

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G171	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/19/2024
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NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 8286 E 101ST AVE CROWN POINT, IN 46307
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 08/19/24</p> <p>Facility Number: 000705 Provider Number: 15G171 AIM Number: 100248690</p> <p>At this Emergency Preparedness survey, Tradewinds Services, Inc was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 08/21/24</p>	E 0000		
K 0000  Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/19/24</p> <p>Facility Number: 000705 Provider Number: 15G171 AIM Number: 100248690</p> <p>At this Life Safety Code survey, Tradewinds</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jason R Gilliam	EP coordinator	08/30/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 S712  Bldg. 02	<p>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 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This is a one story sprinklered facility. The facility has a fire alarm system with hard wired smoke detection in corridors, common living areas, and client rooms. There is heat detection in the attic. The facility has the capacity for 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, Chapter 6, rated the facility Prompt with an E-Score of .88.</p> <p>Quality Review completed on 08/21/24</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> <li>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</li> </ul> <p>2. The facility must:</p> <ul style="list-style-type: none"> <li>a. Actually evacuate clients during at least one drill each year on each shift;</li> <li>b. Make special provisions for the evacuation of clients with physical disabilities;</li> </ul>			

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	<p>c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. 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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct evacuation/fire drills at least quarterly for each shift of personnel and under varied conditions for 6 of 12 shifts. This deficient practice affects all staff and clients.</p> <p>Findings include:</p> <p>Based on record review with the Life Safety Manager on 08/19/24 between 1:20 p.m. and 2:04 p.m., the following shifts were missing fire drills:</p> <p>a) There was no documentation for a first and third shift fire drills in the first quarter of 2024. b) There was no documentation for all fire drills in the second quarter of 2024. c) There was no documentation of a third shift quarter of 2023.</p> <p>Based on interview at the time of record review, the Life Safety Manager stated that there was a change in management at the home and completing fire drills was an issue earlier in the year around the times of the missing fire drills.</p> <p>The finding was reviewed with the Life Safety Manager at exit conference.</p>	K S712	The facility failed to ensure evacuation drills were completed for multiples shifts. To ensure systemic and ongoing compliance, staff will be trained on proper evacuation procedures and documentation during the house meeting on 8/28/2023. Also, during weekly and monthly site checks, the QIDP will review evacuation logs to ensure compliance and will periodically alert the house of a drill to be performed immediately for additional compliance and practice. The Residential Coordinator will also spot check evacuation compliance during unannounced visits and may also initiate an evacuation drill to monitor compliance.	08/30/2024