PRINTED: 07/18/2023
FORM APPROVED

CENTERS FO	R MEDICARE & MEDIC	AID SERVICES				OM	IB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G300		RECTION IDENTIFICATION NUMBER		A. BUILDING <u>01</u> B. WING			COMPLETED 06/29/2023	
		B. WING						
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC			STREET ADDRESS, CITY, STATE, ZIP COD 110 W PIKE ST MARTINSVILLE, IN 46151					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PI	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
K 0000								
Bldg. 01	conducted on 05/23 Recertification Surv	rey Revisit (PSR) to the PSR //23 to the Life Safety Code vey conducted on 04/24/23 was diana Department of Health in CFR 483.470(j).	K 000	00				
	Survey Date: 06/29	9/23						
	Facility Number: 0 Provider Number: AIM Number: 100	15G300						
	LLC was found not Requirements for P CFR Subpart 483.4 the 2012 edition of Association (NFPA	Transitional Services Sub, in compliance with articipation in Medicaid, 42 70(j), Life Safety from Fire and the National Fire Protection) 101, Life Safety Code (LSC), g Residential Board and Care						
	sprinklered. The fact with heat detection detection on all level bedrooms, all living	ity with a basement was fully cility has a fire alarm system in the attic and smoke els including corridors, g areas and the basement. The ity of eight and had a census of this survey.						
	(E-Score) using NF	Evacuation Difficulty Score PA 101A, Alternative Safety, Chapter 6, rated the In E-Score of 3.65.						
	Quality Review cor	mpleted on 06/30/23						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Bret Beauchamp Regional Director 07/15/2023

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	l í	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		COMPLETED		
15G300		B. W	B. WING			06/29/2023	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC		•	STREET ADDRESS, CITY, STATE, ZIP COD 110 W PIKE ST MARTINSVILLE, IN 46151				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE
K S353	NFPA 101						
	_	- Maintenance and Testing					
Bldg. 01		- Maintenance and Testing					
2.49. 0.	2012 EXISTING (I						
	NFPA 13 and 13R	• •					
		ms installed in accordance					
		andard for the Installation of					
	· · · · · · · · · · · · · · · · · · ·	, and NFPA 13R, Standard					
	1 '	of Sprinkler Systems in					
		pancies Up To and Including					
		ight, are inspected, tested					
		accordance with NFPA 25,					
		ection, Testing and					
	Maintenance of W	ater Based Fire Protection					
	System.						
	NFPA 13D Systen	ns					
	Sprinkler systems	installed in accordance					
	with NFPA 13D, S	tandard for the Installation					
	of Sprinkler Syste	ms in One- and Two-Family					
	Dwellings and Ma	nufactured Homes, are					
	inspected, tested	and maintained in					
	accordance with the	ne following requirements of					
	NFPA 25:						
		s inspected monthly (NFPA					
	25, section 13.3.2	•					
		ected monthly (NFPA 25,					
	section 13.2.71).						
		s inspected quarterly					
	(NFPA 25, section	•					
		s tested semiannually					
	(NFPA 25, section	•					
	1	sory switches tested					
	1	PA 25, section 13.3.3.5).					
	1	lers inspected annually					
	((NFPA 25, section	,					
	1	spected annually (NFPA					
	25, section 5.2.2).						
	1	angers inspected annually					
	(NFPA 25, section	•					
	ı 9. Buildings insp	ected annually prior to	1				I

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	NT OF DEFICIENCIES NOF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G300	(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 06/29/2023		
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC			STREET ADDRESS, CITY, STATE, ZIP COD 110 W PIKE ST MARTINSVILLE, IN 46151				
(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 APPROPR DEFICIENCY)			
	filled piping (NFP, 10. A represent response sprinkle (NFPA 25, section 11. A represent sprinklers are test section 5.3.1.1.15 12. Antifreeze s (NFPA 25, section 13. Control valve their full range an annually (NFPA 2 14. Operating silubricated annuall 13.3.4). 15. Dry pipe sysunheated portions inspected, tested section 13.4.4). A. Date sprinkler necessary mainted. B. Show who prove the source automatic sprinkler and the source automatic sprinkler and the source automatic sprinkler sprinkler sprinkler sprinkler and the source automatic sprinkler and the source and the source and the source automatic sprinkler and the source are sprinkler and the source and the source are sprinkler and the sprinkler and	ative sample of dry pendant red at 10 years (NFPA 25, 10). olutions are tested annually in 5.3.4). es are operated through direturned to normal 5, section 13.3.3.1). tems of OS&Y valves are by (NFPA 25, section 15.3.4). estems extending into sof the building are and maintained (NFPA 25, 10). Esystem last checked and the nance provided. Fided the service. The of the water supply for the er system. ERKS information on the non-required or partial er system.) 1.5.8, 9.7.5, 9.7.7, 9.7.8,	W 6353		07/20/2022		
	interview, the facili automatic sprinkler sprinkler systems si maintained in according the Inspection,	on, record review and ty failed to maintain 1 of 1 systems. LSC 9.7.5 requires all hall be inspected, tested, and rdance with NFPA 25, Standard Testing, and Maintenance of Protection Systems. NFPA 25,	K S353	-Contractor will be contacted inspect and test sprinkler systems. All inspections in regards to safety will be kept in the Safeth Book and the office -Completed inspections will be reviewed to ensure the antiform.	ety pe		

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CTATEMEN	AT OF DEFICIENCIES	V1) PROVIDED/CLIPPLIED/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA			· ′	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED	
		15G300	B. WING		06/29/2023	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC		STREET ADDRESS, CITY, STATE, ZIP COD 110 W PIKE ST MARTINSVILLE, IN 46151				
	I			T		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	2011 Edition, Section	on 4.1.4.1 states the property		has been tested		
	owner or designated	d representative shall correct		-Program Director and Prograi	m	
	or repair deficiencie	es or impairments that are		Supervisor will ensure the		
	-	spection, test and maintenance		inspections are in the safety be	ook	
		ndard. Corrections and repairs		for review		
		by qualified maintenance		-Program Director and Program	m	
	-	ified contractor. NFPA 25,		Supervisor will ensure that any	ı	
		ds shall be made for all		recommendations from the	'	
	-	nd maintenance of the system				
	_	-		inspection are completed		
	_	all be made available to the		-Program Director will monitor	ı	
		risdiction upon request. This		weekly during Site Supervisor	У	
	•	ould affect all residents, staff		visits		
	and visitors.					
				Persons Responsible: Area		
	Findings include:			Director, Program Director,		
				Program Supervisor		
	Based on record rev	view with the Direct Service				
	Professional (DSP)	on 06/29/23 at 1:30 p.m., no				
		available for review to show				
		ad occured on the sprinkler				
		nterview at the time of record				
	-					
		ated that documentation for				
		f the sprinkler system was not				
		v at the time of the post survey				
		oservation of the sprinkler				
		ted at the riser in the basement				
		ast documented inspection was				
	04/23/23.					
		s cited on 04/24/23 and				
	05/23/23. The facility	ity failed to implement a				
	systematic plan of o	correction to prevent				
	reoccurance.	-				
	This finding was re	viewed with the DSP at the exit				
	conference.					

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