

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G474	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/01/2011
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 144 MAPLE ST LYNNVILLE, IN47619
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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
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: 11/01/11</p> <p>Facility Number: 000988 Provider Number: 15G474 AIM Number: 100244920</p> <p>Surveyor: Lex Brashear, 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 facility was sprinklered. The facility has a fire alarm system with smoke</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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K0130	<p>detection in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of seven 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 Slow with an E-Score of 3.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/02/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 2 of 2 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or</p>	K0130	<p><b>K 130</b> The Home Manager will ensure all fire extinguishers in the home are checked and initialed monthly. This will be documented on the Home Manager checklist and submitted to the Program Director monthly. The Program Director will review the checklist and also check the fire extinguishers one time a month for three months and then</p>	11/14/2011	

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	<p>system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 11/01/11 between 10:00 a.m. and 10:30 a.m. during a tour of facility with Direct Support Person (DSP) # 1, there was no documentation on the inspection tags to show the two portable fire extinguishers were inspected during September and October of 2011. During an interview at 10:30 a.m. on</p>		<p>quarterly thereafter.</p> <p>Direct Support Professionals were trained on 11/10/11 regarding fire drills and fire extinguisher checks.</p> <p>Person Responsible: Home Manager, Program Director and Area Director</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	11/01/11, DSP # 1 indicated there was no other evidence available to show the two portable fire extinguishers were inspected during September and October of 2011.				