

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G801	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2013
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6712 MACKEY CT SOUTH BEND, IN 46614
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: March 18, 19, 20, 21, 22, and 25, 2013</p> <p>Facility number: 012599 Provider number: 15G801 AIM number: 201023260</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 28, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed to assure privacy when escorting 1 of 4 sampled clients (client #4) who required privacy.</p> <p>Findings include:</p> <p>Client #4 was observed at the group home on 3/18/13 from 3:10 P.M. until 5:30 P.M. At 4:06 P.M., client #4 was escorted by direct care staff #3 to the bathroom. Client #4 sat on the toilet voiding as direct care staff #3 stood by the sink. The door of the bathroom remained open. Direct care staff #1 walked past the open door and observed client #4 sitting on the toilet and then walked away. Direct care staff #1 and #3 did not prompt or assist client #4 in closing the bathroom door for privacy while the client toileted himself.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 3/20/13 at 2:45 P.M. QDDP #1 indicated direct care staff #1 and #3 should have directed or assisted client #4 in closing the bathroom door for privacy.</p>	W000130	<p>On 4/8/13 all staff were trained on the importance of affording residents privacy. Staff were trained on closing bathroom and bedroom doors. In order to prevent this in the future, the QDDP and Res Manager will complete weekly audits of the home monitoring for privacy. Failure to comply will result in disciplinary action. Person Responsible: QDDP, Res Manager</p>	04/08/2013			

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	9-3-2(a)				

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W000249	<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 to ensure staff implemented training objectives for 1 of 4 sampled clients (client #3), during times of opportunity.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 3/18/13 observation period from 3:10 P.M. until 5:30 P.M. From 3:15 P.M. until called to the dinner table at 5:14 P.M., client #3 sat on the couch without interaction or training from direct care staff.</p> <p>Client #3's record was reviewed on 3/20/13 at 2:05 P.M. A review of the client's 9/6/12 Individual Program Plan indicated client #3 had the following objective: "Choose an activity or item."</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 3/20/13 at 2:45 P.M. QDDP #1 indicated direct care staff</p>	W000249	<p>All staff were trained on providing continuous active treatment to all residents during waking hours. Staff were trained on how to approach an individual who usually refuses in order to engage them. Client #3 was assigned one specific staff per shift to make sure they are affording him the opportunity to run his goals and interact. In order to prevent this in the future, the QDDP and Res Manager will complete weekly active treatment audits. Failure to comply will result in disciplinary action. Person Responsible: QDDP. Res Manager</p>	03/29/2013	

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	<p>should have implemented client #3's objective to choose an activity or item and also to engage the client in training programs.</p> <p>9-3-4(a)</p>				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 clients living in the group home (clients #1, #2, #3, and #4) participated in family style dining.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 3/18/13 observation period from 3:10 P.M. until 5:30 P.M. During the observation, direct care staff #2 retrieved ingredients and kitchen utensils and pans to prepare fish portions, soup, canned vegetables, and fruit sections. Direct care staff #2 placed the prepared foods on the dining room table along with milk and beverages as clients #1, #2, #3, and #4 sat at the table waiting for their dinner. Direct care staff #2 did not prompt or assist the clients in participating in a family style dining experience.</p> <p>Client #1's records were reviewed on 3/20/13 at 1:25 P.M. A review of the client's 4/11/12 skills assessment indicated client #1 was capable of assisting with meal preparations and participating in family style dining.</p>	W000488	As of 4/8/13 all group home staff have been trained on providing active treatment and client participation in meal prep and setting of the table. Staff were taught that all served can participate in some area of the service. In order to prevent this in the future, the QDDP and Res Manager will complete weekly meal time audits to make sure all individuals are involved. Failure to comply will result in disciplinary action. Person Responsible: QDDP Res Manager	04/08/2013	

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	<p>Client #2's records were reviewed on 3/20/13 at 1:54 P.M. A review of the client's 5/10/12 skills assessment indicated client #2 was capable of assisting with meal preparations and participating in family style dining.</p> <p>Client #3's records were reviewed on 3/20/13 at 2:24 P.M. A review of the client's 9/6/12 skills assessment indicated client #3 was capable of assisting with meal preparations and participating in family style dining.</p> <p>Client #4's records were reviewed on 3/20/13 at 2:37 P.M. A review of the client's 10/18/12 skills assessment indicated client #4 was capable of assisting with meal preparations and participating in family style dining.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 3/20/13 at 2:45 P.M. QDDP #1 indicated clients #1, #2, #3, and #4 were capable of participating in the preparation of their own meals with hand over hand assistance from direct care staff.</p> <p>9-3-8(a)</p>						

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

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FORM APPROVED

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