

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 04/29/2014
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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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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: 04/29/14</p> <p>Facility Number: 012599 Provider Number: 15G801 AIM Number: 201023260</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 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</p>	K010000		
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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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K010130	<p>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 Slow with an E-Score of 3.68.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/29/14.</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 OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review 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,</p>	K010130	Maintenance staff will be trained on completing the monthly load test. Maintenance staff will complete a form that includes documentation of the load test as well as all of the requirements of the test. It is unknown why the weekly test had been discontinued, but the new testing will take place on a monthly basis and documentation will be maintained at the facioity for further review. Failure to comply will result in disciplinary	05/01/2014			

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	<p>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</p> <p>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.</p> <p>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</p> <p>b. Identification of the servicing personnel</p> <p>c. Notation of any unsatisfactory condition and the corrective action taken, including parts replaced</p> <p>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>action. Person Responsible: Maintenance</p> <p>ADDENDUM: Maintenance staff will complete weekly generator load testing and will document that the test took place on teh form located in the basement of the facility. The maintenance supervisor will train the staff on conducting the test and documentation. This documentation will be reviewed by the maintenance supervisor and will include the following:1. The date of the maintenance report2. Identification of the servicing personnel3. Notation of any unsatisfactory condition and the corrective action taken, including parts replaced4. Testing of any repair for the appropriate time as recommended by the manufacturer.</p> <p>Person Responsible: Maintenance</p>				

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K01S016	<p>Findings include:</p> <p>Based on observation at 10:30 a.m. on 04/29/14 with the Qualified Intellectual Disability Professional (QIDP), the facility had an emergency generator outside the house which automatically powered the home in the event of a power failure. Based on record review at the time of observation, the monthly load testing did not include the nameplate rating; the operating temperature or the load percentage. Based on interview at the time of record review, the QIDP acknowledged there was no other documentation pertaining to the generator available for review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 are Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 7 rooms was rated Class A or Class B. This deficient practice could affect one client in the west basement bedroom.</p> <p>Findings include:</p>	K01S016	<p>ON 5/1/14 maintenance staff painted the paneling in the bedroom with a fire rated paint. The documentation for the paint will be maintained in the group home for future reference. When paneling is intalled in any group home, a fire rated paint will be applied upon installation. Person responsible: Maintenance</p>	05/01/2014	

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	Based on observation made between 10:30 a.m. and 11:15 a.m. on 4/29/14 with the Qualified Intellectual Disabilities Professional (QIDP), there was quarter inch thick paneling on the lower third of all the walls of the west basement bedroom. Based on interview, it was acknowledged by the QIDP at the time of observation, the paneling was installed approximately six months ago to protect the walls but there was no documentation available to show the paneling was classified as Class A or Class B.			