

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 03/30/2015
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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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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: 03/30/15</p> <p>Facility Number: 000816 Provider Number: 15G297 AIM Number: 100243710</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> <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 Prompt with an E-Score of 1.2.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 compressed oxygen cylinders were properly restrained. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraint shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect 1 resident.</p> <p>Findings include:</p> <p>Based on observation on 03/30/2015 during a tour at 2:09 p.m. with the Group Home Manager, two oxygen cylinders were lying on the floor in the closet and two oxygen cylinders were standing on the floor outside the closet next dresser in bedroom #1. Based on interview at the time of observation, the Group Home Manager acknowledged the four cylinders of compressed oxygen stored in Bedroom #1 should be properly</p>	K 130	The supplier of the oxygen tanks brought the oxygen stand to the home the day following the survey exit The facility nurse and manager will make sure that any time there are oxygen tanks brought to the home, that there is appropriate storage The manager will make sure that when new tanks are brought to the home that they are placed in the appropriate storage equipment Person Responsible: QIDP, Manager, LPN	03/31/2015

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K 046 Bldg. 01	<p>restrained.</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>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff.</p> <p>Findings include:</p> <p>Based on observation with Group Home Manager on 03/30/2015 at 2:06 p.m. in the basement, a power strip was used to power a dehumidifier. Based on interview at the time of observation with the Group Home Manager, she acknowledged the deficient practice.</p>	K 046	<p>On 3/30/15, the extension cord was removed from the home A lower electric outlet will be installed on 4/14/15 Maintenance staff will be trained on not using extension cords in group homes Person Responsible: Maintenance</p>	04/14/2015	

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K 152 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(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 -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <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.</p> <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 03/30/2015</p>	K 152	The QIDP conducted a training with the new group home manager on conducting evacuation drills A new schedule has been developed addressing this deficit The drills will be submitted to the QIDP and res coordinator who reviews all drills for compliance This process will continue to assure accuracy Person Responsible: Manager,	04/13/2015

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	at 1:45 p.m., the Group Home Manager acknowledged documentation for a second shift fire drill for the third quarter of 2014 were not available for review. Based on interview, the Group Home Manager acknowledged the lack of documentation.		QIDP		