

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G808	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2016
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH LAKE PARK AVE HOBART, IN 46342
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K 0000 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: 02/12/16</p> <p>Facility Number: 012460 Provider Number: 15G808 AIM Number: 201051410</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 32, New Residential Board and Care Occupancies.</p> <p>This one story building was fully sprinklered. The facility has a monitored fire alarm system, smoke detection in the corridors, hard wired smoke detectors in the resident sleeping rooms and in common 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</p>	K 0000		
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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 S018 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>Quality Review on 02/12/16 by Lex Brashear, LSC Specialist</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation, the facility failed to ensure 1 of 8 sleeping room doors would close and latch into the door frame. This deficient practice could affect 1 of 8 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Building and Grounds Supervisor on 02/12/16 at 10:09 a.m., the resident side door knob to room #1 failed to open the door when tested. The resident room had a</p>	K S018	<p>On the day of the Life Safety Survey for the North LakePark Group Home, the facility failed to ensure 1 of 8 sleeping room doors would close and latch into the door frame. On 2/29/2016, the Group Home Manager was trained on ensuring that doors are provided with latches or other mechanism for keeping the doors closed and that no doors are arranged to prevent the occupants from closing the doors. (Please see attached document)</p>	03/01/2016

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K S046 Bldg. 01	<p>conjoining door, window, and was sprinklered. Based on interview at the time of observation, the Building and Grounds Supervisor acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was not used as a substitute for fixed wiring. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation with Building and Grounds Supervisor on 02/12/16 at 10:12 a.m., a multiplug adapter was powering a washer and dryer in the Laundry room.</p> <p>Based on interview at the time of observation, the Building and Grounds Supervisor acknowledged the aforementioned condition.</p>	K S046	<p>On the day of the Life Safety Survey for the North LakePark Group Home, the facility failed to ensure 1 of 1 multi-plug adapter was not used as a substitute for fixed wiring. On 2/29/20196, the Group Home Manager was trained on multi-plug adaptors should not be used as a substitute for fixed wiring. (Please see attached document)</p>	03/01/2016
K S152 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster</p>			

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	<p>plans and procedures.</p> <p>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>Facilities meet the requirements of paragraphs (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 conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Residential Fire Drill Record" with the Building and Grounds Supervisor on 02/12/16 at 9:52 a.m., there was no documentation for a first shift fire drill for the second or third quarter of 2015. Also, there was no documentation for a second shift fire drill for the fourth quarter of 2015. Based on</p>	K S152	<p>On the day of the Life Safety Survey for the North Lake Park Group Home, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters. On 2/29/2016, the Group Home Manager was trained on fire/tornado drills must be conducted and documented monthly on every shift. (Please see attached document)</p>	03/01/2016			

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	interview at the time of record review, the Building and Grounds Supervisor acknowledged the lack of documentation.				