

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G103	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/03/2012
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 LONGWOOD CT GOSHEN, IN 46526		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: May 2 and 3, 2012</p> <p>Facility Number: 000641 Provider Number: 15G103 AIMS Number: 100234120</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>This deficiency also reflects state findings under 460 IAC 9.</p> <p>Quality Review was completed on 5/10/12 by Tim Shebel, 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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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to give without error 1 of 5 medications to 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/3/12 from 6:15 AM to 7:50 AM. At 6:25 AM, client #1 sat down to eat breakfast which consisted of cereal, milk, toast, and juice. At 6:55 AM, Staff #1 administered to client #1 a 20 mg (milligram) Omeprazole capsule (acid reducer). The Omeprazole pharmacy label indicated to "take before food/meal."</p> <p>Review on 5/3/12 at 7:45 AM of client #1's MAR (Medication Administration Record) did not indicate whether to take on an empty stomach or not.</p> <p>Interview on 5/3/12 at 11:50 AM with the nurse was conducted. The nurse indicated staff should have administered client #1's Omeprazole before breakfast.</p> <p>9-3-6(a)</p>	W0369	<p>On 5/3/12 all staff were trained to read the labels and pharmacy recommendations prior to administering medications. Staff were specifically trained on the requirement of client #1 taking a specific medication before meals/food. In order to prevent this in the future, the QDDP, Res manager, or nurse will conduct medication audits one time per week to make sure medications are administered as prescribed. failure to comply will result in disciplinary action. Person responsible: QDDP, Res Manager, Nurse</p>	05/03/2012	

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