

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G597	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/28/2012
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526
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K0000	<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: 12/28/2012</p> <p>Facility Number: 001111 Provider Number: 15G597 AIM Number: 100245600</p> <p>Surveyors: Joe L. Brown, Jr., Life Safety Code Specialist &amp; Robert Sutton, Life Safety Code Specialists Trainee</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 fully sprinklered. The facility has a fire</p>	K0000		

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>alarm system with smoke detection in the corridors, areas open to the living areas, and battery operated smoke detectors in the client sleeping rooms. The 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 0.5.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 12/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0130	<p>Based on observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system 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 authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and clients 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 with the Direct Services Provider during a tour of the facility from 10:05 a.m. to 12:10 p.m. on 12/28/12, the facility has three battery powered emergency lights. The battery</p>	K0130	On 1/7/13 Maintenance staff were trained on the battery testing requirement as well as the requirement to test emergency lighting for 30 seconds. The form that they document this information is in place and kept in the home. Failure to comply will result in disciplinary action. Person responsible: Maintenance	01/07/2013	

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	powered emergency lights throughout the facility did illuminate when tested. Based on interview with the Direct Services Provider at the time of observation, the facility does not perform an annual one and a half hour duration test for each battery powered light, also the facility does not provide a thirty second test for each battery powered light. The Direct Services Provider stated the facility does not keep a written record of the results of monthly battery powered emergency light testing.			

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KS011	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The facility is housed in a building where the interior is fully sheathed with lath and plaster or other material providing a 15 minute thermal barrier, including all portions of bearing walls, bearing partitions, floor construction, and roofs. All columns, beams, girders, and trusses are similarly encased or otherwise provide not less than a ½ hour fire resistance rating. 33.2.1.3.2.</p> <p>Exception No. 1: Exposed steel or wood columns, girders, and beams (but not joists) located in the basement.</p> <p>Exception No. 2: Buildings of Type I, Type II (2,2,2), Type II (1,1,1), Type III (2,1,1), Type IV (1,1,1) construction (See 8.2.1)</p> <p>Exception No. 3: Areas protected by approved automatic sprinkler systems in accordance with 33.2.3.5.</p> <p>Exception No. 4: Unfinished, unused, and essentially inaccessible loft, attic, or crawl space.</p> <p>Exception No. 5: Where the facility achieves an E-score of three or less using the board and care occupancies evacuation capability determination methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 utility room walls were sealed to provide a 15 minute thermal barrier. This deficient practice could affect all clients and staff.</p>	KS011	On 1/7/13 the drywall in the furnace room had been installed. Maintenance staff will ensure that the drywall behind all furnaces is fully in tact. Person Responsible: Maintenance Manager	01/07/2013	

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	<p>Findings include:</p> <p>Based on observation with the Direct Services Provider during a tour of the facility from 10:05 a.m. to 12:10 p.m. on 12/28/12, the utility room wall adjacent to the gas furnace had a twenty inch long by three inch wide gap. Based on interview with the Direct Services Provider at the time of observation, she confirmed the twenty inch long by three inch wide hole in the wall.</p>				