

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  10/28/2021
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NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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: 10/28/2021</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 7.</p> <p>Quality Review completed on 11/04/21</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: 10/28/2021</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

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 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 7 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 .86.</p> <p>Quality Review completed on 11/04/21</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;</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 provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Facilities Coordinator at 11:20 a.m. on 10/28/21, documentation of a fire drill conducted on the first shift for the second quarter (April, May, and June) of 2021 was not available for review. Based on interview at the time of record review, the Facilities Coordinator agreed there was no fire drill documentation for the aforementioned time frame available for review at the time of the survey.</p> <p>This finding was reviewed with the Facilities Coordinator at the exit conference.</p>	K S712	The staff will be retrained on the requirements for conducting fire drills on 11/10/21. In addition the Group Home Manager will be responsible for coordinating all drills and reporting to the Residential Coordinator on a quarterly basis that all drills have been conducted and the time, and date the individual drills were completed. The requirements are at minimum one drill per quarter on each shift. The Drills are to be recorded in the Fire Drill log at the group home and this log is to be updated and available for inspection upon request by the Residential Coordinator, General Manager or any State Department of Health Surveyor.	11/10/2021