

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G017	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/15/2014
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 19816-3 SR 120 BRISTOL, IN 46507
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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
K010000	<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: 04/15/14</p> <p>Facility Number: 000589 Provider Number: 15G017 AIM Number: 100248520</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Tim Shebel, Licensed Social Worker</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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. Battery operated smoke detectors were provided in the sleeping rooms. The facility has a capacity of 8 and had a census of 8 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 1.08.</p>	K010000		

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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K010130	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/21/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation, record review and interview; the facility failed to ensure 2 of 2 battery operated, interior emergency lights were tested annually for 90 minutes. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Intellectual Disability Professional (QIDP) on 04/15/14 at 11:30 a.m., there were two battery powered emergency light units in the home. Based on review of the "Battery Operated Safety Light Check" documentation for 2013 and 2014, a 90 minute test had not</p>			K010130	<p>By 4/28/14 a 90 minute test will be conducted on both of the existing interior emergency lights. Maintenance staff will be trained on this requirement along with documentation standards. Copies of the test will be maintained at the facility for annual review. Failure to comply will result in disciplinary action. Person Responsible: Maintenance</p>		04/28/2014

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K01S018	<p>been conducted. Based on interview at the time of record review, the QIDP acknowledged a 90 minute annual test had not been documented.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 bedroom doors closed and latched into the door frame. This deficiency could affect the client who resided in that room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the home on 04/15/14 from 11:15 a.m. until 12:00 p.m. with the Qualified Intellectual Disability Professional (QIDP), the bedroom door adjacent to the office/med room failed to securely latch into the door frame when the door was closed. Interview with the QIDP during the observation confirmed the door did not latch securely into the frame.</p>	K01S018	The door latch was fixed on the date of the survey. In order to prevent this concern again, the Res manager and QIDP will conduct weekly safety inspections that will include checking to make sure all doors latch correctly. This will be documented and maintained in the home. Failure to comply will result in disciplinary action. Person Responsible: Res Manager, QIDP	04/16/2014	