

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2024

FORM APPROVED

OMB NO. 0938-039

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 06/03/2024
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP COD 1823 ASHLEY CT GOSHEN, IN 46526
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E 0000  Bldg. --	An Emergency Preparedness Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 06/03/24  Facility Number: 000816 Provider Number: 15G297 AIM Number: 100243710  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  The facility has 8 certified beds. At the time of the survey, the census was 0.  Quality Review conducted on 06/06/24	E 0000		
K 0000  Bldg. 01	A Life Safety Code Preoccupancy Survey for a replacement home was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).  Survey Date: 06/03/24  Facility Number: 000816 Provider Number: 15G297 AIM Number: 100243710  At this Life Safety Code Preoccupancy Survey, Adec Inc was found not in compliance with	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Gale LeCount	Director of Residential Operations	06/13/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 S222 Bldg. 01	<p>Requirements for 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>This one story facility with a basement was non-sprinklered. The facility has a fire alarm system with hard wired smoke detection in all living areas and client sleeping rooms. The facility has a capacity of 8 and had a census of 0 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 0.63.</p> <p>Quality Review conducted on 06/06/24</p> <p>NFPA 101 Egress Doors Egress Doors 2012 EXISTING (Prompt) Doors and paths of travel to a means of escape shall not be less than 28 inches. Bathroom doors shall not be less than 24 inches. Doors are swinging or sliding. Every closet door latch shall be readily opened from the inside in case of an emergency. Every bathroom door shall be designed to allow opening from the outside during an emergency when locked. No door in any means of escape shall be locked against egress when the building is occupied. Delayed egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors only. Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted.</p>						

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	<p>Forces to open doors shall comply with 7.2.1.4.5.</p> <p>Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited.</p> <p>Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.2.2.5.1 through 33.2.2.5.7, 33.7.7, 42 CFR 483.470(j)(1)(ii)</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 exterior exit doors were provided with only one latching mechanism to release the door and open. 33.2.2.5.7 refers to 7.2.1.5.10 which states a latch or other fastening device on a door leaf shall be provided with a releasing device that has an obvious method of operation and that is readily operated under all lighting conditions. 7.2.1.5.10.4 states the releasing mechanism shall open the door leaf with not more than one releasing operation. 7.2.1.5.10.1 states the releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches, above the finished floor. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with VP of Operations and Director of Group Living on 06/03/24 between 11:54 a.m. and 1:03 p.m., the two main exterior exit doors were installed with a lock handle and functioning deadbolt locks. Based on interview at the time of observation, the Director of Group Living acknowledged the two latching devices installed on both exterior exit doors.</p>	K S222	<p>The dead bolt locks have been removed from the two exterior doors. ADEC Inc. is currently renting this home until the fire/water damage is repaired at the home on Ashley Court. ADEC maintenance staff and DSP staff working in the home will ensure that the facility is maintained in good condition. QIDP and/or Group Home Manager will complete a facility inspection at least once per month. They will ensure that all doors remain able to be opened with one releasing mechanism. ADEC Maintenance staff will complete a facility inspection at least monthly. They will be checking for compliance of ISDOH Life Safety regulations. Persons Responsible: QIDP, Group Home Manager, Maintenance staff</p>	06/04/2024
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K S253 Bldg. 01	<p>The finding was reviewed with the Director of Group Living and VP of Operations during the exit conference.</p> <p>NFPA 101 Number of Exits - Patient Sleeping and Non-SI Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt) Every sleeping room and living area shall have access to a primary means of escape located to provide a safe path of travel to the outside.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. In addition to the primary route, each sleeping room shall have a second means of escape that consists of one of the following:</p> <ol style="list-style-type: none"> <li>1. It shall be 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.</li> <li>2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape.</li> <li>3. It shall be 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 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor.</li> </ol>			

