

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2012
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 08/07/12</p> <p>Facility Number: 000899 Provider Number: 15G385 AIM Number: 100249270</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 fully sprinklered. The facility has a fire alarm system</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>with smoke detection in corridors and common living areas including the basement and ground floor with battery powered smoke detectors in client rooms. The facility has the 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 0.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 085/09/12.</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 1 of 4 portable fire extinguishers was inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice affects all client, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on</p>	K0130	Northern Fire Equipment was at the group home on August 10,2012 and did annual inspections of all protable fire extinguishers and replaced the inspection tags. The house manager has been instructed to monitor the monthly inspections to ensure that staff are completing the extinguisher checks as required. The manager is responsible for insuring that these checks are made and documented as required by life safety code. A copy of the annual from Norther Fire Equipment is attached for review.	08/10/2012	

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	<p>08/07/12 at 1:00 p.m., a service and inspection tag for the portable fire extinguisher located in the basement lacked documentation of monthly checks since 05/14/12. The maintenance director said at the time of observation, the service tag was the only documentation for the monthly inspection and the extinguisher should have been checked.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 portable fire extinguishers was given maintenance at periods not more than one year apart. LSC 4.5.7 requires any device, equipment or service required for compliance with provisions of this Code shall be thereafter maintained unless the code exempts such maintenance. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. NFPA 10, 4.2.2 defines maintenance as a "thorough</p>						

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	<p>check" of the extinguisher. It is intended to give maximum assurance the extinguisher will operate effectively and safely. This deficient practice could affect affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 08/07/12 at 1:00 p.m., a service and inspection tag for the portable fire extinguisher located in the basement was punched to indicate the annual check had been done in 2010. The maintenance director said at the time of observation, the attached service tag should be current and he could not explain why the annual check for this fire extinguisher was dated 2010 when the others were current.</p>			