

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G103	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> 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 1717 LONGWOOD CT GOSHEN, IN 46526
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K 000 Bldg. 02	<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: 03/30/2015</p> <p>Facility Number: 000641 Provider Number: 15G103 AIM Number: 100234120</p> <p>Surveyors: Scott Wytosick, Life Safety Code Specialist and Amy Kelley, 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>The one story facility with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection 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</p>	K 000		

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 056 Bldg. 02	<p>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 Prompt with an E-Score of 1.3.</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 PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p>			
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	<p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow</p>			

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	<p>evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a</p>			

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	<p>30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation, interview and record review, the facility failed to maintain 1 of 1 backflow preventers installed in the sprinkler systems. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 9-6.2.1 which states</p>	K 056	<p>On 4/9/15 two side wall sprinkler heads were ordered from our fire protection company Once they arrive, they will be placed in the spare box On a quarterly basis the spare sprinkler head box will be checked to make sure all items are present Person Responsible: Director Revision: On4/10/5 the backflow prevention mechanism was repaired and tested successfully</p>	04/09/2015			

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	<p>all backflow preventers installed in fire protection system piping shall be tested annually. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of "Report of Inspection/Test" by Koorsen Fire and Security with the Residential Manager and the Qualified Intellectual Disability Professional on 03/30/2015 at 11:47 a.m., there was a backflow prevention assembly device on the sprinkler system which failed the test on 03/06/2015.</p> <p>Based on interview and observation, the Residential Manager and the Qualified Intellectual Disability Professional acknowledged the failed backflow preventer.</p> <p>2. Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature</p>		<p>This repair had been scheduled prior to the survey taking place We will continue to have quarterly inspections Responsible staff Director</p>				

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K 147 Bldg. 02	<p>rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager and the Qualified Intellectual Disability Professional on 03/30/2015 at 12:22 p.m., there was a side wall mounted sprinkler head in the basement bathroom. Based on observation at 12: 24 p.m., the Residential Manager and the Qualified Intellectual Disability Professional confirmed the spare sprinkler cabinet lacked side wall sprinkler heads.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such</p>			

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	<p>instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was 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 could affect 2 clients in bedroom #1.</p> <p>Findings include:</p> <p>Based on an observation with the Residential Manager and the Qualified Intellectual Disability Professional on 03/30/2015 at 11:57 a.m., a multiplug adapter was located in bedroom #1. A television and a DVD player were plugged into a multiplug adapter. Based on interview at the time of observation, the mutliplug adapter was acknowledged by the Residential Manager and the Qualified Intellectual Disability Professional.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible</p>	K 147	<p>On the date of the survey, the multi plug adapter was removed from the home The staff in the home will be trained on not placing multi plug adapters and extension cords in the group home</p> <p>Person responsible: QIDP</p>	04/09/2015

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	<p>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 in the laundry room.</p> <p>Findings include:</p> <p>Based on observation with Residential Manager and the Qualified Intellectual Disability Professional on 03/30/2015 at 12:02 p.m. in the dietary office, a power strip was used to power a computer, a washer, and a dryer. Based on interview at the time of observation with the Residential Manager and the Qualified Intellectual Disability Professional , they acknowledged the deficiency.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was 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</p>			

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	<p>practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on an observation with the Residential Manager and the Qualified Intellectual Disability Professional on 03/30/2015 at 12:10 p.m., a multiplug adapter was located in the living room. Based on interview at the time of observation, the mutliplug adapter was acknowledged by the Residential Manager and the Qualified Intellectual Disability Professional.</p> <p>4. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was 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 could affect 1 client in bedroom #2.</p> <p>Findings include:</p> <p>Based on an observation with the Residential Manager and the Qualified</p>						

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K 152 Bldg. 02	<p>Intellectual Disability Professional on 03/30/2015 at 12:13 p.m., a multiplug adapter was located in bedroom #2. Based on interview at the time of observation, the mutliplug adapter was acknowledged by the Residential Manager and the Qualified Intellectual Disability Professional.</p> <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 - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (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>(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>			

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	<p>Based on record review and interview, the facility failed to ensure 4 of 12 fire drills were conducted under varied conditions. This deficient practice affects all occupants in the facility including staff, visitors and clients.</p> <p>Findings include:</p> <p>Based on review of Fire Reports with the Residential Manager and the Qualified Intellectual Disability Professional on 03/30/2015 at 11:45 a.m., four of four 3rd shift fire drills conducted in the past year occurred between the hours of 5:00 a.m. and 5:31 a.m. Based on interview at the time of review, both the Residential Manager and the Qualified Intellectual Disability Professional acknowledged the lack of varied time frames of the fire drills.</p>	K 152	<p>The group home manager and QIDP will establish an overnight fire drill schedule that has the drill occurring at staggered times during the year in accordance with agency procedures Staff will be trained on the fire drill requirement All completed drills will be reviewed by the residential coordination to make sure compliance is met Person responsible: QIDP, Manager</p>	04/09/2015			