

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

PRINTED: 04/14/2023

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 03/14/2023
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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
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: 03/14/23</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 03/16/23</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: 03/14/23</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	03/27/2023

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 S353 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 .96.</p> <p>Quality Review completed on 03/16/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation</p>			

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	<p>of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are 			
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	<p>inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review, observation, and interview, the facility failed to completely document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Emergency Preparedness Coordinator on 03/14/23 at 1:12 p.m., the quarterly sprinkler inspection reports dated 02/07/23, 11/02/22, 07/29/22 and 03/31/22 indicated</p>	K S353	The house manager and emergency preparedness coordinator have been retrained on the requirement towards appropriate inspections on at group homes. The Weekly inspection of the riser gauges PSI will be documented appropriately with an accurate number instead of a check mark. Which will be conducted by the house manager and checked by the emergency preparedness coordinator.	03/24/2023

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K S500 Bldg. 02	<p>the sprinkler riser had one sprinkler water pressure gauge and one lever operated control valve that were visually inspected during each quarterly inspection. Review of the facility's 'Bi Weekly Residential Inspection' forms just had a check mark and no pressure reading on the line for sprinkler gauge checks. Based on an interview at the time of record review with the Emergency Preparedness Coordinator, he confirmed gauge pressure readings and control valve inspections were not completely documented outside of the quarterly sprinkler inspection reports.</p> <p>This finding was reviewed with the Emergency Preparedness Coordinator at the exit conference.</p> <p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>1. Based on observation, record review and interview, the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 21 of 52 weeks. Chapter 8.3.7 of NFPA 99 requires storage batteries, including electrolyte levels or battery voltage, used in connection with essential electrical systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 requires defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the</p>	K S500	The house manager and emergency preparedness coordinator have been retrained on the requirement towards appropriate inspections on generators at group homes. The bi-weekly inspection sheet has been updated to a weekly inspection of the generator and a monthly generator load test of 30 minutes was added. the inspection will be done by the house manager and checked by the emergency preparedness	04/01/2023
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	<p>generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with Emergency Preparedness Coordinator on 03/14/23 12:30 p.m. to 1:27 p.m., documentation for weekly generator testing was not available for review for 2 weeks out of every month for the past 12 months. Upon observation during a tour of the facility between 1:27 p.m. and 1:40 p.m., the home did have a natural gas generator with automatic transfer capability. Based on an interview at the time of record review, the Emergency Preparedness Coordinator stated that they did a visual check twice a month, but did not conducted a visual inspection every week.</p> <p>2. Based on observation, record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 12 of the last 12 months. Chapter 6.4.4.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2 requires natural gas generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p>		<p>coordinator. ="" p=""></p>	

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K S712 Bldg. 02	<p>Based on record review with the Emergency Preparedness Coordinator on 03/14/23 from 12:30 p.m. to 1:27 p.m., documentation for monthly run and inspection of the natural gas powered generator was available for review, but did not indicate if the generator ran under load for the 30 minute exercise. Based on observation during a tour of the facility between 1:27 p.m. and 1:40 p.m., it was confirmed the home did have a natural gas powered generator with automatic transfer capability. Upon interview at the time of record review, the Emergency Preparedness Coordinator stated that documentation showing the generator ran under load each month was not available for review at the time of the survey. The Emergency Preparedness Coordinator stated the monthly generator load testing will begin to be documented next month.</p> <p>These findings were reviewed with the Emergency Preparedness Coordinator at the exit conference.</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"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical 			

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	<p>disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>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 2 of 12 fire drills. This deficient practice affects all staff and clients.</p> <p>Findings include:</p> <p>Based on records review with the Emergency Preparedness Coordinator on 03/14/23 at 12:45 p.m., fourth quarter second and third shift fire drills were unable to be located. Based on interview at the time of record review, the Emergency Preparedness Coordinator stated documentation of second and third shift fire drills for the fourth quarter were not available for review at the time of the survey.</p> <p>Findings were discussed with the Emergency Preparedness Coordinator at exit conference.</p>	K S712	<p>The house staff have been retrained on the requirements to conduct fire drills on each shift each quarter. For quality control the house manager will review the fire drill logs monthly and make sure that staff are conducting drills as required.</p>	03/24/2023