

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 02/24/2012
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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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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: 02/24/12</p> <p>Facility Number: 000950 Provider Number: 15G436 AIM Number: 100244690</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safely 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, client rooms and 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>	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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	<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 1.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/29/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>Based on observation and interview, the facility failed to ensure 1 of 2 smoke barrier doors held open by devices arranged to automatically close would self close when the fire alarm system is activated. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect 4 of 7 clients.</p> <p>Findings include:</p> <p>Based on observation with the Direct Services Provider (DSP) during a tour of the facility from 11:55 a.m. to 12:20 p.m. on 02/24/12, the west corridor smoke barrier door which is held open by a magnetic hold open device and arranged to automatically close, did not self close when the fire alarm system was activated. Based on interview at the time of observation, the DSP acknowledged the west corridor smoke barrier door did not self close when the fire alarm system was activated.</p>	K0130	<p>The Area Director will ensure that US Automatic repairs the smoke barrier door, which did not release and close when the fire alarm system was activated.</p> <p>The Area Director will train the Home Manager on reporting to the Area Director when equipment fails to work correctly during fire/evacuation drills to ensure that issues are repaired immediately.</p> <p>The Program Director will check the fire safety related equipment at the home and note in her review of the home that all is in working order when she visits at the home every other week for 4 weeks after the assigned completion date.</p> <p>Responsible party: Area Director, Program Director and Home Manager.</p> <p>Completion Date: 03/25/2012</p>	03/25/2012			

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KS147	<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 persons 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 not 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 administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients which is amended, or revised, whenever any resident with unusual needs is admitted to the home. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p>	KS147	<p>The Area Director will retrain Home Manager and Program Director on completing fire safety training with staff no less than every 2 months. This would include Consumer evacuation plans</p> <p>All staff will receive a retraining every other month to ensure that they understand the importance of completing the monthly evacuation drill during varied scheduled times.</p> <p>Monthly, staff will complete at</p>	03/25/2012	

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	Based on review of "Fire Drill Report" documentation with the Area Director during record review from 9:35 a.m. to 10:15 a.m. on 02/24/12, lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any record of fire drills during the first shift for the period of 04/10/11 to 10/04/11. Based on interview at the time of record review, the Area Director acknowledged fire drills were not documented for the first shift from 04/10/11 to 10/04/11 and acknowledged other staff fire safety training documentation is not available for this period.		<p>least one fire drill according to the 2012 schedule to ensure that the safeties of the client's needs are met.</p> <p>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, Program Director, Home Manager, Quality Assurance Specialist.</p>		

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KS152	<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 action: and (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.</p> <p>Based on record review and interview, the facility failed to provide documentation of fire drills conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients and staff.</p> <p>Findings include: Based on review of "Fire Drill Report" documentation with the Area Director</p>	KS152	<p>The Evacuation drill schedule for 2012 was written so that drills each month are scheduled in varied time frames throughout the year.</p> <p>The Area Director will retrain the Home Manager and Program Director on ensuring evacuation drills are completed during the</p>	03/25/2012	

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	during record review from 9:35 a.m. to 10:15 a.m. on 02/24/12, there is no documentation available for review of a fire drill being conducted on the first shift in the third quarter of 2011. Based on interview at the time of record review, the Area Director acknowledged there is no documentation available for review of a fire drill being conducted on the first shift for the third quarter of 2011.		<p>time specified on the 2012 schedule.</p> <p>The Home Manager will retrain staff on completing evacuation drills during the time frame specified in the 2012 drill schedule.</p> <p>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, Program Director, Home Manager, Quality Assurance Specialist</p> <p>Completion Date: 03/25/2012</p>		