

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G800	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/07/2015
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6803 LUTZ DR SOUTH BEND, IN 46614
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K 000  Bldg. 01	<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: 05/07/15</p> <p>Facility Number: 012598 Provider Number: 15G800 AIM Number: 201023280</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 finished basement was fully sprinklered. The facility has a monitored fire alarm system with smoke detection on both levels 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> <p>Calculation of the Evacuation Difficulty</p>	K 000		
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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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K 130 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.74.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 3 fire extinguishers requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation and interview on 05/07/15 at 11:13 a.m. then again at 11:29 a.m., the House Manager acknowledged the maintenance stamp on the fire extinguishers near the front door and basement indicated the last six year test was completed 2007.</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of monthly inspections of the starting batteries for the generator was maintained for 12 of 12 months. Chapter</p>	K 130	<p>On 5/28/15 the fire extinguisher inspection provider was contacted about the finding They will be at the home on 5/29/15 to complete the hydrostatic test that had not been completed since 2007 The agency was informed that this provider would like a new inspector as the lack of observation of something so obvious is not acceptable Maintenance staff were informed of the need to document the transfer of power time on the generator We have updated the form in the past year and it met the Life Safety requirements at that time We will begin the new documentation at the 6/15 inspection Person Responsible: Director</p>	05/28/2015

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K 046 Bldg. 01	<p>3-6.4.1.1(a) of NFPA 99 The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-6.3.1. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of generator documentation "Emergency Generator - Monthly Test Log" with the House Manager during record review on 05/07/2015 at 11:03 a.m., all monthly generator written records failed to include a transfer of power time. Based on interview at the time of record review, the House Manager acknowledged the lack of information provided on the generator written records.</p> <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>1. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapters were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment</p>	K 046	On 5/7/15 the multi-plug and extension cord were removed from the home In the future, the Manager will not purchase such items, and the home will be inspected monthly and such	05/07/2015

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	<p>to comply with NFPA 70, National Electrical Code, 1999 Edition. 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 2 clients in "Bedroom near main door."</p> <p>Findings include:</p> <p>Based on an observation with the House Manager on 05/07/2015 at 11:15 a.m., a multiplug adapter was located in the bedroom near the main door. Medical equipment such as an oxygen concentrator and a clock radio were plugged into a multiplug adapter. Based on interview at the time of observation, the multiplug adapter was acknowledged and removed by the House Manager.</p> <p>2. Based on observation and interview, the facility failed to maintain an electrical outlet in 1 of 8 bedrooms. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. Article 370-25, Covers and Canopies, states "In completed installations each box shall</p>		<p>items, if seen will be removed Person Responsible: Manager</p>		

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	<p>have a cover, faceplate or fixture canopy. This deficient practice affects 2 clients in the bedroom near the main door.</p> <p>Findings include: Based on observation with the House Manager on 05/07/15 at 11:15 a.m., an electric receptacle in the bedroom near the main door" was uncovered. The House Manager acknowledged at the time of observation, the wiring should have been protected by a face plate.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords such as extension cord were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. 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 was not in a resident care area but could affect staff.</p> <p>Findings include: Based on an observation with the House Manager on 05/07/2015 at 11:34 a.m., an extension cord was plugged in and</p>				

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K 152  Bldg. 01	<p>providing power to a dehumidifier in the basement crawl space. At the time of observation the House Manager acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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 (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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p>				

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	<p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on record review of the fire drill reports titled "Drill Reports" on 05/07/2015 at 11:00 a.m., the House Manager acknowledged documentation for a second shift fire drill for the third quarter of 2014 were not available for review. Based on interview, the House Manager acknowledged the lack of documentation.</p>	K 152	<p>There is a process internally that takes place in scheduling fire drills A drill was done on 9/8/14, but the paperwork is missing The manager will continue to schedule the fire drills, and the residential coordinator will continue to gather and track them The coordinator will maintain the files and the actual fire drill forms If there is a fire drill that is past due, the coordinator will contact the house manager and notify the director that there is a need to have it done</p> <p>All drills since the last quarter of last year are in order This most likely is the result of a new manager in the home Person responsible: Res coordinator, Director, manager</p>	05/26/2015	