

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G171	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2014
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 E GREENWOOD CROWN POINT, IN 46307
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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: 09/08/14</p> <p>Facility Number: 000705 Provider Number: 15G171 AIM Number: 100248690</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was determined to be nonsprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and common living areas including the basement and ground floor levels. Client rooms were equipped with hard wired smoke detectors. The facility has the</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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K01S018	<p>capacity for 8 and had a census of 8 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 Prompt with an E-Score of 0.5.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/15/14.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 5 sleeping room doors in this unsprinklered facility were capable of self closing. This</p>	K01S018	On 09/25/2014, the house manager received training on the deficiency at the Greenwood Group Home that no door is arranged to prevent any consumer from closing any door	10/08/2014

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K01S147	<p>deficient practice could affect 6 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Manager on 09/08/14 between 2:35 p.m. and 3:00 p.m., doors to all four unsprinklered ground floor sleeping rooms were prevented from closing. Three were held open by wooden wedges and the fourth had been tied to the closet door to hold it wide open. The Facilities Manager acknowledged at the time of observations, the doors had been deliberately prevented from closing.</p> <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</p>		<p>and that all doors should be capable to self-close(Please see attached training). The house manager is aware that no door shouldbe arranged to prevent the consumer's from closing any door and that all doors should be capable to self-close. The house manager will inform all staff onevery shift that no door should be arranged to prevent the consumer's fromclosing any door and that all doors should be capable to self-close. All staffwill receive a formal training as a group at the scheduled staff/house meetingon: Wednesday, October 8, 2014 at 12:00pm. As of 09/26/2014, the house managerhas assured that all doors in the Greenwood Group Home is capable of self-closing,no door has been arranged to prevent any of the consumer's from closing anydoor. The house manager is responsible for ensuring that no door is arranged toprevent the consumer from closing any door and that all doors should be capableto self-close.</p>	

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	<p>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 8 of 8 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> <p>Based on Residential Fire Drill Records reviewed with the Facilities Manager on 09/08/14 at 3:10 p.m., a lapse in staff fire safety training time was more than the two month minimum allowed as evidenced by the lack of fire drill records for any shift between July 1, 2013 and</p>	K01S147	<p>On the day of the survey, Tradewinds Greenwood Group Home had a lapse in staff fire safety training time, which was more than the twomonth minimum allowed as evidenced by the lack of fire drill records for anyshift between July 1, 2013 and June 24, 2014. There have been some changes inmanagement during that time-frame. A new house manager has been selected forthe Greenwood Group Home. Staff has been re-trained on the fire/tornado policyand procedure and how often the drills are to be conducted. (Please seeattached training documents and Fire/Tornado drill Policy and Procedure) TheHouse Manager is responsible for ensuring that the fire/tornado drills arecompleted by staff and documented/recorded as required. The House Manager wasalso instructed that it must be monitored to make sure that staff in the homeis completing the Fire/Tornado drills at least quarterly and documenting thedrills</p>	09/26/2014

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K01S152	<p>June 24, 2014. The Facilities Director said at the time of record review, there was no fire drill documentation for this period and no other documentation to evidence any other fire safety/evacuation training. He said staff was replaced for "not doing their jobs".</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 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. Based on record review and interview, the facility failed to ensure fire and</p>	K01S152	<p>accordingly.</p> <p>On the day of the survey, Tradewinds Greenwood Group</p>	09/26/2014			

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	<p>evacuation drills were provided for each shift for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on the Residential Fire Drill Record review with the Facilities Manager on 09/08/14 at 3:10 p.m., fire drill records were not provided for any shift between July 1, 2013 and 06/30/14 and the first shift during the second quarter of 2014. The Facilities Manager said at the time of record review, all the fire drill records had been provided and staff had been replaced "for not doing their jobs."</p>		<p>Homefire drill records were not provided for any shift between July 1, 2013 and June 24, 2014 and the first shift during the second quarter of 2014. There have been some changes in management during that time-frame. A new house manager has been selected for the Greenwood Group Home. Staff has been re-trained on the fire/tornado policy and procedure and how often the drills are to be conducted. (Please see attached training documents and Fire/Tornado drill Policy and Procedure) The House Manager is responsible for ensuring that the fire/tornado drills are completed by staff and documented/recorded as required. The House Manager was also instructed that it must be monitored to make sure that staff in the home are completing the Fire/Tornado drills at least quarterly and documenting the drills accordingly.</p>	