

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G808	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2015
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH LAKE PARK AVE HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
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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: 01/22/15</p> <p>Facility Number: 012460 Provider Number: 15G808 AIM Number: 201051410</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist, Brett Overmyer, Life Safety Code Supervisor</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 building was fully sprinklered. The facility has a monitored fire alarm system, smoke detection in the corridors, hard wired smoke detectors in the resident sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 7 at the</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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K010130	<p>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 0.14.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 01/27/15.</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 OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, review and interview, the facility failed to ensure 3 of 3 battery operated, interior emergency lights were maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the</p>	K010130	<p>On the day of the Life Safety Survey (01/22/2015) at the North Lake Park Group Home, TradeWinds was found not to be in compliance; due to the facility lack of documentation of an annual 90 minute testing of the three-battery operated emergency lights in the home.</p> <p>TradeWinds has a battery operated fire alarm use and inspection and inspection of emergency lights and fire extinguishers policy in place. (Please see attached policy) The policy in place has been developed and implemented to provide guidelines for checking the</p>	02/09/2015

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	<p>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 occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation on 01/21/15 between 10:55 a.m. and 11:30 a.m. during a tour of facility with the Qualified Intellectual Disability Professional (QIDP), the facility was provided with three battery operated emergency lights distributed through the home. Record review of fire drills indicated the battery operated emergency lights were checked as part of the fire drill process but based on interview of the QIDP, the facility lacked documentation of annual 90 minute testing of the three battery operated emergency lights in the home.</p>		<p>functionality of batteryoperated smoke detectors and emergency lights in any TradeWinds ResidentialFacility. TradeWinds also has an emergency equipment checklist inplace that has been revised to provide documentation of an annual 90 minutetesting of the three-battery operated emergency lights in the home. (Please seeattached form) The house manager is responsible for ensuring there isdocumentation of an annual 90 minute testing of the three-battery operatedemergency lights in the home.</p>				