

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 04/04/2012
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6803 LUTZ DR SOUTH BEND, IN 46614		
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W0000	<p>This visit was a pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit to the investigation of complaint #IN00104169 completed on February 24, 2012.</p> <p>Dates of Survey: March 27, 28, 29, April 1, 2, 3, 4, 2012.</p> <p>Facility number: 012598 Provider number: 15G800 AIM number: 2010123280</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/17/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure consent from the client or legally authorized representative was obtained for 1 of 4 sampled clients (client #4) with restrictive interventions in his plan.</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 4/3/12 at 10:25 AM. Client #4's record indicated he had a legal guardian. Client #4's record failed to include evidence client #4's guardian had signed consent for the use of Risperdal .5 mg (milligram) twice daily (antipsychotic) which was added as an addendum to his undated Individual Behavior Support Plan (IBSP). The addendum was reviewed and approved by the facility's HRC (Human Rights Committee) on 3/3/11 and the signature for the guardian was blank.</p> <p>The Director was interviewed on 4/3/12 and indicated there was no evidence of consent for the addition of Risperdal to client #4's IBSP on 3/3/11.</p>	W0263	<p>The legal rep had been notified of the change in medication however teh signature page was never completed. The legal rep has since signed for the medication. In the future, nursing staff will communicate to the QDDDP any changes in classes of medications, or addition of medications so that the legal rep may be notified and the appropriate paperwork completed. When a BSP is updated the QDDP will check to make sure that the medications are accurated prior to the legal rep signing the document. Failure to comply will result in disciplinary action.PERSON RESPONSIBLE: QDDP</p>	04/18/2012	

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	9-3-4(a)				

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based upon record review and interview, the facility failed to ensure a dental recommendation was implemented for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 4/3/12 at 11:25 AM. A dental exam dated 1/10/11 indicated "... abscessed tooth, refer to [dentist] for extraction." A dental form dated 11/21/11 indicated "Examination of tooth (was seen in January but had not guardian to authorize the extraction). Checking on the severity of the tooth and set-up extraction date. Still would like to have tooth extracted, possibly others. Will set up Pre-testing and extraction @ (at) [hospital] at later date." A dental form dated 2/14/12 indicated client #3 had 5 teeth extracted.</p> <p>The Licensed Practical Nurse (LPN) and QMRP (Qualified Mental Retardation Professional) were interviewed on 4/3/12 at 12:15 PM. When asked about the extraction recommendation of 1/10/11 for extraction of client #3's tooth, the QMRP indicated it had taken almost a year to secure a guardian for client #3 and the dentist would not complete the extraction without informed consent.</p> <p>9-3-6(a)</p>	W0322	As stated in the citation, the facility attempted to secure a legal rep for this individual since he moved into the facility. DURING the time it took to obtain the legal rep, the individual was given antibiotic therapy. The tooth had been extracted at the time a legal rep was obtained. The facility began services for many individuals with no legal rep and medical concerns. It took time for the facility to become the legal rep after having to explore inaccurate documents from the previous provider. This is not a systemic concern that requires systemic changes. PERSON RESPONSIBLE: QDDP	04/18/2012	

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W0336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 2 of 4 sampled clients (clients #2 and #3), the facility failed to document a quarterly nursing assessment.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/2/12 at 4:20 PM. There were no quarterly nursing assessments available for review from 4/16/11 to 8/16/11.</p> <p>Client #3's record was reviewed on 4/3/12 at 11:25 AM. There were no quarterly nursing assessments available for review from 4/16/11 to 8/16/11.</p> <p>The facility's Licensed Practical Nurse (LPN) was interviewed on 4/3/12 at 10:31 AM and indicated the nursing assessments for clients #2 and #3 were not completed within 3 months.</p> <p>9-3-6(a)</p>	W0336	<p>On 4/17/12 facility nursing staff were trained on the importance of completing nursing quarterly notes timely. The individuals responsible do not work at the facility any longer. In order to prevent this in the future, a tracking system has been implemented that notifies the health service coordinator when the quarterlies are due and complete. Failure to comply will result in disciplinary action.</p> <p>PERSON RESPONSIBLE: Health Service Coordinator.</p>	04/18/2012

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W0346	<p>483.460(d)(4) NURSING STAFF</p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on record review and interview, for 8 of 8 clients who lived in the home (Clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to have a Registered Nurse (RN) on staff or to have a formal arrangement with an RN to be available for verbal or onsite consultations to the LPNs.</p> <p>Findings include:</p> <p>The facility accident/illness reports were reviewed on 3/28/12 at 2:10 PM, and included the following reports:</p> <p>-A report dated 2/29/12 indicated client #6 fell to the ground causing his nose to bleed and bruises.</p> <p>-A report dated 2/21/12 indicated client #6 fell over the leg of a chair causing a welt on the right side of forehead.</p> <p>-A report dated 2/9/12 indicated client #2 tripped over a chair causing a slight abrasion to his upper right arm.</p>	W0346	<p>The facility has an agreement with a medical office and a physician and his staff. On a monthly basis the facility nurse meets with the physician to review each individuals and medications. The physicians office is available for consult as needed. This agreement has been in place beyond 12 years..If this appeal is not accepted, the DRO has begun contacting individuals, who in addition to our physician , will be available for consultation as needed. Currently the facility is awaiting response from an individual who expressed interest. The facility will continue to pursue this need as required.PERSON RESPONSIBLE:DRO</p>	04/18/2012			

