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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G366 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 03/07/2012 |
| NAME OF PROVIDER OR SUPPLIER ADEC INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 58808 ST MARYS LN GOSHEN, IN 46526 | | |
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| W0000 | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 5, 6, and 7, 2012</p> <p>Facility number: 000880 Provider number: 15G366 AIM number: 100235120</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/16/12 by Ruth Shackelford, Medical Surveyor III.</p> | W0000 | | | |

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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| W0249 | <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 clients (clients #1 and #5) who were observed during medication administration, to ensure medication goals were implemented per their Individualized Program Plans (IPP).</p> <p>Findings include:</p> <p>On 3-6-12 from 6:05 a.m. until 6:50 a.m. a medication administration for clients #1 and #5 was conducted. At 6:28 a.m. direct care staff (DCS) #10 asked client #1 if she remembered what her calcium was for, what her name was, and if the pills looked correct. At 6:45 a.m. DCS #10 asked client #5 if she knew why she was taking calcium, what her name was, and if her pills looked correct.</p> <p>On 3-6-12 at 8:15 a.m. a record review for client #1 was conducted. Her IPP dated 10-20-11 indicated her medication goal was to explain what her Lithium ER was prescribed for.</p> | W0249 | <p>All staff have been trained on running the goals as written for client #1. The inservice took place on 3/12/12. The QDDP updated the goal for client #5 to include identification and administration of a specific medication. Staff have been trained on this goal. In order to prevent this deficient practice in the future, the QDDP will complete weekly monitoring making sure staff are implementing goals as written. Failure to comply will result in disciplinary action. Person Responsible: QDDP</p> | 03/22/2012 | | | |

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| | <p>On 3-6-12 at 10:05 a.m. a record review for client #5 was conducted. Her IPP goal dated 9-27-11 indicated her medication objective was for her to punch out her p.m. medication.</p> <p>On 3-7-12 at 1:00 p.m. an interview with the Director of Residential Services indicated medication objectives should be implemented and client #5's was implemented in the p.m. not the a.m.</p> <p>9-3-4(a)</p> | | | |

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| W0383 | <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation and interview, the facility failed for 4 of 4 clients (clients #1, #2, #5, and #6) who were observed during medication administration, to ensure the medication keys were kept secure with an authorized person or locked in a secure area.</p> <p>Findings include:</p> <p>On 3-6-12 from 6:05 a.m. until 6:50 a.m. an observation for clients #1, #2, #5, and #6 was conducted. At 6:20 p.m. DCS #10 left the key on the medication counter to the medication cabinet which contained client #1, #2, #5, and #6's medications for anyone to have access to as DCS #10 went into the living room. At 6:28 a.m. DCS #10 placed the medication key in an unlocked drawer for anyone to have access to as she left the medication room. At 6:35 a.m. the key to the medication cabinet was in an unlocked drawer in the medication room for anyone to have access to. At 6:50 a.m. the medication key was placed in the unlocked drawer as DCS #10 went out into the kitchen. At 6:50 a.m. client #8 walked by the medication room where the medication key remained in the unlocked drawer for</p> | W0383 | <p>On 3/19/12 a medication key sign in/out system was implemented at the home where a specific staff will be responsible for the medication keys during a shift. All staff have been trained on this system. The sign in/out sheet will be reviewed by the manager and QDDP to make sure it is being implemented and the completed sheets stored in the home. Failure to comply will result in disciplinary action. Persons Responsible: QDDP, Res Manager</p> | 03/19/2012 |

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| | <p>anyone to have access to.</p> <p>On 3-6-12 at 6:52 a.m. an interview with DCS #10 indicated the medication keys were kept in an unlocked drawer in the medication room.</p> <p>On 3-7-12 at 1:00 p.m. an interview with the Director of Residential Operations indicated the medication key was not kept locked and were not kept on the staff.</p> <p>9-3-6(a)</p> | | | |