

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G297	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 05/18/2022
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1823 ASHLEY CT GOSHEN, IN 46526
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 05/18/2022</p> <p>Facility Number: 000816 Provider Number: 15G297 AIM Number: 100243710</p> <p>At this Emergency Preparedness survey, ADEC, Inc., was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 05/23/22</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/18/2022</p> <p>Facility Number: 000816 Provider Number: 15G297 AIM Number: 100243710</p> <p>At this Life Safety Code survey, ADEC Inc. was found not in compliance with Requirements for</p>	K 0000		

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 S345 Bldg. 01	<p>Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>The one story facility with a basement was sprinklered. The facility has a fire alarm system with heat detection in the attic, 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> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 4.7.</p> <p>Quality Review completed on 05/23/22</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview; the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with NFPA 72, National Fire Alarm and Signaling Code. NFPA</p>	K S345	Fire Alarm System inspection did not indicate that heat detectors in the attic were inspected. The heat detectors in the attic were	08/01/2022

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K S353 Bldg. 01	<p>72, 2010 Edition, 14.4.5 states unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. Table 14.4.5 states heat detectors shall be inspected semi-annually. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on records review with the Residential Director on 05/18/22 at 11:41 a.m., the FSS Technologies Annual Fire Alarm Inspection documentation dated 01/04/22 did not list heat detectors in the attic as being inspected. Based on interview at the time of the records review, the Residential Director stated there are heat detectors in the attic and agreed the fire alarm inspection did not document heat detectors in the attic as being inspected.</p> <p>The finding was reviewed with the Residential Director during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>		<p>inspected and passed inspection during the January 2022 inspection. ADEC has since changed providers for Fire Alarm Maintenance and inspection. The new vendor will formulate a plan for the completion of any needed repairs or replacements upon completion of each inspection. A new inspection will be completed before the end of July. Director of Maintenance will work with the vendor to ensure that any needed inspections are completed and reports received. Director of residential will review all reports. No documentation available from provider for heat detectors. Verbal confirmation that they were inspected received. Legacy Fire Protection will complete an inspection during the month of July. An exact date has not been scheduled at this time. Director of Maintenance will ensure that the heat detectors in the attic are inspected and documented. Persons responsible: Director of Maintenance; Director Residential Services</p>	

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	<p>Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually 			
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	<p>(NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by this standard. 4.1.4.2 stated corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the residential</p>	K S353	Fire Sprinkler System inspection indicated that repairs were required. These repairs had not been documented at the time of the survey. All recommended repairs were completed prior to the life safety survey. ADEC has since changed providers for Sprinkler System Maintenance and inspection. The new vendor will formulate a plan for the completion of any needed repairs or replacements upon completion of each inspection. A new inspection was completed May 23, 2022. Different repairs were	07/31/2022

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	<p>director on 05/18/22 at 11:40 a.m., the Quarterly Fire Sprinkler System Inspection from VFP dated 3/1/22 indicated the main drain on the riser needs to be repaired so an accurate reading can take place. Also, the report indicated the control valve supervisory switch reports as a fire alarm condition and not a supervisory condition. Based on interview at the time of observation, the Residential Director agreed there were items on the sprinkler system that needed to be repaired and work for the repairs have not been scheduled.</p> <p>The finding was reviewed with the Residential Director during the exit conference.</p>		<p>recommended during the May 23 inspection. Director of Maintenance will work with the vendor to ensure that all needed repairs and/or replacements will be completed. Director of residential will review all reports to ensure that all needed repairs are completed.</p> <p>Attached is an invoice for repairs from VFP. A new inspection from Legacy Fire Protection is also attached. Director of Maintenance has arranged with Legacy for needed repairs to be completed.</p> <p>Persons Responsible: Director of Maintenance; Director of Residential</p>				