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	<p>-A report dated 12/30/11 indicated client #6 tripped over his feet, fell to the floor, and hit his head on the floor causing a cut over the right eyebrow.</p> <p>-A report dated 8/19/11 indicated client #6 fell down and hit his head after tripping over his feet causing a red bump on his head.</p> <p>-A report dated 8/15/11 indicated client #6 fell out of bed causing a cut on the right side of his head above his eyebrow.</p> <p>-A report dated 8/31/11 indicated client #1 tripped over the mechanical lift on the van and fell to the parking lot causing an abrasion to his knee and shin.</p> <p>There was no evidence an RN had been consulted regarding the falls.</p> <p>LPN #1 was interviewed on 3/29/12 at 12:15 PM. She indicated there was not an RN on contract for consultation at the facility and a medical director was on staff for consultation on an as needed basis.</p> <p>Client #1's record was reviewed on 4/2/12 at 3:30 PM. Client #1's record indicated he had diagnoses of epilepsy, impulse control disorder, seizures and allergies to</p>						

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	<p>red dye, dust and pollen.</p> <p>Client #2's record was reviewed on 4/2/12 at 4:20 PM. Client #2's record indicated he had diagnoses of convulsive disorder, history of major depression, moderate acne, nasal and sinus disorder, eczema/psoriasis.</p> <p>Client #3's record was reviewed on 4/3/12 at 11:25 AM. Client #3's record indicated he had diagnoses of seizures, hypothyroidism, delusional disorder, hypertension and allergy to Promethazine.</p> <p>Client #4's record was reviewed on 4/3/12 at 10:25 AM. Client #4's record indicated he had diagnoses of GERD (gastroesophageal disease), diabetes and history of bowel obstruction.</p> <p>There was no evidence in the record an RN had been consulted regarding the development of health care plans to address the clients' diagnoses.</p> <p>9-3-6(a)</p>						

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W9999	<p>State Findings</p> <p>460 IAC 9-3-1 Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 7 of 13 incident/accident internal reports reviewed to report a fall resulting in injury to clients #1, #2 and #6 immediately to the Bureau of Developmental Disabilities Services (BDDS), in accordance with state law.</p> <p>Findings include:</p> <p>The facility accident/illness reports were reviewed on 3/28/12 at 2:10 PM, and included the following reports:</p> <p>-A report dated 2/29/12 indicated client #6 fell to the ground causing his nose to bleed and bruises. There was no BDDS report available for review regarding the incident.</p>	W9999	<p>On 4/16/12 all facility staff were trained on the reporting requirement of all falls that result in injury no matter how insignificant the injury may be. This requirement is within ADEC policy. Since the date of survey this has been corrected. When a fall occurs either the person on call or the QDDP is to be notified so that a BDDS report can be completed. Failure to comply will result in disciplinary action.</p> <p>PERSON RESPONSIBLE: QDDP</p>	04/18/2012	

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	<p>-A report dated 2/21/12 indicated client #6 fell over the leg of a chair causing a welt on the right side of forehead. There was no BDDS report available for review.</p> <p>-A report dated 2/9/12 indicated client #2 tripped over a chair causing a slight abrasion to his upper right arm. There was no BDDS report available for review.</p> <p>-A report dated 12/30/11 indicated client #6 tripped over his feet, fell to the floor, and hit his head on the floor causing a cut over the right eyebrow. There was no BDDS report available for review.</p> <p>-A report dated 8/19/11 indicated client #6 fell down and hit his head after tripping over his feet causing a red bump on his head.</p> <p>-A report dated 8/15/11 indicated client #6 fell out of bed causing a cut on the right side of his head above his eyebrow.</p> <p>-A report dated 8/31/11 indicated client #1 tripped over the mechanical lift on the van and fell to the parking lot causing an abrasion to his knee and shin. There was no BDDS report available for review.</p> <p>The Director was interviewed on 4/3/12 at 12:15 PM and indicated the falls were not reported to BDDS as the injuries noted on</p>				

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	<p>the incident reports were not considered to be significant injury.</p> <p>The statewide Policy: Incident Reporting and Management dated 3/1/11 was reviewed on 4/3/12 at 9:30 AM and indicated the following: "Incidents to be reported to BQIS (Bureau of Quality Improvement Services) include...A fall resulting in injury, regardless of the severity of the injury...Within 24 hours of initial discovery of a reportable incident, the reporting person shall forward a copy of the electronically submitted incident initial report to...the individual's BDDS service coordinator...."</p> <p>9-3-1(b)</p>				