

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G273	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 10151 W 93RD ST ST JOHN, IN 46373
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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: 000793 Provider Number: 15G273 AIM Number: 100243530</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 fully sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels, in corridors and living areas. Battery powered smoke detectors are provided in all client sleeping rooms. The facility has the capacity for 8 and had a census of 8 at</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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K01S051	<p>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 1.1.</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 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 maintain 1 of 1 fire alarm systems in accordance with Section 9.6. LSC 9.6.1.4 requires that all</p>	K01S051	On the day of the survey, Tradewinds alarm panel did not send signal to alarm carrier. The local trouble alarm was silenced on the fire alarm panel. On 09/09/2014,	09/23/2014			

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	<p>facilities maintain the fire alarm system in accordance with NFPA 72. NFPA 72, at 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals shall be distinctly and descriptively annunciated. NFPA 72, at 1-5.4.5.2 requires where status indicators are provided for emergency equipment, they shall reflect the actual status of the associated equipment. This deficient practice could affect all 8 clients.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm panel prior to testing the fire alarm with the Facilities Director on 09/08/14 at 12:50 p.m., the fire alarm panel LED showed Trouble. The Facilities Director said at the time of observation, the trouble was ongoing because the FACP did not always send the alarm signal to the monitoring station. The Fire Alarm Testing Report dated 5/14/14 was reviewed with the Facilities Manager on 09/08/14 at 1:15 p.m. and noted, "alarm panel did not send signal to alarm carrier." The local trouble alarm was silenced on the fire alarm panel. The Facilities Director said at the time of observation, we already know what the problem is and we're waiting for the alarm contractor to come fix it." He acknowledged at that time the</p>		<p>Shambaugh and Son, LP (the fire alarm contractor company) came to the 93rd group home to make repairs. On 09/23/2014, the Fire Alarm was again re-tested and the local trouble alarm was no longer silenced on the fire alarm panel. The St. John fire department did receive notification of the testing of the fire alarm that occurred by the house manager on: 09/23/2014. A schedule has been developed and implemented to ensure that the fire alarm/drill is conducted at least once per quarter on every shift. (Please see attached schedule for the month of September 2014). Also all staffs were re-trained on the fire and tornado drill protocols. (Please see attached trainings from the 93rd September 2014 house meeting)</p>				

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	annunciator could not alarm for any other trouble if the alarm on the annunciator was silenced. He had no scheduled repair date for the dialer communication signal and immediately called the fire alarm contractor. The contractor advised him there was no scheduled repair for the system. The fire alarm was tested on 09/08/14 at 1:25 p.m. and sounded throughout the house. The house manager was interviewed after the alarm test. She said she didn't know the fire alarm signaling the monitoring station was not working. She said her fire procedure included calling the fire department after evacuating all occupants in the event of fire and/or activation of the alarm regardless of whether the communicating component of the fire alarm panel was working.						