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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G366 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 02<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>06/09/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ADEC INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>58808 ST MARYS LN<br>GOSHEN, IN 46526 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
| 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: 06/09/14</p> <p>Facility Number: 000880<br/>Provider Number: 15G366<br/>AIM Number: 100235120</p> <p>Surveyor: 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 32, New 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> | K020000       |   |                      |

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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| K020130            | <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 0.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/17/14.</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)<br/>LIFE SAFETY CODE STANDARD<br/>OTHER LSC DEFICIENCY NOT ON 2786<br/>Based on observation and interview, the facility failed to ensure 1 of 2 basement fire extinguishers was readily accessible at all times. Section 4.6.12.1 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, Section 1-6.3 requires fire extinguishers shall be conspicuously located where they will be readily</p> | K020130       | On the date of the survey the fire extinguisher was immediately moved so that it is easier to access. In the future the extinguishers will be wall mounted in open area. The maintenance director will approve any new locations. Person responsible: Qidp maintenance | 06/30/2014           |

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| K02S051  | <p>accessible and immediately available in the event of fire. This deficient practice could affect 3 clients.</p> <p>Findings include:</p> <p>Based on an observation with the Qualified Intellectual Disabilities Professional (QIDP) on 06/09/14 at 1:45 p.m., access to the basement fire extinguisher near the exercise equipment was obstructed by the treadmill. This was acknowledged by the QIDP at the time of observation.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on observations and interview, the facility failed to ensure 1 of 2 levels was provided with manual fire alarm boxes. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural path to exit an area. This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Intellectual Disabilities Professional</p> | K02S051   | <p>On June 27 the alarm company was notified of the missing pull station. A work order was submitted and we are awaiting the arrival of parts to finish the job. It is anticipated that it will be complete by July 18. To prevent this in the future new construction will have pull stations near exits.person responsible director</p> | 06/30/2014           |   |

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|  | (QIDP) on 06/09/14 at 1:48 p.m., the basement was not provided with a manual fire alarm box. This was acknowledged by the QIDP at the time of observation. |   |   |                      |   |