

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G515	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 359 W 47TH ST INDIANAPOLIS, IN 46208
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K0000	<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: 04/04/12</p> <p>Facility Number: 001029 Provider Number: 15G515 AIM Number: 100245200</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Transitional Services Sub, LLC 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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K0000		
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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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 2 of 2 portable fire extinguishers. NFPA 101, Section 4.5.7, requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations with the Direct Services Provider (DSP) during a tour of the facility from 10:30 a.m. to 11:00 a.m. on 04/04/12, the portable fire extinguisher located in the kitchen and in the living room each had an inspection and maintenance tag indicating the last yearly inspection date was February 2011. Based on interview at the time of observation, the DSP acknowledged the fire extinguisher located in the kitchen</p>	K0130	<p>The Area Director will ensure that US Automatic repairs the smoke barrier door, which did not release and close when the fire alarm system was activated.</p> <p>The Area Director will ensure that US Automatic inspects the portable kitchen fire extinguisher.</p> <p>The Area Director will train the Home Manager on reporting to the Area Director when equipment fails to work correctly during fire/evacuation drills to ensure that issues are repaired immediately.</p> <p>The Program Director will check the fire safety related equipment at the home and note in her review of the home that all is in working order and inspected per regulation when she visits at the home every other week for 4 weeks after the assigned completion date.</p> <p>Responsible party: Area Director, Program Director and Home Manager.</p>	05/04/2012			

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	<p>and in the living room each had an inspection and maintenance tag indicating the last yearly inspection date was February 2011.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 2 smoke barrier doors held open by devices arranged to automatically close would self close when the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect 4 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 10:30 a.m. to 11:00 a.m. on 04/04/12 the East corridor smoke barrier door which is held open by a magnetic hold device and arranged to automatically close did not self close when the fire alarm system was activated. The magnetic hold device did not release the door to close when the fire alarm system was activated. Based on interview at the time of observation, the Residential Coordinator acknowledged the East corridor smoke barrier door did not self close when the fire alarm system was activated.</p>		Completion Date: 05/4/12				

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KS056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>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 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</p>						

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	<p>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>SLOW 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 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>			

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	<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>IMPRACTICAL 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> <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</p>			

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	<p>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>Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested for 2 of 4 quarters. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices, including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semiannually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Sprinkler Corporation "Report of Inspection" documentation with the Area Director from 9:30 a.m. to 10:10 a.m. on 04/04/12, the most recent documentation of quarterly sprinkler system inspections of waterflow alarm devices was for the</p>	KS056	<p>The Maintenance Supervisor will work with US Automatic Sprinkler Corporation to ensure that the invoices for work completed are more efficiently provided to the facility.</p> <p>The Maintenance Supervisor will follow-up with US Automatic when reports have not been made available passed the due date.</p> <p>The Area Director will retain copies of Inspections upon completion.</p> <p>Responsible Party: Area Director, Maintenance Supervisor.</p> <p>Completion Date: 05/4/12</p>	05/04/2012

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	third quarter of 2011 on 08/08/11 but no written documentation of sprinkler systems inspections of waterflow alarm devices was provided for the fourth quarter of 2011 and the first quarter of 2012. The 08/08/11 USAutomatic report stated the sprinkler system was a "Vane Type Flow Switch." Based on interview at the time of record review, the Area Director stated no more recent sprinkler system inspections of waterflow alarm devices was available for review and acknowledged the most recent documented sprinkler system inspection of waterflow alarm devices was performed on 08/08/11.			

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KS152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) 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>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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.</p> <p>(3) Facilities must meet the requirements of 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 fire drills under varied conditions for 4 of 4 third shift fire drills. This deficient practice affects all clients and staff.</p> <p>Findings include: Based on review of "Fire Drill Report" documentation with the Area Director at</p>	KS152	<p>The Evacuation drill schedule for 2012 was written so that drills each month are scheduled in varied time frames throughout the year.</p> <p>The Area Director will retrain the Home Manager and Program Director on ensuring evacuation drills are completed during the</p>	05/04/2012			

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	the Corporate Office during record review from 9:30 a.m. to 10:10 a.m. on 04/04/12, third shift fire drills conducted on 06/06/11, 09/07/11, 12/08/11 and 03/09/12 were conducted at, respectively, 2:00 a.m., 2:00 a.m., 2:00 a.m. and 1:30 a.m. Based on interview at the time of record review, the Area Director acknowledged third shift fire drills were not conducted under varied conditions.		<p>time specified on the 2012 schedule.</p> <p>The Home Manager will retrain staff on completing evacuation drills during the time frame specified in the 2012 drill schedule.</p> <p>The monthly evacuation drills are submitted to the Quality Assurance Specialist monthly to ensure that drills are completed accurately and during the specified drill time.</p> <p>Responsible party: Area Director, Program Director, Home Manager, Quality Assurance Specialist</p> <p>Completion Date: 05/04/12</p>		