

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

PRINTED: 08/10/2023
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 -- B. WING		X3) DATE SURVEY COMPLETED 07/19/2023	
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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 05/23/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 07/19/23</p> <p>Facility Number: 012289 Provider Number: 15G763 AIM Number: 100249380</p> <p>At this PSR to the Emergency Preparedness survey, Transitional Services SUB LLC 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. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 07/20/23</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 05/23/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/19/23</p> <p>Facility Number: 012289 Provider Number: 15G763 AIM Number: 100249380</p>			K 0000			

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

TITLE

(X6) DATE

Bret Beauchamp

Regional Director

08/09/2023

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 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>At this PSR 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 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 Slow with an E-Score of 3.68.</p> <p>Quality Review completed on 07/20/23</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.</p>						

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	<p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation 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 						

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	<p>13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are 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.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of over 25 sprinkler heads in the facility were free of corrosion, paint, or a foreign material. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 5.2.1.1.1 requires sprinklers to be free of paint and corrosion. 5.2.1.1.2 requires any sprinkler that shows signs of paint or corrosion shall be replaced. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations on 07/19/23 between 2:00 p.m. and 2:30 p.m. during a tour of the facility with the Program Supervisor, the following was noted:</p> <p>a. The sprinkler head in the east bathroom was covered with paint, corrosion, and dust/lint.</p> <p>b. The sprinkler head in the west bedroom hall had a black plastic material attached to it.</p> <p>Based on interview at the time of observations,</p>			K S353	<p>-Sprinkler head with paint on it will be replaced</p> <p>-All other sprinkler heads will be cleaned or replaced</p> <p>-Contractor will be contacted to repair hole in the ceiling</p> <p>-Contractor will replace escutcheon ring</p> <p>-All inspections in regards to safety will be kept in the Safety Book and the office</p> <p>-Program Director and Program Supervisor will ensure that monthly gauge and valve checks will be completed</p> <p>-Program Director and Program Supervisor will ensure that all sprinkler heads are clean and free of obstruction</p> <p>-Program Director and Program Supervisor will be trained on safety requirements in regards to the</p>		08/11/2023

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	<p>the Program Supervisor agreed the sprinkler heads in the east bathroom and west bedroom hall were covered with paint, corrosion, dirt/lint, and a black plastic material and had not yet been replaced.</p> <p>This finding was reviewed with the Program Supervisor during the exit conference.</p> <p>This deficiency was cited on 05/23/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>2. Based on observation and interview, the facility failed to ensure the ceiling in 2 of 2 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 07/19/23 between 2:00 p.m. and 2:30 p.m. during a tour of the facility with the Program Supervisor, the following was noted:</p> <p>a. There was an escutcheon ring missing from a ceiling sprinkler head in the west hall near the rear exit door, which created a 1/2 inch gap around the sprinkler head to the attic space.</p> <p>b. There was a six inch hole in the ceiling on the back side of the air handling unit duct in the sprinkler riser room.</p> <p>Based on interview at the time of each observation, the Program Supervisor confirmed the missing sprinkler escutcheon ring and the hole in the ceiling on the back side of the air handling unit duct and said they had not yet been fixed.</p> <p>This finding was reviewed with the Program Supervisor during the exit conference.</p>				<p>sprinkler system</p> <p>-All staff will be trained on notifying management of any issues with sprinkler system</p> <p>-Program Director and Program Supervisor will ensure the inspections are in the safety book for review</p> <p>-Program Director and Program Supervisor will ensure that any recommendations from the inspection are completed</p> <p>-Program Supervisor will monitor at least three times weekly during home visits</p> <p>-Program Director will monitor weekly during Site Supervisory visits</p> <p>Persons Responsible: Area Director, Program Director, Program Supervisor</p>		

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K S363 Bldg. 01	<p>This deficiency was cited on 05/23/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. No doors shall be arranged to prevent the occupant from closing the door. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 <p>Based on observation and interview, the facility failed to ensure 1 of 4 client sleeping room doors would close completely and latch into its door frame. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observations on 07/19/23 between 2:00 p.m. and 2:30 p.m. during a tour of the facility with the Program Supervisor, the east hall bedroom door on the left would not close completely and latch into its frame when tested several times. The door appeared damaged around the latching area. Based on interview at the time of observation, the Program Supervisor agreed the bedroom door did</p>			K S363	<p>="" p-all="" staff="" be="" trained="" on="" reporting="" any="" safety="" issues="" home<="" p-program="" program="" supervisor="" ensuring="" all="" are="" addressed<="" monitor="" at="" least="" three="" times="" weekly="" during="" home="" visits<="" site="" supervisory="" p <="" ppersons="" responsible:="" supervisor,="" director,="" director<="" p="">="" p=""></p> <p>-A contractor will be contacted to repair or replace the door</p>		08/11/2023

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	<p>not close completely and latch properly when tested and said it has not yet been fixed/replaced.</p> <p>This finding was reviewed with the Program Supervisor during the exit conference.</p> <p>This deficiency was cited on 05/23/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 during home visits</p> <p>-Program Director will monitor during weekly Site Supervisory visits</p> <p>Persons Responsible: Program Supervisor, Program Director, Area Director</p>			