

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G779	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/25/2014
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10125 HEATHER LAKES DR OSCEOLA, IN 46561
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K020000	<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: 07/25/14</p> <p>Facility Number: 012439 Provider Number: 15G779 AIM Number: 201018350</p> <p>Surveyor: Dennis Austill, 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 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility with a basement was sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in sleeping rooms and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K020000		
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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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K02S018	<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 2.1.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/31/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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. Based on observation and interview, the facility failed to ensure 2 of 6 bedroom doors closed and latched into the door</p>	K02S018	On the date of the survey, staff contacted maintenance and the doors in the home were adjusted and closed properly. In order to	08/08/2014

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K02S056	<p>frame. This deficiency could affect the clients who resided in the northeast and southwest bedrooms.</p> <p>Findings include:</p> <p>Based on observation during a tour of the home on 07/25/14 from 12:00 p.m. to 1:00 p.m. with the Qualified Intellectual Disability Professional (QIDP) and House Manager, the main floor southwest and northeast bedroom doors failed to securely latch into the door frame when the door was closed. Interview with the QIDP during the observation confirmed the doors did not latch securely into the frame.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers</p>		prevent this issue in the future, all doors will be checked on a weekly basis by the manager or QIDP and documented. Failure to comply will result in disciplinary action. Person Responsible: QIDP, Res Manager				

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	<p>are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p>			

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	<p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical</p>			

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	<p>evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems in the facility was maintained. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and</p>	K02S056	The sprinkler covers have been removed in the basement that were in place for construction. The sprinkler installation provider has been contacted and will provide the home with sprinkler head replacements that are pendant type. The missing	08/15/2014

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	<p>Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet for replacement purposes with the stock of spare sprinklers being proportionally representative of the types and temperature ratings of the system sprinklers including a minimum of two sprinklers of each type and temperature rating installed. NFPA 25, 2-2.1.1 requires sprinklers to be shall be free of corrosion, foreign materials, paint, and physical damage. These deficient practices could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the home on 07/25/14 from 12:00 p.m. to 1:00 p.m. with the Qualified Intellectual Disability Professional (QIDP) and House Manager, the following was noted:</p> <p>a. The only spare sprinkler heads in the spare sprinkler cabinet were two sidewall sprinklers. Observation revealed pendant sprinklers were installed throughout the facility and no sidewall sprinklers.</p> <p>b. Yellow plastic covers were noted on 3 of 3 sprinklers in the basement storage room. After further investigation by the QIDP, the yellow plastic covers were put</p>		<p>sprinkler cover will be replaced by the sprinkler installation company and this visit is being scheduled. In the future, when construction is being conducted, the maintenance staff will make sure that any protective covers have been removed, and that the cover for the sprinklers had not been knocked off by the workers. Projected date of all work completed is 8/15. Person responsible : Maintenance, DRO</p>				

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K02S152	<p>on for protection by a company who had done recent construction work in the home.</p> <p>c. One of two sprinklers in the basement southwest bedroom had a missing cover over the recessed sprinkler.</p> <p>Based on interview during the times of observation, the aforementioned issues were acknowledged by QIDP.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p>						

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	<p>(v) 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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the fire drill documentation at 12:30 p.m. on 07/25/14 with the Qualified Intellectual Disability Professional (QIDP) there was no record of a fire drill for the first shift of the third quarter of 2013. This was acknowledged by the QIDP at the time of record review.</p>	K02S152	The house manager has implemented a fire drill schedule that covers each shift each quarter so that all drills are run on a timely basis. The manager will pass the completed drills to the QIDP who will review and sent to the training coordinator who will track the drills and maintain the files. With all checks in place, this deficient practice will be corrected. Person Responsible: QIDP, Res Manager	08/08/2014	