

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G779	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/07/2014
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10125 HEATHER LAKES DR OSCEOLA, IN 46561
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 1, 2, 3, and 7, 2014.</p> <p>Facility number: 012439 Provider number: 15G779 AIM number: 201018350</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/14/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed to assure guardianship for 1 of 4 sampled clients (client #3) who required a guardian.</p>	W000125	ADEC staff had made a referral for guardianship of client #3 approximately one year ago. The QIDP has been speaking with client #3's mother when she	08/29/2014

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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	<p>Findings include:</p> <p>Client #3 was observed at the group home on 7/1/14 from 2:55 P.M. until 5:30 P.M., and on 7/2/14 from 5:45 A.M. until 7:35 A.M. During the observations, client #3 made her wants and needs known to staff by vocalizations and gestures.</p> <p>Client #3's record was reviewed on 7/3/14 at 9:51 A.M. Review of client #3's 5/13/14 Skill Assessment indicated the client had diagnoses which included, but were not limited to "Profound MR (mental retardation), Autism, and Impulse Control." Further review of client #3's "5/13/14 Skill Assessment indicated the client was "non-verbal" and required supports in "guardianship, personal health, cognitive and academic skills, nutrition, communication, and residential skills." Review of client #3's 5/9/14 Money Assessment indicated the client knew the difference between money and other objects but did not have an understanding of money value, purchasing concepts, or simple monetary concepts. Review of client #3's 5/13/14 Individual Program Plan indicated the client required the services of a guardian for signing and approving medical and programmatic services which required</p>		<p>responds to calls, in order to either establish a corporate guardianship or to have her mother become guardian. The QIDP speaks with client #3's mother approx. every three weeks. On 7/14 the QIDP again spoke with client #3's mother about the issue. Client#3's mother said she would think about it and get back to us. The QIDP will continue to make contact to resolve this issue. In order to prevent this in the future, we will continue with out referral process to corporate guardianship after speaking to the family about their desire to become guardian. Person Responsible:QIDP</p>				

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W000460	<p>authorizations.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/3/14 at 10:45 A.M.. QIDP #1 indicated client #3 could not make informed decisions herself and the facility was taking the initial steps to secure guardianship for client #3. 9-3-2(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed to assure 3 of 4 sampled clients' (clients #1, #2, and #3's) menu and diet recommendations were followed for the morning meal.</p> <p>Findings include:</p> <p>Clients #1, #2, and #3 were observed during the 7/2/14 group home observation period from 5:45 A.M. until 7:35 A.M. At 6:07 A.M., direct care staff #1 assisted in serving breakfast to clients #1, #2, and #3 which consisted of a bowl of cereal and a glass of milk. Direct care</p>	W000460	<p>On 7/11/14 staff were trained on offering all residents the entire meal as listed on the menu. Staff were told that regardless of what they think someone will like, all items must be offered. In order to prevent this deficient practice in the future, the QIDP and res manager will conduct meal time monitoring three times per week until certain that all foods are being offered. Person Responsible: QIDP</p>	07/11/2014

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	<p>staff #1 was not observed to prompt or assist the clients in serving themselves toast with margarine and jelly, juice, or coffee, Sanka, or tea.</p> <p>The facility's records were reviewed on 7/2/14 at 7:32 A.M.. A review of the facility's menu for the 7/2/14 morning meal indicated clients #1, #2, and #3 were to be offered the following regular diet menu items for breakfast: "Orange Juice, Assorted cold cereal, Oatbread toast with margarine and jelly, 2% milk, Coffee, Sanka, or Tea."</p> <p>Client #1's records were reviewed on 7/3/14 at 9:22 A.M. Review of the client's 2/20/14 Nutritional Assessment indicated the client was on a regular diet.</p> <p>Client #2's records were reviewed on 7/3/14 at 8:48 A.M. Review of the client's 2/20/14 Nutritional Assessment indicated the client was on a regular diet.</p> <p>Client #3's records were reviewed on 7/3/14 at 9:51 A.M. Review of the client's 2/20/14 Nutritional Assessment indicated the client was on a regular mechanically soft diet.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/3/14 at 10:45 A.M. QIDP #1 stated,</p>			

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	"Staff should have assisted [clients #1, #2, and #3] in serving themselves foods listed on the menu or substitutions."  9-3-8(a)				