

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 05/19/2014
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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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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: 05/19/14</p> <p>Facility Number: 000877 Provider Number: 15G363 AIM Number: 100244220</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Tim Shebel, 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, in client sleeping rooms and in 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>	K010000		

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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K010130	<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 3.68.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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 4.6.12.2 requires any existing life safety feature obvious to the public, even if not required by the Code, to be maintained or removed. 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</p>	K010130	Regional Director will work with US automatic to ensure that all fire extinguisher inspections are completed with the required annual timeline and uploaded to the database for immediate accessibility from Administration. Program Director will retrain Home Manager on completing monthly home inspections, to include, checking fire extinguishers for monthly and annual checks, replacing any missing inspection stickers and notifying administration when an annual inspection has not been completed by US automatic.	06/19/2014			

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	<p>practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation of fire extinguisher inspection/maintenance tags on 05/19/14 between 2:00 p.m. and 2:45 p.m. during a tour of facility with the Direct Support Professional (DSP) # 1, the inspection/maintenance tag on the fire extinguishers by the office and kitchen indicated the last yearly inspection occurred in January, 2013. Based on interview at the time of observation, DSP # 1 acknowledged the two fire extinguishers located in the aforementioned areas had inspection tags with dates which exceeded the one year inspection requirement.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and</p>		Home Manager will retrain staff on inspecting fire extinguishers monthly during routine evacuation drills. Program Director will inspect extinguishers during routine bi-weekly home inspections to ensure they have been inspected and signed off per regulation. Responsible Parties: Regional Director, Home Manager, Program Director				

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K01S016	<p>the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation of fire extinguisher inspection/maintenance tags on 05/19/14 between 2:00 p.m. and 2:45 p.m. during a tour of facility with the Direct Support Professional (DSP) # 1, the following was noted:</p> <p>a. The inspection/maintenance tag for the portable fire extinguisher located in the kitchen indicated it's last monthly check was done in January, 2014.</p> <p>b. The monthly inspection portion of the inspection/maintenance tag for the portable fire extinguisher outside the office was blank.</p> <p>Based on interview at the time of observation, DSP # 1 indicated the maintenance staff is responsible for checking the fire extinguishers.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p>			

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K01S051	<p>Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observation and interview, the facility failed to ensure 2 of 8 rooms had an interior finish with a Class A or Class B rating. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation at 2:30 p.m. on 05/19/14 with the Direct Support Professional (DSP) # 1, the lower third portion of the walls of the living room were covered with wood paneling and the lower third portion of the walls of the dining room were covered with plastic paneling. Based on interview with DSP # 1 at the time of observation, the plastic paneling in the dining room had recently been installed but the wood paneling had been in place for an unknown number of years. Additionally, based on interview, DSP # 1 was unaware of documentation to show any of the paneling had a rating of Class A or Class B.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are</p>	K01S016	<p>Area Director has placed worked order with US Automatic to correct the deficiency of 2 of 8 rooms to have Class A, or B interior finish. Regional Director will work with US Automatic to ensure that if any other homes that have the same deficiencies are also corrected. US Automatic will upload completed report upon completion to the database for Administrative access. Responsible Parties: US Automatic, Area Director, Regional Director</p>	06/19/2014			

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	<p>interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on interview during record review with the Area Director on 05/19/14 at 12:45 p.m., there was no fire alarm test documentation available to review. The Area Director indicated the contracted fire alarm service provider would be</p>	K01S051	<p>US Automatic later provided the Fire Alarm Inspection report dated completed 8/20/13 Regional Director is working with Administrator at USAutomatic to ensure that reports are accessible via website database once thereport is generated. Area Director will retrieve supporting documentation regarding sensitivity test and maintain in file for records. Responsible Parties: Regional Director</p>	06/19/2014

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K01S053	<p>contacted for the most recent inspection documentation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review and interview,</p>	K01S053	Regional Director will request that US Automatic complete required	06/19/2014

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	<p>the facility failed to ensure 100 % of the smoke detectors had been sensitivity tested. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 7-3.2.1 states Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method, (2) Manufacturer's calibrated sensitivity test instruments, (3) Listed control equipment arranged for the purpose, (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside the listed sensitivity range, 		<p>smoke detector sensitivity test are required per regulation. US Automatic will complete sensitivity test and make results available on the general website database. Area Director will retrieve supporting documentation regarding sensitivity test and maintain in file for records. Responsible Party: Regional Director, US Automatic, AreaDirector</p>	

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K01S056	<p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or be replaced.</p> <p>NOTE: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on interview during record review with the Area Director on 05/19/14 at 12:45 p.m., there was no smoke detector sensitivity documentation available to review. The Area Director indicated the contracted fire alarm service provider would be contacted for the most recent inspection documentation.</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, 33.2.3.5.2 and activates the fire</p>						

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	<p>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 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</p>			

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	<p>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> <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</p>			

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	<p>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 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>			

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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. Based on observation, record review and interview; the facility failed to ensure 1 of 1 sprinkler systems in the facility was maintained. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. 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 semi-annually. These deficient practices could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Area Director on 05/19/14 at 12:30 p.m., the only documentation of a sprinkler inspection showed the sprinkler system was inspected on 02/20/14 with no previous sprinkler inspection documentation available to review.</p>	K01S056	<p>Noted tar and dust on listed sprinkler heads have been cleaned by Home Manager. RegionalDirector has met with the US automatic representative and will work with USautomatic to ensure that all Sprinkler system and alarm inspections arecompleted per time requirement of semiannually. In addition, all noted repairswill be uploaded to the database for immediate accessibility fromAdministration. The AreaDirector will retain copies of Inspections upon completion. Responsible Party: Area Director, Regional Director. Home Manager</p>	06/19/2014			

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	<p>Based on interview at the time of record review, the Area Director indicated the contracted sprinkler system service provider would be contacted for the previous sprinkler system inspection documentation. Based on observation on 05/19/14 at 2:15 p.m. with the Direct Support Professional (DSP) # 1, the following was noted:</p> <ul style="list-style-type: none"> a. The sprinkler head in the closet of the east bedroom off of the west hallway had a black tar-like substance on the escutcheon, sprinkler frame and deflector. b. The sprinkler heads in the east and west furnace rooms were dusty. c. The inspection tag on the sprinkler system indicated the previous sprinkler inspection prior to 02/20/14 occurred 01/23/13, a period greater than six months. <p>Based on interview during the times of observation, the aforementioned issues were acknowledged by DSP # 1.</p>			