

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G017	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 19816-3 SR 120 BRISTOL, IN 46507
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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: 03/13/2015</p> <p>Facility Number: 000589 Provider Number: 15G017 AIM Number: 100248520</p> <p>Surveyors: W. Chris Greeney, Life Safety Code Specialist; Scott Wytosick, 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 was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. Battery operated smoke detectors were provided in the sleeping rooms. 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 018 Bldg. 01	<p>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 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>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/19/15.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>1. Based on observation and interview the facility failed to ensure 1 of 4 bedroom doors were prevented from self-closing. This finding could affect</p>	K 018	Maintenance inspected all doors, and all doors latch upon closing. The residential manager will inspect the doors weekly to make sure they are in good working order	03/17/2015			

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	<p>two clients occupying the room.</p> <p>2. Based on observation and interview, the facility failed to ensure an office door latched into the door frame when it closed. This office was an entry to a bedroom and contained an egress route from the bedroom. This deficiency could affect the two clients who resided in that room.</p> <p>Findings include:</p> <p>1. During a tour of the home with the Qualified Intellectual Disabilities Professional (QIDP) from 12:35 P.M. until 1:20 P.M. the southeast bedroom entry door became stuck on a door stop (a wooden wedge device) that was present in the door's path when the door opened. The door would not self close without removing the wedge from underneath the door. Interview with the QIDP during the tour indicated it was unclear why the wedge was located in the bedroom near the door.</p> <p>2. During a tour of the home with the Qualified Intellectual Disabilities Professional (QIDP) from 12:35 P.M. until 1:20 P.M. an office door with a self-closing mechanism failed to latch</p>		<p>Person responsible: Res Manager</p>	

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K 041 Bldg. 01	<p>into the door frame when tested. A bedroom was located at the opposite end of the office area which required occupants of that bedroom to pass through the office to enter their room. The QIDP during the observation confirmed that the self-closing door was not latching into the door frame.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 direct exit doors from each sleeping room was readily accessible. The deficient practice could affect 6 of 8 clients who reside in bedrooms in the hallway.</p> <p>Findings include:</p> <p>During a facility tour with the Qualified Intellectual Disabilities Professional (QIDP) on 03/13/2015 between 12:35 P.M. and 1:25 P.M., the north exit door</p>	K 041	Maintenance staff inspected and fixed the exterior door so that it opens easily The residential manager will inspect the door weekly to make sure it is in good working order Person responsible: Residential manager	03/17/2015

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K 046 Bldg. 01	<p>in a corridor with three bedrooms would not readily open when attempted. The QIDP attempted twice before using her shoulder to force the door open. After opening the QIDP indicated the door was difficult to close and "appeared to be warped." The QIDP indicated that maintenance would need to be notified.</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 such as an extension cord were not used as a substitute for fixed wiring. LSC 33.2.5.1 requires utilities to comply with Section 9.1. 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 all occupants.</p> <p>Findings include:</p> <p>During observation with the facility's Qualified Intellectual Disabilities Professional (QIDP) on 3/13/2015 between 12:35 P.M. and 1:25 P.M. an</p>	K 046	<p>On the date of the survey all extension cords were removed from the home The res manager will be trained on not allowing the extension cords into the home The manager will inspect weekly to make sure the extension cords remain out of the home Person Responsible QIDP, Res manager</p>	03/13/2015

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K 120 Bldg. 01	<p>three extension cords were found to be in use in the home. In the southeast bedroom a white extension cord was plugged into a wall outlet beside a bed and extended to the head of the bed where a C-PAP (Continuous Positive Air Pressure) machine (a medical device used to address sleep apnea) and an alarm clock was plugged into the multi-plug end of the cord. Also a white extension cord was found in the kitchen used to power a blender and a sound monitor sitting on a counter. The extension cord ran from the counter down the back of the counter to a wall outlet. Additionally, a third extension cord was found in the common living area plugged into the wall outlet and powered electronic devices in the living room. Interview with the QIDP during the observation indicated it was facility policy to never use extension cords as permanent wiring and she wasn't sure of the reason the policy wasn't being followed.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p>						

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	<p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in</p>			

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	<p>accordance with 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 client sleeping rooms were provided with a secondary means of escape. This deficient practice could affect 2 clients occupying that room.</p> <p>Findings include:</p> <p>During observation with Qualified Intellectual Disabilities Professional (QIDP) on 03/13/2015 from 12:35 P.M. to 1:25 P.M. the northeast bedroom had two windows in the room. However a headboard and bed was in front of one window while a dresser was positioned in front of the other window. The furniture prevented egress access to both windows leaving only the bedroom door which opened into the office area. Interview with the QIDP during the observation indicated the facility was not sure how the furniture could be arranged to prevent access to the windows being blocked.</p>	K 120	<p>On the date of the survey, the furniture was moved in the bedroom so that there is means of egress for those occupying the room The res manager will complete weekly checks making sure the furniture in all rooms is not blocking the exits Person Responsible: Res Manager</p>	03/13/2015	