

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385	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 12046 FORREST DR 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: 000899 Provider Number: 15G385 AIM Number: 100249270</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 fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and common living areas including the basement and ground floor with battery powered station smoke detectors in client rooms. The facility has the capacity for 8 and had a census of</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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K01S147	<p>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 1.1.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the follow:</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 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>			

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	<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 1:00 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 the first and second shifts during the first quarter of 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.</p>	K01S147	<p>On the day of the survey, there was a lapse in the staff fire safety training time that was more than the two month minimum allowed as evidenced by the lack of fire drill records for the first and second shifts during the first quarter of 2014. There was a change in management during that time-frame. A new house manager has been selected. Since the deficiency was found by the QIDP prior to the survey, all staffs were re-trained on the fire/tornado drills. (Please see attached trainings) A calendar/schedule has been developed and implemented for fire/tornado drills. (Please see attached calendar/schedule for the month of September 2014) Also, please see attached policies and procedures for fire/tornado drills. 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 is completing the Fire/Tornado drills at least quarterly and documenting the drills accordingly.</p>	09/23/2014			
K01S152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel						

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	<p>and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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 ensure fire and evacuation drills were provided for each shift for 1 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based the Residential Fire Drill Record review with the Facilities Manager on 09/08/14 at 1:00 p.m., fire drill records were not provided for the first and second shifts during the first quarter of 2014.</p>	K01S152	<p>On the day of the survey, Tradewinds Forest group homefire drill records were not provided for the first and second shifts during the first quarter of 2014. There was a change in management during that time-frame. A new house manager has been selected. Since the deficiency was found by the QIDP prior to the survey, all staffs were re-trained on the fire/tornado drills. (Please see attached trainings) A calendar/schedule has been developed and implemented for fire/tornado drills. (Please see</p>	09/23/2014	

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	The Facilities Manager said at the time of record review, all fire drill records had been provided.		attached calendar/schedule for the month of September 2014) Also, please see attached policies and procedures for fire/tornado drills. 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 is completing the Fire/Tornado drills at least quarterly and documenting the drills accordingly.		