · · · · · · · · · ·	romptly correct or repair		Security to inquire about the la	
				of routine maintenance provid	
	deficiencies, dan	· .		and documented for the group	
	_	and while performing the		home. Koorsen Fire and Secu	- I
	inspection, test,	and maintenance		provided a prompt response a conducted an annual fire alarr	
	requirements of	this standard.		inspection and smoke detecto	
	Corrections and	repairs shall be		sensitivity test on October 15,	
		alified maintenance		2014. Furthermore, they	
	1	ualified contractor. This		provided additional fire alarm	and
	-			sprinkler service on October 2	
	_	e could affect all clients		2014. To ensure that all fire a	nd
	and staff.			safety alarms and sprinkler	
				systems within the home are	
	Findings include	2:		properly assessed and	
				maintained, the Residential	
	Dand	£4b - Carrial-lan Carrtana		House Manager will maintain	
		of the Sprinkler System		proper documentation of each	
		rt dated 09/15/2014 on		inspection as it occurs annual	
	10/15/14 with th	ne House Manager at		As the time for the next annua	11
	12:30 p.m., the	'Explanation of No		inspection draws near,the Residential House Manager w	dill distribution of the state
	Answers" section	n indicated the		notify the Director of Safety ar	
	"expansion tank			Maintenance that it is time for	
	_			needed inspections. The Direction	
		lew on 10/15/14 during		of Safety and Maintenance wi	
	-	he House Manager		turn contact Koorsen Fire and	
	_	he issue with the		Security Company to have all	
	sprinkler system	had not been addressed.		necessary and required	
				inspections completed.	
			1		1

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