

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G024	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 04/15/2014
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 807 MOTTVILLE RD BRISTOL, IN 46507
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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: 04/15/14</p> <p>Facility Number: 000590 Provider Number: 15G024 AIM Number: 100248560</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Tim Shebel, Licensed Social Worker</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 with a basement was fully 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 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 1.2.</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>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/21/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure exit egress for 1 of 3 exits was arranged to minimize tripping hazards. LSC Section 4.5.3.2 requires the means of egress shall be accessible to the extent necessary to ensure reasonable safety for occupants having impaired mobility. This deficient practice could affect 2 of 8 clients using the south exit.</p> <p>Findings include:</p> <p>Based on observation during a tour of the home on 04/15/14 from 12:00 p.m. until 12:45 p.m. with the Direct Support Professional, a wooden ramp leading from the front door passed directly in front of the exit door used for the two south sleeping rooms. This wood ramp was five inches high. Based on interview at the time of observation, the Direct Support Professional acknowledged the ramp had just been constructed and clients would have difficulty navigating the exit with the ramp crossing the path of the exit door.</p>	K020130	<p>On 4/18/14 the ramp was removed from blocking the egress for the two bedrooms in the lower living area. In the future, maintenance will consult with the life safety code prior to such construction taking place. Failure to comply will result in disciplinary action. Person Responsible: Maintenance</p>	04/18/2014			
K02S018	<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.</p>						

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K02S056	<p>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>Based on observation and interview, the facility failed to ensure 1 of 6 bedroom doors closed and latched into the door frame. This deficiency could affect the client who resided in that room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the home on 04/15/14 from 12:00 p.m. to 12:45 p.m. with the Direct Support Professional, the bedroom door adjacent to the kitchen failed to securely latch into the door frame when the door was closed. Interview with the Direct Support Professional during the observation confirmed the door did not latch securely into the frame.</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</p>	K02S018	<p>On 4/16/14 the door was repaired so that it latched upon closing. In order to prevent this in the future, the residential manager and QIDP will conduct weekly safety inspections of all doors making sure they latch upon closing. Failure to comply will result in disciplinary action. Person Responsible: QIDP, Res Mgr.</p>	04/16/2014			

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	<p>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> <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</p>			

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	<p>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 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>				

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	<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 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 record review, observation and interview; the facility failed to ensure 1 of 1</p>	K02S056	The sprinkler gauges were tested in 2013. The documentation is on file in the 2013 life safety files. This documentation was not	04/28/2014

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	<p>sprinkler gauges was tested every five years or replaced. LSC 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Direct Support Professional on 04/15/14 from 12:15 p.m. to 12:45 p.m., the sprinkler gauge on the sprinkler system was manufactured in 2008. Based on record review and interview during the time of observation, the Direct Support Professional acknowledged the facility's sprinkler inspection documentation did not have any reference to the sprinkler gauges and there was no additional documentation available to verify the sprinkler gauges have been tested or replaced.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems in the facility was maintained. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-2.1.1 states unacceptable obstructions to spray patterns shall be corrected. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in</p>		<p>available to the surveyor as the current year only was presented. In the future the 5 year gauge inspections will be available for review. By 4/28/14 the sprinklers that have dust and paint on them will be cleaned and returned to proper functioning. In order to prevent this deficient practice in the future, the QIDP and Res Manager will conduct monthly safety inspections that include inspecting sprinkler heads for disrepair. Failure to comply will result in disciplinary action. Person Responsible: Res Manager, QIDP</p>				

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K02S150	<p>the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 04/15/14 from 12:30 p.m. to 1:45 p.m. with the Direct Support Professional, the following was noted:</p> <p>a. One of the two sprinkler heads in the southeast bedroom was loaded with dust.</p> <p>b. One of the two sprinkler heads in the dining area had paint on the deflector.</p> <p>The aforementioned issues were acknowledged during the times of observation by the Direct Support Professional.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure new curtains in 1 of 1 family rooms were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all clients in the facility.</p> <p>Findings include</p> <p>Based on observation made between 12:15 p.m. and 12:45 p.m. on 04/15/14 with the</p>	K02S150	<p>On 4/16/14 the curtains were removed from the office window. The facility is looking into a spray for all curtains that will make them flame resistant. Until this is found, applied and documentation is on file at the house, no further curtains will be put up. Person Responsible: Director</p>	04/16/2014			

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	Direct Support Professional, new window curtains were provided in the family room/med room which lacked documentation of flame resistance. Based on interview it was acknowledged by the Direct Support Professional at the time of observation, the curtains were new and documentation of flame resistance for the window curtains was not available.			