

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G366	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  03/06/2012
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 58808 ST MARYS LN GOSHEN, IN 46526
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/06/12</p> <p>Facility Number: 000880 Provider Number: 15G366 AIM Number: 100235120</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, ADEC Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was fully sprinklered. The facility has a monitored fire alarm system with smoke detection on both levels, in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K0000		

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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	<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 0.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/08/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS149	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on record review, observation and interview; the facility failed to provide noncombustible safety type ashtrays in the designated smoking area. This finding could affect all residents, staff and visitors to the home.</p> <p>The findings include:</p> <p>During review of the facility's undated "Smoking Policy" on 03/06/12 at 11:45 am with the Qualified Mental Retardation Professional (QMRP), the policy stated "Each group home has a designated smoking area in the rear of the home. Each smoking area has a receptacle that is covered and all smoking materials are to be disposed of in the receptacle." Interview with the QMRP on 03/06/12 at 11:45 am indicated the smoking area was on the back patio outside the kitchen exit. During observation of the patio area on 03/06/12 at 11:50 am, discarded smoking materials were present on the cement patio near chairs in the area designated by the QMRP. There was no safety type receptacle located in the area. The QMRP indicated she was unaware why a receptacle was not provided and why the</p>	KS149	On 3/17/12 a Smokers Outpost was ordered for the home that is an approved covered covered cigarette recepticle.All staff will be trained on properly disposing of cigarette butts into the container. The QDDP and Res Manager will complete weekly audits to make sure this deficient practice is no longer.Person Responsible: QDDP, Res Manager	03/12/2012	

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	discarded smoking material was on the patio floor.			