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	<p>Such means of escape shall be acceptable where one of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. The window shall be within 20 feet of finished ground level.</li> <li>b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</li> <li>c. The window or door shall open onto an exterior balcony.</li> </ul> <p>4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. The window well allows the window to be fully openable.</li> <li>b. The window is not less than 9 square feet with a length and width of not less than 36 inches.</li> <li>c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following: <ul style="list-style-type: none"> <li>1. The ladder or steps do not extend more than 6 inches into the well.</li> <li>2. The ladder or steps are not obstructed by the window.</li> </ul> </li> <li>5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room. <ul style="list-style-type: none"> <li>a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</li> <li>b. Existing approved means of escape</li> </ul> </li> </ul>			

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K S311	<p>shall be permitted to continue to be used. 33.2.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 bedroom windows for secondary means of egress were properly maintained. NFPA 101 33.2.2.3.1 states in addition to the primary route, each sleeping room shall have a second means of escape consisting of one of the following, unless the provisions of 33.2.2.3.2, 33.2.2.3.3 or 33.2.2.3.4 are met. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility between 11:54 a.m. and 1:03 p.m. on 06/03/24 with the Director of Group Living and VP of Operations, a total of six bedrooms were located in the facility which was non-sprinkled. When measuring the dimensions of the opening of the secondary egress window, it measured 19-1/2 inches in height and 35-1/2 inches in width. The height of the clear opening of the window was less than the required 24 inch measurement respectively. The measurement was obtained using the surveyors tape measure. Based on interview at the time of observation, the VP of Operations agreed that the window measurement was less than the required minimum and stated that the windows had burglar stop devices on the window which impede the complete opening of the window.</p> <p>Findings were discussed with the Director of Group Living and VP of Operations at exit conference.</p> <p>NFPA 101 Vertical Openings - Enclosure</p>	K S253	<p>The burglar stop devices on all egress windows in all of the bedrooms have been removed. Egress windows now open to 24 inches. ADEC Inc. is currently renting this home until the fire/water damage is repaired at the home on Ashley Court. ADEC maintenance staff and DSP staff working in the home will ensure that the facility is maintained in good condition. QIDP and/or Group Home Manager will complete a facility inspection at least once per month. They will ensure that all egress windows open to their full height. ADEC Maintenance staff will complete a facility inspection at least monthly. They will be checking for compliance of ISDOH Life Safety regulations.</p> <p>Persons Responsible: QIDP, Group Home Manager, Maintenance staff</p>	06/04/2024	

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Bldg. 01	<p>Vertical Openings - Enclosure 2012 EXISTING (Prompt) Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that resist the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating on not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes. Stairs shall be permitted to be open where complying with sections 33.2.2.4.6 or 33.2.2.7. 33.2.3.1.1 through 33.2.3.1.4 Based on observation and interview, the facility failed to maintain protection of 1 of 1 stairway in accordance of 33.2.3.1.2. LSC 21.2.3.1.2 requires vertical openings to be protected by smoke partitions in accordance with Section 8.4. LSC 8.4.3.5 requires doors shall be self-closing or automatic closing. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Group Living and VP of Operations on 06/03/24 between 11:54 a.m. and 1:03 p.m., two corridor doors separating the stairs to the basement from the main floor were not self-closing. Based on interview at the time of observation, the Director of Group Living confirmed that the doors were not self-closing.</p> <p>Findings were discussed with the VP of Operations and Director of Group Living at exit</p>	K S311	<p>Self-closing mechanisms have been installed on both corridor doors separating the stairs to the basement from the main floor. ADEC Inc. is currently renting this home until the fire/water damage is repaired at the home on Ashley Court. ADEC maintenance staff and DSP staff working in the home will ensure that the facility is maintained in good condition. QIDP and/or Group Home Manager will complete a facility inspection at least once per month. They will ensure that all self-closing doors remain functional. ADEC Maintenance staff will complete a facility inspection at least monthly. They will be checking for compliance of ISDOH Life Safety regulations. Persons Responsible: QIDP,</p>	06/04/2024	

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	conference.		Group Home Manager, Maintenance staff		