

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G758	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2015
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 665 E BURRELL DR CROWN POINT, IN 46307
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K 0000 Bldg. 01	<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: 07/09/15</p> <p>Facility Number: 011988 Provider Number: 15G758 AIM Number: 200952910</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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was determined to be fully sprinklered. The facility has a monitored fire alarm system with hard wired smoke detection in corridors, in resident rooms and in all common areas. The facility has a capacity of 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,</p>	K 0000		

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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K 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.5.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview; the facility failed to ensure 2 of 2 battery operated emergency lights in the facility were maintained in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation from 10:02 a.m. to 10:28 a.m. on 07/09/15 with the House Manager and Qualified Intellectual Disability Professional, the facility had two battery operated emergency lights. Based on interview at the time of</p>	K 0130	<p>On the day of the survey (07/09/2015), TradeWinds failed to ensure 2 of 2 battery-operated emergency lights in the facility were maintained in accordance with LSC 7.9. A battery operated fire alarm use inspection and inspection of emergency lights and fire extinguisher policy has been developed and implemented (see attachment). The purpose of the policy/procedure is to follow in the case of activation of a battery powered smoke detector in any TradeWinds Residential Facility and to provide guidelines for checking the functionality of battery operated smoke detectors and emergency lights in any TradeWinds Residential Facility. This policy/procedure will ensure proper testing and documentation for the emergency battery operated lights. An emergency equipment check list has also been developed and implemented (see attachment). The Burrell staff has been trained on the battery operated fire alarm use inspection and inspection of emergency lights and fire extinguisher policy. The Burrell staff has also been trained on the</p>	07/24/2015

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K S046 Bldg. 01	<p>observation, the House Manager and Qualified Intellectual Disability Professional were unaware of required testing and documentation for the emergency battery operated lights and could not produce any documentation to demonstrate compliance</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter in Bedroom #5 was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on an observation with the House Manager and Qualified Intellectual Disability Professional on 07/09/2015 at 10:17 a.m., a multiplug adapter was located in Bedroom #5. The multiplug adapter was powering a cell phone charger. Based on interview at the time of</p>	K S046	<p>emergency equipment check list (see attachment).</p> <p>On the day of the survey (07/09/2015), there was a multi-plug adaptor located in Bedroom #5 that was powering a cell phone charger. The multi-plug adaptor is no longer utilized and has been removed.</p>	07/24/2015

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K S056 Bldg. 01	<p>observation, the mutliplug adapter was acknowledged by the House Manager and Qualified Intellectual Disability Professional.</p> <p>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.</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. 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.</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>			

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	<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 an 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 initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</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. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</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</p>			

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	<p>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> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</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 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.</p>			

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	<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 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.</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. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler system was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all clients, visitors and clients.</p> <p>Findings include:</p> <p>Based on observation with the House Manager and Qualified Intellectual Disability Professional at 10:25 a.m. on 07/09/2015, the sprinkler system located</p>	K S056	<p>On the day of the survey (07/09/2015), TradeWinds failed to ensure 1 of 1 sprinkler system was continuously maintained in reliable operating condition and inspected and tested periodically. During an email discussion from the Building and Grounds Coordinator (Rich Arnold) and ServiceSales, Fire Protection Group (Corey Barnes) at Shambaugh & Son, LP it was mentioned that when Shambaugh & Son calibrate a gauge, their technicians will write with permanent marker the date of the calibration on the gauge. This procedure is acceptable per NFPA 25. There has been a scheduled appointment for Friday, July 24, 2015 mid-day (afternoon), for the technicians at Shambaugh & Son, LP to replace the gauge. (Please see attached emails)</p>	07/24/2015

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K S147 Bldg. 01	<p>in the sprinkler riser closet had a pressure gauge with a date indicating the gauge was manufactured in 2009. Based on interview at the time of observation, the House Manager and Qualified Intellectual Disability Professional acknowledged the gauge was manufactured in 2009.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility failed to provide and to periodically instruct staff of a plan for special staff response, including fire</p>	K S147	On the day of the survey (07/09/2015), TradeWinds failed to provide and to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to	07/24/2015

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K S154 Bldg. 01	<p>protection procedures needed to ensure the safety of 4 of 4 clients in the home. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 says the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on record review and interview with the Qualified Intellectual Disability Professional and House Manager on 07/09/15 at 11:00 a.m., there was no copy of a protection plan and there were no records of staff instruction regarding a protection plan located in the home at the time of this visit.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4</p>		ensure the safety of 4of 4 clients in the home. All staff has been trained on the revised Fire Watch Policy and has been informed when conducting fire/tornado drills that there must be a designated staff to monitor the fire/tornado drills. Also in the revised Fire Watch Policy, states: "the fire watch shall be trained and assigned no other duties during that time." (Please see revised Fire Watch Policy and staff trainings)				

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K S155	<p>hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. in order to protect 8 of 8 residents. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the House Manager and Qualified Intellectual Disability Professional on 07/09/15 at 9:52 a.m., the facility did have a written fire watch policy and procedure for the automatic sprinkler system failure but it did not address all components of LSC Section 9.6.1.8. Specifically, the plan did not state the person conducting the fire watch shall be trained and assigned no other duties during that time.</p> <p>483.470(j)(1)(i)</p>	K S154	<p>On the day of the survey (07/09/2015), TradeWinds failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the automatic sprinkler system has to be replaced out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8, in order to protect 8 of 8 residents.</p> <p>TradeWinds has revised the Fire Watch Policy to ensure that the policy address all procedures to be followed in this facility in the event the automatic sprinkler system has to be replaced out of service for 4 hours or more in a 24 hour period in accordance with LSC. All staff has been re-trained on the revised Fire Watch Policy. (Please see attached revised Fire Watch Policy and staff trainings)</p>	07/24/2015

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Bldg. 01	<p>LIFE SAFETY CODE STANDARD</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. in order to protect 8 of 8 residents. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the House Manager and Qualified Intellectual Disability Professional on 07/09/15 at 9:52 a.m., the facility did have a written fire watch policy and procedure for a fire alarm system failure but it did not address all components of LSC Section 9.6.1.8. Specifically, the plan did not state the person conducting the fire watch shall be trained and assigned no other duties during that time.</p>	K S155	<p>On the day of the survey (07/09/2015), TradeWinds failed to address all components of LSC Section 9.6.1.8. The plan did not state the person conducting the fire watch shall be trained and assigned no other duties during that time. TradeWinds has revised the Fire Watch Policy to include the person conducting the fire watch shall be trained and assigned no other duties during that time, in addition to if the system is going to be in-operative, for more than 4 hours, the State Department of Health Life Safety Division will be contacted. All staff has been re-trained on the revised Fire Watch Policy.(Please see attached revised Fire Watch Policy and staff trainings)</p>	07/24/2015
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