

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G515	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2013
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 359 W 47TH ST INDIANAPOLIS, IN 46208
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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: 04/12/13</p> <p>Facility Number: 001029 Provider Number: 15G515 AIM Number: 100245200</p> <p>Surveyor: Mark Caraher, 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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, in sleeping rooms and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</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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	<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 04/16/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Direct Services Provider (DSP) during a tour of the facility from 10:46 a.m. to 11:25 a.m. on 04/12/13, the portable fire extinguisher located in the living room and the portable fire extinguisher located in the kitchen each had an affixed inspection and maintenance tag lacking a monthly inspection for February and March 2013.</p>	K010130	<p>Program Director will retrain Home Manager on completing monthly home inspections, to include, checking fire extinguishers for monthly and annual checks, replacing any missing inspection stickers and notifying administration when an annual inspection has not been completed by US automatic. Home Manager will retrain staff on inspecting fire extinguishers monthly during routine evacuation drills. Program Director will inspect extinguishers during routine bi-weekly home inspections to ensure they have been inspected and signed off per regulation. Responsible Parties: Office Manager, Home Manager, Program Director</p>	05/12/2013			

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	Based on interview at the time of the observations, the DSP stated no other documentation of monthly fire extinguisher inspections was available for review and acknowledged a monthly inspection of the aforementioned portable fire extinguishers had not been documented for February and March 2013.			

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>			

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>				

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review and interview, the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>a. Based on review of USAutomatic</p>	K01S056	Office Manager will work with US automatic to ensure that all Sprinkler system and alarm inspections are completed per requirement. In addition, all noted repairs are completed within the required timeline and uploaded to the database for immediate accessibility from Administration. The Area Director will retain copies of Inspections upon completion. Responsible Party: Area Director, Maintenance Supervisor.	05/12/2013			

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	<p>Sprinkler Corporation's "Backflow Prevention Performance Report" documentation dated 01/30/2013 during record review with the Area Director at the Corporate Office from 9:25 a.m. to 10:30 a.m. on 04/12/13, the backflow device was listed as "failed testing." In addition, "Addendum Report: Deficiencies" to the aforementioned documentation stated, "The fireline backflow failed because the first check wouldn't hold. The backflow should be rebuilt or replaced." Based on interview at the time of record review, the Area Director stated she did not know if the backflow device had been repaired or replaced and acknowledged there was no documentation available for review to verify the backflow device had been repaired or replaced on or after 01/30/13.</p> <p>b. Based on review of USAutomatic Sprinkler Corporation's "Addendum Report: Recommendations" to the "Report of Inspection" documentation dated 10/01/12 during record review with the Area Director at the Corporate Office from 9:25 a.m. to 10:30 a.m. on 04/12/13, the sprinkler system inspection report documentation stated "The tamper switch for the sprinkler system should be wired so that it reports to the alarm panel." In addition, USAutomatic Sprinkler Corporation's "Alarm & Detection Equipment Test Report" documentation</p>			

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	dated 10/01/12 listed the Control Valve Tamper switch as "Fail." Based on interview at the time of record review, the Area Director stated she did not know if the tamper switch had been repaired or replaced and wired to the alarm panel and acknowledged there was no documentation available for review to verify corrections had been made on or after 10/01/12.			

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K01S152	<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 conduct fire drills under varied conditions for 3 of 4 third shift fire drills. This deficient practice affects all clients and staff.</p> <p>Findings include: Based on review of "Fire Drill Report" documentation with the Direct Services</p>	K01S152	The Evacuation drill schedule for 2013 was written so that drills each month are scheduled in varied time frames throughout the year. The Area Director will retrain the Home Manager and Program Director on ensuring evacuation drills are	05/12/2013	

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	Provider (DSP) at 10:45 a.m. on 04/12/13, third shift fire drills conducted on 06/08/12, 09/07/12 and 12/08/12 were conducted at, respectively, 2:30 a.m., 2:59 a.m. and 2:45 a.m. Based on interview at the time of record review, the DSP acknowledged third shift fire drills were not conducted under varied conditions.		completed during the time specified on the 2013 schedule. The Home Manager will retrain staff on completing evacuation drills during the time frame specified in the 2013 drill schedule. 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. Responsible party: Area Director, Program Director, Home Manager, Quality Assurance Specialist		