STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G297	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADEC INC	1823 ASHLEY CT GOSHEN, IN 46526

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W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: May 14, 15, 16, 17, and 18, 2012 Facility number: 000816 Provider number: 15G297 AIM number: 100243710 Surveyor: Tracy Brumbaugh, Medical Surveyor III These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed on May 24, 2012 by Dotty Walton, Medical Surveyor III.	W0000		

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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W0112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. Based on observation, record review, and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to ensure diets and goals were not posted in the kitchen, a public area. Findings include: On 5-14-12 from 4:15 p.m. until 6:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. At 4:30 p.m. clients #1, #2, #3, #4, #5, #6, #7, and #8's diet orders which indicated if they had a choking plan, if they were diabetic, and if adaptive equipment needed to be used at meal times was posted on the refrigerator, with their initials, in the kitchen for all to see. A chore list with full names which included Individual Program Plan (IPP) objectives (per the list posted "goal") was posted on the refrigerator in the kitchen for clients #1, #2, #3, #4, #5, #6, #7, and #8. On 5-15-12 at 10:55 a.m. a record review for client #8 was conducted. The IPP dated 11-1-11 indicated client #8 had a nutritional goal to assist with meals.	W0112	All staff were trained on keeping client specific information confidential and out of open view. The paper was taken off of the refrigerator and placed inside a cabinet door. The manager will conduct a weekly check to make sure such issues do not reoccur . Failure to comply will result in disciplinary action.Person responsible: QDDP, Res Manager	05/23/2012

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	On 5-16-12 at 1:00 p.m. an interview with the Facility Director indicated clients #1, #2, #3, #4, #5, #6, #7, and #8's diet information and chore chart which included goals should not be posted in public areas but instead be on the inside of a cabinet door. 9-3-1(a)			

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W0247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation and interview, the facility failed for 4 of 5 clients (clients #1, #2, #5, and #8) to encourage client choice and self-management by allowing clients the choice to take money to the bowling alley to purchase a drink or snack. On 5-14-12 from 4:15 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #5, and #8 was conducted. At 5:45 p.m. the House Manager counted client #2's cash on hand and he had $6.13, she then counted client #8's cash on hand and he had $34.67. At 6:15 p.m. clients #1, #2, #5, and #8 left their home to go to the bowling alley. On 5-14-12 at 6:50 p.m. client #2 was at the bowling alley and indicated he would like to have some of his own money. At 7:00 p.m. client #1 indicated he had no money with him but would like to have money for a drink. At 7:10 p.m. direct care staff (dcs) #3 took a bottle of water from her purse and gave client #2 a drink from the bottle, then placed the bottle back in her purse. At 7:15 p.m. client #5 indicated he would like to get a drink or snack at the bowling alley but the House Manager only gave them money to bowl a	W0247	On 5/23/12 all staff were trained on allowing the individuals of the home opportunity to spend money as they choose. Staff were trained that prior to an outing individuals who choose to take money will be provided such so that they may purchase an item. The cash records wuill be reviewed monthly to monitor client spending. Failure to comply will result in disciplinary action. Person Responsible: Res Manager, QDDP	06/10/2012

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	game, then they had to get on the van and go back home. Client #5 indicated he was told it was too "expensive" to make purchases at the bowling alley. At 7:20 p.m. client #8 indicated he had $20.00 at home but didn't buy anything at the bowling alley. Client #8 indicated he didn't buy anything at the bowling alley because he "isn't suppose to." Client #8 indicated he would like to buy something at the bowling alley but didn't know why he couldn't. On 5-16-12 at 12:50 p.m. an interview with the Facility Director indicated clients should be offered the choice to make a purchase at the bowling alley depending on the situation and their diet. 9-3-4(a)			

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W0249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (clients #2 and #4) to ensure medication goals per the Individualized Program Plan/IPP were implemented at all times of opportunity. On 5-15-12 at 6:10 a.m. client #2 was observed during his medication administration with assistance from direct care staff/dcs #1. Direct care staff #1 unlocked the medication drawer, punched out client #2's medications, then called client #2 into the medication room. Dcs #1 asked client #2 what his name was and prompted him to get his "blood sugar thing" ready. Dcs #1 named client #2's medications to him, client #2 took his Synthroid 200 mcg/micrograms for his thyroid, Aspirin 81 mg/milligrams for circulation, Benztropine 1 mg to counter side effects of other medications, Lisinopril 40 mg for blood pressure, Tabavite for nutrition, and Haldol 5 mg for behaviors with water.	W0249	On 5/23/12 all staff were trained on providing informal opportunities for individuals with focus on med passes. Staff were informed that the goals must be run at all opprtunities not only when they documet. The manager and QDDP will complete weekly monitorin to make sure this correction is implemented.Person Responsible:QDDP, Res Manager	05/23/2012

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	On 5-15-12 at 11:30 a.m. a record review for client #2 was conducted. The IPP dated 4-10-12 indicated client #2 had a goal/objective to identify his medication Benztropine. Dcs #1 did not have client #2 identify his Benztropine. On 5-15-12 at 6:50 a.m. client #4 was observed during his medication administration with assistance from dcs #1. Dcs #1 punched client #4's medications from the bubble packs, and placed them in applesauce. Dcs #1 went out of the medication room to get client #4, showed him a picture of himself and asked client #4 if the picture was him. Dcs #1 fed client #4 his medications of Aspirin 81 mg for circulation, Docusate Sodium 100 mg for stool softener, Clonazepam 1 mg for anxiety, Lorazepam 1 mg for anxiety, and Thioridazine 100 mg for impulse control. Client #4 then drank a glass of water. On 5-15-12 at 12:15 p.m. a record review for client #4 was conducted. The IPP dated 6-30-11 indicated client #4 was to use sign language to tell the number of mediations he had taken. Dcs #1 did not prompt client #4 to use sign language during his medication administration. On 5-16-12 at 1:15 p.m. an interview with the Facility Director indicated medication			

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	administration goals should be run at all times of opportunity. 9-3-4(a)			