

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G485	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2014
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 403 HAWTHORNE AVE GOSHEN, IN 46526
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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 483.70(j).</p> <p>Survey Date: 04/21/14</p> <p>Facility Number: 000999 Provider Number: 15G485 AIM Number: 100239770</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, ADEC, Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 was sprinklered. The facility has a fire alarm system with smoke detection in the bedrooms, in corridors and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this visit.</p> <p>Calculation of the Evacuation Difficulty</p>	K010000		

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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.5.</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>	K010130	<p>On 4/22/14 maintenance staff replaced the battery in the back living room exit sign. In the future, maintenance staff will perform monthly battery tests on exterior exit signs so that they are in proper working order. Person Responsible: Maintenance</p>	04/22/2014
	<p>Based on observation and interview, the facility failed to ensure 1 of 3 interior emergency lights were in working condition. LSC 4.6.12.2 requires life safety features obvious to the public, even if not required by the Code, shall be maintained or removed. LSC 7.9.3 Periodic Testing of Emergency Lighting, requires a functional test be conducted at 30 day intervals and an annual test be conducted for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the</p>			

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K01S029	<p>authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and residents if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation and interview with the Residential Manager during a tour of the facility from 2:30 p.m. to 3:30 p.m. on 04/21/14, the facility has three battery powered emergency lights. The battery powered emergency light in the back TV room failed to illuminate when the test button was pressed. At the time of observation the Residential Manager acknowledged that the light did not illuminate when the test button was pushed, and would immediately notify the Maintenance manager.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room is protected by one of the following means:</p>			

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	<p>(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than ¾ hour.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation is self-closing or automatic closing in accordance with 7.2.1.8. 33.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 hazardous areas on the same floor as the primary means of escape was separated by a self closing or automatic closing door. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager on 04/21/14 from 2:30 p.m. to 3:30 p.m., a wood door which separated the sprinklered hazardous garage storage area from the primary escape route for the office/medical room had no self closer on the door and when opened, stayed fully opened. The garage was a hazardous area due to one wall of storage shelves filled with a bulk supply of paper towels, toilet paper and other household supplies, tubs of clothing, eight large 54 gal trash collection bins with four of the collection</p>	K01S029	On 4/22/14 a auto door closing arm was placed on the door that leads to the garage from the office. To prevent this in the future, all homes with similar situations will have a auto door closing arm placed on the exterior door. Person Responsible: Maintenance	04/22/2014	

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	bins being full. The Residential Manager agreed at the time of observation and interview, the area contained more than the usual household storage and the door could be left open since no closer was attached.			