

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

PRINTED: 11/14/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G763		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/24/2024	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP COD 114 S CHESTNUT ST HUNTINGBURG, IN 47542			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the PSR conducted on 09/05/24 to the Life Safety Code Recertification Survey conducted on 07/25/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/24/24</p> <p>Facility Number: 012289 Provider Number: 15G763 AIM Number: 100249380</p> <p>At this 2nd PSR to the 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 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 one story facility was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in all living areas and client sleeping rooms, plus heat detection in the attic connected to the fire alarm system. The facility has a capacity of 8 and had a census of 3 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 0.6.</p> <p>Quality Review completed on 10/25/24</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bret Beauchamp

Regional Director

11/08/2024

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 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 30 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 S353 Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure the ceiling in 1 of 3 sprinklered smoke compartments of the facility was maintained to allow sprinkler heads to function to their full capability. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 10/24/24 between 10:00 a.m. and 10:30 a.m. during a tour of the facility with the QIDP, there was a four inch by two foot gap behind the square HVAC duct which penetrated the ceiling to the attic space in the sprinkler riser room. It appeared the drywall ceiling had been damaged between the HVAC duct and the wall. Based on interview at the time of observation, the QIDP acknowledged the gap in the ceiling behind the HVAC duct and the wall in the sprinkler riser room and said the Program Director has been working to get a maintenance contractor in the facility to fix a few things, but has not been successful yet.</p> <p>This finding was reviewed with the QIDP during the exit conference.</p> <p>This deficiency was cited on 07/25/24 and again on 09/05/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		K S353	<p>KO353 Sprinkler System -A contractor will be contacted to repair the gap behind the AC Duct in the Sprinkler Riser Room -Staff will be trained on reporting all repairs in the home to management immediately -Program Supervisor will monitor at least three times weekly in the home -Program Director will monitor weekly during Site Supervisory visits</p> <p>Persons Responsible: Area Director, Program Director, Program Supervisor</p>		11/23/2024	
K S363 Bldg. 01	<p>NFPA 101 Corridor - Doors</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 client bedroom doors would latch into the door frame. This deficient practice</p>		K S363	<p>/p> /p> /p></p>		11/23/2024	

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	<p>could affect four clients.</p> <p>Findings include:</p> <p>Based on observations on 10/24/24 between 10:00 a.m. and 10:30 a.m. during a tour of the facility with the QIDP, the client bedroom door #1 (west hall on left) would not latch into its door frame when tested several times. Based on interview at the time of observation, the QIDP acknowledged that bedroom door #1 would not latch into its door frame and said the Program Director has been working to get a maintenance contractor in the facility to fix a few things, but has not been successful yet.</p> <p>This finding was reviewed with the QIDP during the exit conference.</p> <p>This deficiency was cited on 07/25/24 and again on 10/24/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p>/p> -All staff will be trained on reporting any safety issues in the home</p> <p>-Program Director and Program Supervisor will be trained on ensuring all safety issues are addressed</p> <p>-Program Supervisor will monitor at least three times weekly</p> <p>-Program Director will monitor during weekly Site Supervisory visits</p> <p>Persons Responsible: Program Supervisor, Program Director, Area Director</p>		