

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G436	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 11 WASHINGTON ST BROWNSBURG, IN 46112
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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: 000950 Provider Number: 15G436 AIM Number: 100244690</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 7 clients at the time of this survey.</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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K01S014	<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 1.12.</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>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the wood paneling observed in 1 of 2 common areas had a Class A, Class B or Class C interior finish in this Prompt rated facility to protect 7 of 7 clients. This deficient practice could affect all occupants of the building.</p>	K01S014	Area Director has placed work order with US Automatic to correct the deficiency of the wood paneling class in 1 of 2 common areas to have Class A, B or C interior finish. Regional Director will work with US Automatic to ensure that if any other homes that have the same deficiencies	06/19/2014

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K01S051	<p>Findings include:</p> <p>Based on observations between 3:00 p.m. and 3:30 p.m. on 05/19/14 with the Program Director, wood paneling was observed on the the lower third of the walls of the dining room. Based on interview at the time of observation, the aforementioned issue was acknowledged by the Program Director who indicated it was unknown if there was any documentation of a product used to treat the paneling to provide the required interior finish rating.</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 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 observation and interview, the facility failed to ensure 1 of 4 fire alarm boxes was clearly visible to facility occupants. LSC 9.6.2.6 requires manual</p>	K01S051	<p>are also corrected. US Automatic will upload completed report upon completion to the database for Administrative access. Area Director will maintain records of reports in database Responsible Parties: US Automatic, Area Director, Regional Director</p> <p>Program Director removed the coat rack hook on 5/19/14 that blocked the visibility of the fire alarm box. Program Director will check fire alarm boxes monthly during the monthly environmental</p>	06/19/2014

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K01S152	<p>fire alarm boxes shall be accessible, unobstructed and visible. This deficient practice affects clients, staff and visitors during a fire emergency</p> <p>Findings include:</p> <p>Based on observation on 05/19/14 at 3:15 p.m. with Program Director, the fire alarm box provided for the rear west hallway exit was covered by a coat hanging from a coat rack. Based on interview at the time of observation, the Program Director acknowledged the aforementioned condition.</p> <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</p>		check to ensure they are not blocked and visible. Responsible Parties: Program Director				

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	<p>action: and</p> <p>(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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 2 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the fire drill documentation at 12:00 p.m. on 05/19/14 with the Area Director, there was no record of a fire drill for the first shift of the third quarter of 2013 and the third shift of the fourth quarter of 2013. This was acknowledged by the Area Director at the time of record review.</p>	K01S152	<p>The Evacuation drill schedule for 2014 was written so that drills each month are scheduled in varied time frames throughout the year. The Area Director will retrain the Home Manager on ensuring evacuation drills are completed during the time specified on the 2014 schedule. The Home Manager will retrain staff on completing evacuation drills during the time frame specified in the 2014 drill schedule. 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, Home Manager, Quality Assurance Specialist</p>	06/19/2014			