

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G363	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/19/2012
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 84 S WALNUT ST DANVILLE, IN 46122
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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: 04/19/12</p> <p>Facility Number: 000877 Provider Number: 15G363 AIM Number: 100244220</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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, client sleeping rooms and all living areas. The facility has a capacity of 8 clients and had a census of 8 clients at the time of this survey.</p>	K0000		

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 Impractical with an E-Score of 8.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/20/12.</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>Based on observation and interview, the facility failed to ensure 2 of 2 fire extinguishers which require a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Section 4-4.3. NFPA 101, Section 4.5.7, requires any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, 4-4.3 requires every six years, stored pressure fire extinguishers which require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations with the House Manager during a tour of the facility from 12:15 p.m. to 12:40 p.m. on 04/19/12, the following was noted;</p> <p>a. the portable fire extinguisher located in the living room by the main entrance was manufactured in 2004 and did not have any attached documentation showing six year maintenance had been performed. The portable fire extinguisher's manufacturer label indicated it is a stored</p>	K0130	<p>The Area Director will ensure that US Automatic performs maintenance on the portable kitchen fire extinguishers located in the living room and the kitchen.</p> <p>The Area Director will train the Home Manager on reporting to the Area Director when any required maintenance has not been performed to safety equipment</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> <p>Completion Date: 05/19/12</p>	05/19/2012			

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	<p>pressure fire extinguisher.</p> <p>b. the portable fire extinguisher located in the kitchen was manufactured in 2005 and did not have any attached documentation showing six year maintenance had been performed. The portable fire extinguisher's manufacturer label indicated it is a stored pressure fire extinguisher.</p> <p>Based on interview at the time of the observations, the House Manager acknowledged the fire extinguisher six year maintenance procedure was past due for the aforementioned fire extinguishers.</p>			

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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 3 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 Home Manager 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>	05/19/2012			

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	12:35 p.m. on 04/19/12, third shift fire drills conducted on 06/06/11, 09/07/11 and 12/08/11 were conducted at, respectively, 4:00 a.m., 4:00 a.m. and 3:15 a.m. Based on interview at the time of record review, the Home Manager 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: 05/19/12</p>		