STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADEC INC	59796 PARK SIDE ELKHART, IN 46517

(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
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of survey: July 22, 23, 24, and 26, 2013 Facility Number: 000745 Provider Number: 15G221 AIM Number 100234850 Surveyor: Tim Shebel, LSW The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/30/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #3) washed her hands prior to preparing a salad for the evening meal. Findings include: Client #3 was observed during the group home observation period on 7/22/13 from 3:20 P.M. until 5:20 P.M.. At 4:30 P.M., client #3 was in the living room playing with direct care staff #1's hair. Direct care staff #4 prompted client #3 to come to the kitchen and prepare a salad for the evening meal. Direct care staff #4 assisted client #3 in preparing a lettuce salad. Direct care staff #1 and #4 did not prompt or assist client #3 to wash her hands after playing with staff #1's hair. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/24/13 at 9:42 A.M.. QIDP #1 indicated direct care staff #1 and #4 should have assured Client #3 washed her hands after playing with direct care staff #1's hair and before preparing a salad by using verbal prompting or assistance. 9-3-7(a)	W000455	On 7/30/13 all staff were trained on hand washing prior to meal prep of both staff and persons served. In the future staff will promp individuals served to wash hands prior to preparing food. Failure to comply will result in disciplinary action. The manager and QIDP will complte weekly monitoring to make sure handwashing is completed prior to meal prep.	07/30/2013

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