

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G297	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/26/2013
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1823 ASHLEY CT GOSHEN, IN 46526
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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: 08/26/13</p> <p>Facility Number: 000816 Provider Number: 15G297 AIM Number: 100243710</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 33, Existing 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 all levels including in the corridors, in client 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>	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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	<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 1.84.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/03/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			

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K01S046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 extension cords were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and electrical equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect residents occupying two of six bedrooms in the home.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Intellectual Disabilities Professional (QIDP) on 08/26/13 at 2:05 p.m., an extension cord was found plugged into a wall outlet and a portable stereo receiver. This was observed in southwest bedroom of the group home. Additionally an extension cord was also found plugged into a wall in the fourth bedroom from the south wall on the west side of the home. The QIDP indicated she had not been aware the extension cords were being used and confirmed they were left unattended when residents were out of the home attending day program or other</p>	K01S046	The extension cords were immediately removed from the home. All staff were trained that the use of extension cords is not permitted on 8/30 and again on 9/18. The QDIP will complete by weekly walk a rounds to ensure that this practice has been discontinued person responsible. QIDP	09/30/2013			

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K01S148	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Smoking regulations are adopted by the administration of board and care occupancies. 32.7.4.1, 33.7.4.1 Based on interview and observation; the facility failed to provide documentation of a smoking policy to protect 8 of 8 clients residing in the home. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Interview with the facility's Qualified Intellectual Disabilities Professional (QIDP) on 8/26/13 at 1:36 p.m. indicated the facility didn't have a smoking policy and procedures as the administration had adopted a smoke free expectation that prohibited smoking in the building and on facility property. Observation on 8/26/13 at 2:05 p.m. with the QIDP and house manager found discarded smoking materials in the mulch which had been spread on the ground behind the wooden deck attached to the house in the back yard of the group home. The house manager and QIDP indicated during the observation, the discarded smoking material should not have been present and facility staff would need to be reinserviced.</p>	K01S148	The facility has a no smoking policy at all facilities. Facility staff will be trained and reminded at weekly meetings. A training took place on 9/30. The QDIP will conduct weekly observations to make sure this correction is followed as well as agency policePERSON responsible: QDIP	09/28/2013			