

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G742	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 369 W WASHINGTON ST MORGANTOWN, IN 46160
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K 000 Bldg. 01	<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: 04/10/15</p> <p>Facility Number: 005659 Provider Number: 15G742 AIM Number: 100244210</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, bedrooms and all living areas. The facility has a capacity of 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,</p>	K 000		
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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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K 152 Bldg. 01	<p>Chapter 6, rated the facility Prompt with an E-Score of 1.4.</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. 1. Based on record review and interview, the facility failed to provide complete documentation of fire drills conducted on the first shift for 1 of 4 quarters. This deficient practice could affect all clients,</p>	K 152	Program Director will train staff on fire drill schedule and documentation. Program director will review upon completion of fire drills for accuracy and documentation and adherence to the schedule. Responsible Party:	05/10/2015

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	<p>staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Program Director during record review from 10:45 a.m. to 11:20 a.m. on 04/10/15, the first shift fire drill (6:00 a.m. to 2:00 p.m.) conducted on 01/17/15 did not include the time of day the drill was conducted. In addition, review of "Indiana Mentor Daily Support Record" documentation dated 01/17/15 for the client identified as JW noted the record was completed by first shift personnel and stated "fire drill ran 3 minutes. On schedule." Based on interview at the time of record review, the Program Director stated first shift personnel conducted the 01/17/15 fire drill but acknowledged documentation for the first shift fire drill conducted on 01/17/15 did not include the time of day the drill was conducted.</p> <p>2. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the third shift for 4 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p>		Program Director	

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	Based on review of "Fire Drill Report" documentation with the Program Director during record review from 10:45 a.m. to 11:20 a.m. on 04/10/15, fire drills conducted on the third shift on 06/09/14, 09/14/14, 12/07/14 and 03/15/15 were conducted at, respectively, 2:00 a.m., 3:00 a.m., 2:45 a.m. and 2:05 a.m. Based on interview at the time of record review, the Program Director acknowledged four of four third shift fire drills were not conducted under varied conditions.				