

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 05/02/2013
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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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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: 05/02/13</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>	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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	<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 1.5.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/09/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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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.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in reliable operating condition. LSC 9.7.1.1 refers to NFPA 13R, the Standard for the Installation of Sprinkler Systems in Residential Occupancies. NFPA 13R, Section 2-4.1 states where a common supply main is used to supply both domestic and sprinkler systems, a single, listed control valve shall be provided to shut off both the domestic and sprinkler systems, and a separate shutoff valve shall be provided for the domestic system only. Exception: The sprinkler system piping shall be permitted to have a separate control valve where supervised by one of the following methods:</p> <p>(a) Central station, proprietary, or remote alarm service</p> <p>(b) Local alarm service that causes the sounding of an audible signal at a constantly attended location</p> <p>(c) Valves that are locked open</p> <p>This deficient practice affects all clients,</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.	06/02/2013

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	<p>staff and visitors.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Fire & Security "Addendum Report: Recommendations" documentation dated 02/04/13 with the Regional Director during record review at the Corporate Office from 9:50 a.m. to 10:20 a.m. on 05/02/13, the following comments were stated in the aforementioned report, "Two of the system shut off valves are not sealed, locked, or monitored. These devices should be secured so that they are not accidentally turned off leaving the home unprotected." Based on observation with the Home Manager during a tour of the facility from 12:20 p.m. to 12:55 p.m. on 05/02/13, automatic sprinkler system shutoff valves were not locked or monitored. Based on interview at the time of observation, the Home Manager acknowledged the automatic sprinkler system shutoff valves were not locked or monitored.</p> <p>2. Based on record review, observation and interview; the facility failed to keep a sprinkler wrench in the spare sprinkler cabinet. LSC 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and</p>						

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	<p>Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-4.1.6 requires a special sprinkler wrench to be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of USAutomatic Fire & Security "Addendum Report: Deficiencies" documentation dated 09/19/12 with the Regional Director during record review at the Corporate Office from 9:50 a.m. to 10:20 a.m. on 05/02/13, the following comments were stated in the aforementioned report, "A head wrench is not provided in the head box." Based on observation with the Home Manager during a tour of the facility from 12:20 p.m. to 12:55 p.m. on 05/02/13, there was no sprinkler wrench provided in the spare sprinkler cabinet. Based on interview at the time of observation, the Home Manger acknowledged there was no sprinkler wrench provided in the spare sprinkler cabinet.</p>			

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K01S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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 failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 7 of 7 clients in the facility. Further, NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 edition at 6-5.2.1 states the protection plan should include the following features:</p> <p>(a) A description of all available evacuation, escape, and rescue routes and the procedures and techniques needed to evacuate all the residents using the various routes.</p> <p>(b) A fundamental knowledge of fire</p>	K01S147	<p>Program Director will retrain Home Manager on periodically retraining staff on client's evacuation plan, including when fire drills are missed or not complete per established varied schedule.</p> <p>Home Manager will retrain staff on drill schedules and evacuation plans for all the clients in the home.</p> <p>Home Manager will submit evacuation drills to the Quality Assurance specialist monthly for review and checked for compliance.</p> <p>Responsible Party: Program Director, Home Manager, Quality Assurance Specialist</p>	06/02/2013			

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	<p>growth, containment, and extinguishment necessary to make reasonable judgments about action priorities and viable egress routes.</p> <p>This deficient practice could affect all staff and clients.</p> <p>Findings include:</p> <p>Based on review of the "Inservice Training Report: Utility Emergencies" documentation dated 01/23/13 with the Regional Director during record review at the Corporate Office from 9:50 a.m. to 10:20 a.m. on 05/02/13, records of staff instruction and review of the facility's written protection plan during the third quarter (July, August, September) 2012 was not available for review. Based on interview at the time of record review, the Regional Director acknowledged records of staff instruction regarding the protection plan for the aforementioned quarter was not available for review. Furthermore, based on review of "Fire Drill Report" documentation with the Regional Director, documentation was not available for review for a fire drill being conducted on the first shift in the third quarter of 2012.</p>			

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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 provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include: Based on review of "Fire Drill Report" documentation with the Regional Director</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 completed during the time specified on the 2013 schedule. The Home Manager will retrain staff on completing evacuation drills	06/02/2013	

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	during record review at the Corporate Office from 9:50 a.m. to 10:20 a.m. on 05/02/13, documentation of a fire drill conducted on the first shift in the third quarter of 2012 was not available for review. Based on interview at the time of record review, the Regional Director acknowledged documentation of a fire drill conducted on the first shift in the third quarter of 2012 was not available for review.		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		