

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G800	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2014
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6803 LUTZ DR SOUTH BEND, IN 46614
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W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: April 14, 15, 16, 17, and 21, 2014 Facility number: 012598 Provider number: 15G800 AIM number: 201023280 Surveyor: Tim Shebel, LSW	W000000		
W000216	The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/25/14 by Ruth Shackelford, QIDP. 483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include physical development and health. Based on observation, record review, and interview, the facility failed to assess the transfer needs and methods of transfer of 1 of 3 additional clients (client #7) who required physical transfers by direct care staff. Findings include: Client #7 was observed at the group home on 4/16/14 from 6:33 A.M. until 7:45 A.M. At 6:48 A.M., direct care staff #6 transferred client #7 from his wheelchair to a recliner by standing in front of the client, leaning over, and grabbing the client around the waist in a bear hug. While holding the client in a bear	W000216	On 4/30/14 the facility nurse conducted a training on transfers for all clients in need and specifically client #7. Client #7 is currently bearing weight, so a two person pivot transfer has been found to be appropriate when assisting him in moving. In the event that client#7 does not bear weight, staff have been trained in the use of a hoier lift. This willbe used in all areas of the home other than the bathroom where a two person lift will be used to transfer to the toilet. All staff practiced the transfers and understand how to conduct them	04/30/2014

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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W000268	<p>hug, direct care staff #6 picked the client up and turned and placed client #7 in a recliner. At 7:08 A.M., Direct care staff #6 transferred client #7 from the recliner to his wheelchair using the same aforementioned transfer procedure.</p> <p>Direct care staff #6 was interviewed on 4/16/14 at 7:35 A.M. When asked if the method she used to transfer client #7 had been a result of an assessment, direct care staff #6 stated, "I don't know. All I know is this is how we transfer him. He just came home from the hospital and we have to transfer him. He used to be able to assist with his transfers, but now he can't and he is a full transfer (staff fully transferring the client without assistance from the client)."</p> <p>Client #7's record was reviewed on 4/21/14 at 9:53 A.M. The review failed to indicate the client's transfer needs and methods had been assessed.</p> <p>Director of Residential Services #1 was interviewed on 4/21/14 at 11:17 A.M. Director of Residential Services #1 stated, "[Client #7] has not been assessed for transfer needs."</p> <p>9-3-4(a) 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed to assure direct care staff prompted or assisted 1 of 4 sampled clients (client #2) in wiping excessive saliva from his</p>	W000268	<p>safely. The Manager and QIDP will monitor the transfers on a daily basis to ensure that they are being completed safely for the first week, and twice weekly or more thereafter. Failure to comply will result in disciplinary action. Person Responsible: QIDP, Res Manager</p> <p>On 4/14/14 the QIDP for client #2 implemented a hygiene goal for client #2 to wipe his mouth. Staff had been trained on that date to prompt client #2 as needed. Staff are encouraging client #2 to use</p>	04/30/2014			

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W000440	<p>mouth and chin area.</p> <p>Findings include:</p> <p>Client #2 was observed at the group home during the 4/15/14 observation period from 2:45 P.M. until 5:15 P.M., and during the 4/16/14 observation period from 6:33 A.M. until 7:45 A.M. During the observation periods, client #2 had excessive saliva dripping from his mouth. The saliva continuously dripped off the client's chin onto his shirt. QIDP (Qualified Intellectual Disabilities Professional) #1 prompted client #2 to wipe his chin and mouth on one occasion, however client #2 continued to have excessive saliva dripping from his mouth onto his chin and shirt. QIDP #1 did not further prompt client #2 to wipe his mouth and chin and direct care staff #2, #3, #4, #5, and #6 did not assist or prompt client #2 to wipe his mouth and chin area.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/21/14 at 11:39 A.M. QIDP #1 stated, "[Client #2] does have excessive amounts of saliva. Direct care staff should have prompted or assisted [client #2] in wiping his mouth and chin areas as necessary."</p> <p>9-3-5(a) 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to conduct evacuation drills on the evening shift (3:00 P.M. to 11:00 P.M.) and the overnight shift (11:00 P.M. to 6:00</p>	W000440	<p>the tissue he carries in his pocket. In order to prevent this in the future, the QIDP and res manager will complete weekly active treatment audits ensuring that client #2 is provided the training needed to enhance his personal hygiene. Failure to comply will result in disciplinary action. Person Responsible: QIDP, Res Manager</p> <p>The Res Manager and QIDP have put together an evacuation drill schedule for the year. this includes each staff on each shift running a drill during each quarter. A system is in place</p>	04/30/2014			

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	<p>A.M.) for staff during the third quarter of 2013 (July 1st through September 30th), and for the overnight shift during the first quarter of 2014 (January 1st through March 31st) for staff which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients living in the facility (clients #5, #6, and #7.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/14/14 at 11:48 A.M. The review failed to indicate the facility held an evacuation drill for staff during the evening and overnight shift during the third quarter of 2013. Further review failed to indicate the facility held an evacuation drill for staff during the overnight shift during the first quarter of 2014. This affected clients #1, #2, #3, #4, #5, #6, and #7 who lived in the facility.</p> <p>Director of Residential Services #1 was interviewed on 4/21/14 at 11:17 A.M. Director of Residential Services #1 stated the facility was to "have evacuation drills on every shift during every quarter."</p> <p>9-3-7(a)</p>		<p>where the drills are sent in to the training coordinator who tracks the drills. On a weekly basis, the training coordinator will meet with all of the managers to review what has been done and what needs to be done within the following week. The drills will be reviewed by the QIDP prior to being turned into the training coordinator on a weekly basis. Failure to comply with this correction will result in disciplinary action. Person Responsible: QIDP, Res Manager</p>		