

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G801	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/26/2015
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6712 MACKEY CT SOUTH BEND, IN 46614
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 18, 19, 20, 21, 22, and 26, 2015.</p> <p>Facility number: 012599 Provider number: 15G801 AIM number: 201023260</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0137 Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 additional clients (client #8) wore a clean shirt.</p> <p>Findings include:</p> <p>Client #8 was observed during the group home observation period on 5/18/15 from 3:24 P.M. until 5:30 P.M.. During the</p>	W 0137	All staff were trained on the importance of all individuals to wear clean clothing Staff were instructed to observe the individuals after meals to make sure there is no food on a persons face or clothing If so, they will be changed In order to prevent this in the future, the manager will conduct after meal observations twice per week to	06/05/2015

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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W 0218 Bldg. 00	<p>entire observation period, client #8 was wearing a soiled shirt with yellow and brown stains. Direct care staff #1, #2, #3, and #4 did not assist or prompt client #8 in putting on a clean shirt.</p> <p>Residential Director #1 was interviewed on 5/19/15 at 10:10 A.M.. Residential Director #1 stated, "Staff (direct care staff) should have made sure [client #8] was wearing clean clothing."</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review, and interview, the facility failed to assure 1 of 4 additional client's (client #6) sensorimotor needs were assessed.</p> <p>Findings include:</p> <p>Client #6 was observed during the group home observation period on 5/18/15 from 6:15 A.M. until 7:45 A.M. and from 3:24 P.M. until 5:30 P.M. During both observation periods, client #6 required physical assistance from direct care staff to ambulated throughout the group home.</p>	W 0218	<p>make sure this has been corrected Person Responsible Manager, QIDP</p> <p>Client #6 has an appointment scheduled to be assessed by PT for his gait, but the facility is aware that client #6 has vision deterioration that cannot be corrected and as a result he has difficulty walking in narrow spaces requiring staff assist When the PT assessment is complete a recommendations will be followed In the future all client ambulation needs will be addressed by the IDT immediately Person Responsible: QIDP</p>	06/05/2015	

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W 0249 Bldg. 00	<p>Direct care staff would hold client #6's arms and assist him in walking to the dining room table to eat and to and from his (client #6's) bedroom.</p> <p>Direct care staff #2 was interviewed on 5/18/15 at 5:33 P.M. Direct care staff #2 stated, "He's (client #6) been having difficulty walking for at least the past year."</p> <p>Client #6's records were reviewed on 5/19/15 at 10:15 A.M. The review failed to indicate client #6's had been assessed for his ambulation deficit.</p> <p>Nurse #1 was interviewed on 5/19/15 at 10:22 A.M. When asked if client #6 had been assessed due to his ambulation difficulties, nurse #1 stated, "I know it was mentioned at one of his doctor's appointments but I don't think it was thoroughly assessed."</p> <p>9-3-4(a)</p> <p>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</p>				

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	<p>number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement meal and snack time objectives for 3 of 4 sampled clients (clients #1, #3, and #4).</p> <p>Findings include:</p> <p>Clients #1 and #4 were observed during the 5/18/15 group home observation period from 6:15 A.M. until 7:45 A.M. During the morning meal, direct care staff prepared the entire meal and served it to clients #1, #3, and #4. Direct care staff #1, #2, #3, and #4 did not assist client #1 to wipe his table area or pour a drink into his cup. Direct care staff #1, #2, #3, and #4 did not assist client #4 to point to a picture of food before his meals and did not prompt or assist client #4 in wiping his mouth in between bites of food.</p> <p>Clients #1, #3, and #4 were observed during the 5/18/15 group home observation period from 3:24 P.M. until 5:30 P.M. During snack time, direct care staff #2, #5, #6, and #7 prepared all snacks and presented them to the clients. Direct care staff #2, #5, #6, and #7 did not assist or prompt client #1 in choosing his snack or to wipe his table area.</p>	W 0249	<p>All staff have been trained on active treatment and the importance of having all individuals participate in their daily routine Staff were trained on all goals and when they are to be run The manager and QIDP will complete weekly active treatment observations to make sure the correction is complete Person responsible: Qidp, manager</p> <p>Addendum</p> <p>All staff have been trained on all individuals goals Formal active treatment documentation will take place three times per week and active treatment supervision will take place daily by the QIDP and/or manager</p> <p>Staff have shown improvements with meal time active treatment and client participation along with all other times of the day</p> <p>Person responsible: QIDP</p>	06/05/2015			

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	<p>During the evening meal, direct care staff #2, #5, #6, and #7 did not assist or prompt client #1 in pouring a drink into his cup or to wipe his table area. Direct care staff #2, #5, #6, and #7 did not assist or prompt client #3 in wiping the table after dinner. Direct care staff #2, #5, #6, and #7 did not assist or prompt client #4 to point to a picture of food before his meal or prompt or assist client #4 in wiping his mouth between bites of food. Direct care staff #2, #5, #6, and #7 did not assist or prompt client #1 in wiping the table and pouring drink into his cup.</p> <p>Client #1's record was reviewed on 5/19/15 at 8:02 A.M. A review of the client's 3/12/15 Individual Program Plan indicated client #1 had the following objectives: "1. wipe table area, 2. Choose snack, 3. Pour drink into cup."</p> <p>Client #3's record was reviewed on 5/19/15 at 9:15 A.M. A review of the client's 9/11/14 Individual Program Plan indicated client #3 had the following objective: "1. Wipe table after dinner."</p> <p>Client #4's record was reviewed on 5/19/15 at 10:02 A.M. A review of the client's 7/31/14 Individual Program Plan indicated client #4 had the following objectives: "1. Point to pictures of foods before meals, 2. Wipe mouth between</p>			

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	<p>bites."</p> <p>Residential Director #1 was interviewed on 5/20/15 at 10:22 A.M. Residential Director #1 stated, "Staff (direct care staff) should have implemented those meal time objectives."</p> <p>9-3-4(a)</p>			