

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365807	(x2) multiple construction a. building <u>BLD 02</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/15/2026
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name of provider or supplier TRANSITIONAL CARE UNIT	street address, city, state, zip code 200 ST CLAIR STREET SAINT MARYS OH, 45885
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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
K 0000 BLD02	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 EXISTING CODE</p> <p>ADMINISTRATOR: Sara Vordermark #7168 CENSUS IN HOUSE: 4</p> <p>BUILDING 1 OF 1 42 CFR 483.90 (a)</p> <p>The facility must meet the applicable provisions of the 2012 Existing edition of the Life Safety Code (LSC) of the National Fire Protection Association.</p> <p>An annual Life Safety Code survey was conducted by the Ohio Department of Health. At the time of survey, Transitional Care Unit was found NOT to be in compliance with the requirements for participation in Medicare at 42 CFR Subpart 483.90 (a), Life Safety from fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>Transitional Care Unit is a six story hospital. The original building was built in 1952 for the first floor, the second and third floors were added in 1973, the fourth and fifth floors were added in 1981, and the sixth floor was added in 1982 and was determined to be a Type I [443] construction and was fully sprinklered. The facility has concrete flooring, concrete trusses and roofing and</p>	K 0000		

laboratory director's or provider/supplier representative's signature

title

(x6) date

SARA.VORDERMARK1

05/04/2026

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 0000	<p>Continued From page 1</p> <p>brick/block exterior-bearing walls. The sixth floor Transitional Care Unit also contains eight rehabilitation beds that were not separated by a two hour fire separation wall. A number of the rehabilitation beds were empty during the survey. Therefore, due to the lack of fire separation, the entire sixth floor was inspected under the 2012 Existing Code.</p> <p>The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, resident rooms and hazardous areas.</p> <p>The facility has 15 beds which are certified for Medicare.</p> <p>The requirement at 42 CFR Subpart 483.90 (a) is NOT MET as evidenced by:</p>	K 0000		

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K 0345 K 0345 SS=F BLD02	Continued From page 2 NFFA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure Fire Alarm system components were maintained in accordance with NFPA 101 - 2012 Edition Sections 19.3.4.1, 9.6.1.3, 9.6.1.5, NFPA 72 - 2012 Edition Sections 14.3 through 14.3.4, and 14.6.2.3 through 14.6.2.4. This deficient practice had the potential to affect all four residents in the facility. Findings include: Record review on 04/15/26 at 11:30 A.M., noted the fire alarm system inspections and reports were not complete. There were no records showing semi-annual visual inspections have been completed.	K 0345 K 0345	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. It is the policy that Transitional Care Unit follows Life Safety State/Federal regulations. It is policy that we hold a semi-annual fire visual inspection. The Transitional Care Unit held an inspection in February of 2026 and has another one scheduled with SecurCom for August of 2026. The Life Safety Surveyors spoke directly to SecurCom on the day of survey to ensure things were scheduled appropriately going forward. Securcom, Transitional Care Unit, and Life Safety Surveyors are on the same page and have scheduled according to regulation. Bill Bergman (President of Securcom, Inc) contacted Dustin Buell to discuss the requirements of the semi-annual inspection. On 5/1/25 a Purchase Order was issued to Securcom, Inc for them to complete the semi-annual inspection. On 5/1/26 a semi-annual fire alarm system Preventative Maintenance work order was developed in our maintenance management software. This will automatically kick out every August 1st of every year as a reminder to have the semi-annual inspection completed. This administrator has put it in as a quarterly QAPI follow up to ensure compliance maintains	05/06/2026

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K 0345	Continued From page 3 These findings were verified by the Director of Maintenance (DM) at the time of discovery. The DM further reported he was unaware of the requirement to complete a six month inspection of the fire detection components.	K 0345		