

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  03/25/2013
NAME OF PROVIDER OR SUPPLIER  ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6803 LUTZ DR SOUTH BEND, IN 46614		
(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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 18, 19, 20, 21, 22, and 25, 2013</p> <p>Facility number: 012598 Provider number: 15G800 AIM number: 201023280</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 28, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000			

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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed to implement medication objectives during times of opportunity for 3 of 4 sampled clients (clients #1, #2 and #4).</p> <p>Findings include:</p> <p>Clients #1, #2 and #4 were observed at the group home on 3/21/13 from 6:09 A.M. until 8:00 A.M. At 6:22 A.M., Direct care staff #7 was observed to retrieve client #1's prescribed medication punch cards, pop each pill out and hand the medications to client #1 to take.</p> <p>Direct care staff #7 did not prompt, nor was client #1 observed to recite one of his medication's name, Phenytoin (behavior medication), dosage, and time and use of medication. At 6:32 A.M., Direct care staff #7 was observed to retrieve client #4's medications, pop each pill out and hand the medications to client #4 to take.</p> <p>Direct care staff #7 did not prompt, nor was client #4 observed to identify himself by choosing his picture. At 7:23 A.M.,</p>	W000249	<p>All facility staff have been trained on implementation of medication goals at all medication passes. Staff were trained on 4/1/13. In order to prevent this in the future, the QDDP and Res. Manager will complete weekly medication administration audits to make sure the goals are implemented. Failure to comply will result in disciplinary action. Person Responsible: QDDP</p>	04/08/2013
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	<p>Direct care staff #7 was observed to retrieve client #2's medications, pop each pill out and hand the medications to client #2 to take. Client #2 dropped two tablets onto the floor while trying to put the tablets in his mouth. Direct care staff #7 did not prompt the client to put the pills in his mouth prior to the client dropping his medication tablets.</p> <p>Client #1's records were reviewed on 3/21/13 at 8:33 A.M. Client #1's Individual Program Plan dated 1/10/13 indicated the following medication administration objective: "Recite one of his (client #1's) medications (Phenytoin) name, dosage, time and use."</p> <p>Client #2's records were reviewed on 3/21/13 at 8:59 A.M. Client #2's Individual Program Plan dated 2/6/13 indicated the following medication administration objective: "Put meds (medications) in mouth."</p> <p>Client #4's records were reviewed on 3/21/13 at 9:47 A.M. Client #4's Individual Program Plan dated 5/24/12 indicated the following medication administration objective: "Will identify himself by choosing his picture."</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was</p>						

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	interviewed on 3/21/13 at 10:31 A.M. QDDP #1 indicated clients #1, #2 and #4's medication objectives should have been implemented by direct care staff #7 during the 3/21/13 morning observation period.  9-3-4(a)				

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #3) washed his hands prior to eating a snack.</p> <p>Findings include:</p> <p>Client #3 was observed during the 3/21/13 observation period from 3:08 P.M. until 5:30 P.M. From 3:08 P.M. until 3:55 P.M., client #3 periodically put his hands down the front of his pants within view of direct care staff #3. At 3:55 P.M. direct care staff #3 assisted the client in securing and eating a snack cake and a glass of chocolate milk. Direct care staff #3 did not prompt or assist client #3 in washing his hands prior to eating his snack cake or drinking his chocolate milk.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 3/21/13 at 10:20 A.M. QDDP #1 indicated direct care staff #3 should have prompted and assisted client #3 in washing his hands prior to eating his snack.</p> <p>9-3-8(a)</p>	W000455	<p>All staff had been trained on proper infection control practices on 4/1/13. Client #3 has a goal in place to wash his hands, and staff were instructed to implement this goal prior to eating or medication administration. The QDDP and Res Manager will monitor to make sure this correction is implemented. Person Responsible: QDDP</p>	04/08/2013	

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