

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G801	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2012
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6712 MACKEY CT SOUTH BEND, IN 46614
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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: 04/09/12</p> <p>Facility Number: 012599 Provider Number: 15G801 AIM Number: 201023260</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 finished 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		
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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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	<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 2.97.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was tested and maintained. NFPA 101, Section 7.9.2.3 states emergency generators providing power to emergency lighting systems shall be installed tested, and maintained in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110 Section 6-4.1 requires Level 1 and Level 2 EPSS's, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. Section 6-4.2 requires generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 110, Section 6-3.4 requires a written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record shall include the following:</p> <p>a. The date of the maintenance report b. Identification of the servicing personnel c. Notation of any unsatisfactory condition and the corrective action taken, including parts replaced d. Testing of any repair for the appropriate time as recommended by the manufacturer.</p> <p>This deficient practice could affect any staff and clients.</p> <p>Findings include:</p> <p>Based on observation at 3:15 p.m. on 04/09/12 with the Program Manager, the facility had an emergency generator outside the house which automatically powered the home in the event of a power failure. Based on interview at the time of observation, the Program Manager indicated there was no documentation of testing or maintenance available for the emergency generator.</p>	K0130	<p>The facility will begin testing the generator battery weekly beginning the week of 4/24/12. A monthly load test will begin in 5/12 as the installer of the system has been contacted to come to the facility to show manintenance staff how to perform such a test. All required documentation including date, who inspected and any problem encountered will be maintained at the facility. In orfer to prevent future occurances, the facility will no longer install generators rather use the emergency procedures in place. Person Responsible: Maintenance, DRO</p>	04/18/2012			

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