

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G171	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2013
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 E GREENWOOD CROWN POINT, IN 46307
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K010000	<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: 08/13/13</p> <p>Facility Number: 000705 Provider Number: 15G171 AIM Number: 100248690</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Tradewinds Services 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 with a basement was determined to be nonsprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and common living areas including the basement and ground floor levels. Client rooms were equipped with hard wired smoke detectors. The facility has the</p>	K010000		
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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>capacity for 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010130	<p>Based on observation and interview, the facility failed to ensure 1 of 2 emergency lighting fixtures operated when tested. LSC 4.6.12.2 requires life safety features, if not required by the Code shall be continuously maintained or removed. This deficient practice could affect 2 clients in the basement sleeping rooms.</p> <p>Findings include:</p> <p>Based on observation during the test of the emergency lighting in the basement with the Facilities Director on 08/13/13 at 12:45 p.m., the bulbs failed to light up when tested. A second test produced the same result. The Facilities Director acknowledged at the time of observation, the fixture was not working.</p>	K010130	<p>The emergency light was repaired on the day of the survey. All battery powered equipment is checked regularly and at the last test two weeks prior to the survey the light functioned. The house manager has been instructed to continue to test these devices for function and to notify the director of buildings and grounds in the event that there is a malfunction. Also maintenance personel have been instructed to visit the sight at minimum monthely and check these devices for function. It is the director of buildings and grounds responsibility to ensure that all facilities are maintained in proper working order.</p>	08/13/2013			

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure the doors to 2 of 5 sleeping rooms in this unsprinklered facility were capable of self closing . This deficient practice could affect 4 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Manager on 08/13/13 between 12:35 p.m. and 1:00 p.m., two doors to the north downstairs sleeping room were equipped with spring hinges which did not close the doors into their door frames. The self closing door to the south ground floor sleeping room failed to self close into the door frame when the door hit the door frame. The Facilities Manager acknowledged at the time of observations, the doors needed adjustment.</p>	K01S018	The door closing mechanisms were readjusted on the day of the survey and are now in proper working order. The manager has been instructed to notify the director of buildings and grounds anytime that it appears there is a malfunction in any door closure device. In addition the maintenance staff has been directed to check these devices at minimum monthly to ensure that they are functioning properly. It is the responsibility of the director of buildings and grounds to ensure that all facilities are in proper working order to ensure the safety of all clients.	08/13/2013

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