

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G030	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 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 603 HIGHLAND MIDDLEBURY, IN 46540
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K020000	<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: 000591 Provider Number: 15G030 AIM Number: 100233380</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 sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in common living areas and battery operated detectors in resident sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K020000		
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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 Prompt with an E-Score of 0.65.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/29/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			

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K02S014	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview; the facility failed to ensure the wood used as an interior finish of walls in the living room of the home had a Class A, Class B or Class C interior finish in this Prompt rated facility to protect 8 of 8 clients. This deficient practice could affect all occupants of the group home.</p> <p>Findings include:</p> <p>During observations on 08/26/13 at 10:35 a.m. with the Qualified Intellectual Disabilities Professional (QIDP), the living room of the home contained an unused fireplace and had decorative wood slats which made up a portion of the wall and extended from floor to ceiling on both sides of the fire place mantle. Additionally the entire south wall of the same room was finished from floor to ceiling with the same type of decorative wood. Interview with the QIDP at the time of the observation indicated there was no documentation available to show this wood was finished or treated to</p>	K02S014	The wood wall was painted with a fire rated material on 8/30/13. Paperwork on the paint is available at the home for review. There are no other areas in the home where this is of concern. In the future, we will paint any wood wall with fire rated paint. Person responsible: Maintenance	08/30/2013			

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	provide a class A, B, or C interior finish.			

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K02S046	<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 extension cords was 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 the northeast upstairs bedroom.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Intellectual Disabilities Professional (QIDP) on 08/26/13 between 11:05 a.m. and 11:40 a.m., an extension cord was used to provide power from a television cord to a surge protector. The surge protector was then plugged into a wall outlet. This was observed in the upstairs northeast bedroom of the group home. The QIDP indicated she had not been aware the extension cord was being used.</p>	K02S046	Extension cords are not allowed at any of the ADEC facilities. A family member had placed this in the room. It was removed the day of the survey. All facilities will be inserviced on not using extension cords in the homes. The manager and QDIP will complete weekly checks to make sure this correction is maintained. Person Responsible: QDIP, Manager	08/26/2013			