

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 04/14/2016
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1823 ASHLEY CT GOSHEN, IN 46526
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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: 4/11, 4/12, 4/13, and 4/14/16.</p> <p>Facility number: 000816 Provider number: 15G297 AIM number: 100243710</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/20/16.</p>	W 0000		
W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, interview, and record review, for 2 of 4 sampled clients (#1 and #2), the facility failed to teach clients to use United States currency to</p>	W 0126	All agency QIDPs were trained on 5/20/16 to use real currency when working on money goals This process has changed internally for all homes using fake coins In the future, no fake coins and	05/20/2016

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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	<p>implement objectives during formal and informal opportunities for clients #1 and #2.</p> <p>Findings include:</p> <p>During the 4/11/16 period between 3:29pm and 5:30pm clients #1 and #2 worked on formal objectives. At 4:17pm staff #5 asked client #2 if he wanted to work on his money goal. She stated "Your goal is to count a \$1.00 out of coins". Staff #5 took plastic fake coins out of a tub and placed them on the table. Client #2 needed staff #5's verbal instructions to help successfully count the change. At 4:49 the HM (House Manager) and client #1 were sitting at the activity table in the living room. The HM was working with client #2 on identifying coins and bills. The HM used the same plastic money that was in the tub on the table.</p> <p>Client #1's record was reviewed on 4/13/16 at 11:53am. Client #1's 3/22/16 IPP (Individualized Program Plan) indicated client #1 had a formal objective to "Identify coins with 6 verbal prompts." Client #1's 2016 CFA (Comprehensive Functional Assessment) under the section labeled identifies coins/currency indicated client #1 "Does not do/no opportunity".</p>		<p>paper money will be used in teaching individuals to work with money Person responsible: QIDP</p>				

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W 0149 Bldg. 00	<p>Client #2's record was reviewed on 4/12/16 at 12:07pm. Client #2's 10/13/15 IPP indicated client #2 had a formal objective to "[Client #2] will count \$1.00 in change using different monies with 6 verbal prompts". Client #2's 10/13/15 CFA under the section labeled identifies coins/currency indicated client #2 needed "step by step cues; physical assist; rarely does".</p> <p>An interview was conducted on 4/13/16 at 12:45pm with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional). When asked why clients #1 and #2 used plastic or fake money to run their formal money objectives, the AD stated "I'm not sure why they can't." When asked if the fake money had the same weight and texture as real money, the AD stated "I'm not going to answer that".</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 1 of 4 sampled clients (#4), the facility</p>	W 0149	On 2/10/16 all day service staff were trained on glucometer testing and the importance of	05/20/2016

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	<p>neglected to implement its written policy and procedures to prevent neglect of client #4 when staff failed to complete client #4's physician ordered blood sugar checks. The facility neglected to implement its written policy and procedures to report all allegations of abuse/neglect in a timely manner for client #4.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/12/16 at 10:51am. The 1/15/16 reportable incident report indicated "An allegation was made this afternoon that two day services staff responsible for administering blood glucose levels for [client #4] on a daily basis have not been conducting these blood sugar readings as required by his medical protocol (daily). Specifically the tests are not done and falsified data is entered into the EMAR (electronic medication tracking) system". The reportable incident report indicated staff was aware of the possibility of neglect on 1/13/16 but did not report it to the administrator until 1/15/16.</p> <p>The investigation indicated "by her own admission it is substantiated that [name of staff] did not conduct [client #4's] glucose testing for several months. She</p>		<p>correct documentation The staff involved in the incident had been terminated On 2/10/16 all facility staff were trained on the agency abuse neglect and exploitation reporting requirements In the future, staff will follow agency policy on abuse neglect and exploitation In order to prevent this in the future, the day service supervisor is conducting glucometer checks as ordered by the physician and making sure the documentation is correct in the EMAR system This is done by looking at the reading on the glucometer device and cross referencing it with what is actually documented Person Responsible: QIDP</p>	

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W 0153 Bldg. 00	<p>admitted to just entering reading numbers on AccuFlow without having conducted the blood test".</p> <p>The facility's Incident report and management policy was reviewed on 4/11/16 at 10:45am. The facility's 11/21/11 Incident report and management policy indicated "It is the policy of [Name of Facility] to ensure the health and safety of all its clients. To not tolerate abuse, neglect or exploitation of clients by staff members, clients, or persons in the community. To maintain and train its staff as well as implement all current state agency/authority incident reporting requirements".</p> <p>An interview was conducted on 4/13/16 at 12:45pm with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional). When asked if the facility's policy for preventing abuse and neglect was followed by staff, the AD stated "No". When asked when suspected abuse and neglect should be reported, the AD stated "immediately".</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations</p>			

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	<p>of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on interview and record review for 1 of 2 allegations of abuse/neglect and/or injuries of unknown source reviewed for client #4, the facility failed to immediately report allegations of staff to client abuse/neglect to the administrator and/or to state officials when the incidents occurred in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/12/16 at 10:51am. The 1/15/16 reportable incident report indicated "An allegation was made this afternoon that two day services staff responsible for administering blood glucose levels for [client #4] on a daily basis have not been conducting these blood sugar readings as required by his medical protocol (daily). Specifically the tests are not done and falsified data is entered into the EMAR (electronic medication tracking) system". The reportable incident report indicated staff was aware of the possibility of neglect on 1/13/16 but did not report it to the administrator until 1/15/16.</p>	W 0153	<p>On 2/10/16 all day service staff were trained on glucometer testing and the importance of correct documentation The staff involved in the incident had been terminated On 2/10/16 all facility staff were trained on the agency abuse neglect and exploitation reporting requirements In the future, staff will follow agency policy on abuse neglect and exploitation In order to prevent this in the future, the day service supervisor is conducting glucometer checks as ordered by the physician and making sure the documentation is correct in the EMAR system This is done by looking at the reading on the glucometer device and cross referencing it with what is actually documented Person Responsible: QIDP</p>	05/20/2016

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W 0154 Bldg. 00	<p>The investigation indicated "by her own admission it is substantiated that [name of staff] did not conduct [client #'s] glucose testing for several months. She admitted to just entering reading numbers on AccuFlow without having conducted the blood test".</p> <p>An interview was conducted on 4/13/16 at 12:45pm with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional). When asked when suspected abuse and neglect should be reported, the AD stated "immediately".</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 2 allegations of abuse/neglect and/or injuries of unknown source reviewed, the facility failed to ensure an injury of unknown source was thoroughly investigated for client #3.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/12/16 at 10:51am. The 1/20/16</p>	W 0154	<p>On 4/12/16, the date of the incident, the QIDP for the client was working in the home with the client As indicated on the investigation for that accompanies the accident illness form, the staff present at the time of the fall, Joyce Weaver, completed the investigation The confusion on the part of the facility is that Joyce heard the client fall and observed the injury at 3am The QIDP was working at the home at 5:30am and completed the investigation and</p>	05/20/2016

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	<p>reportable incident report indicated "Staff checked on [client #3] around 0300 this morning to find a laceration above his left eye in the brow that was approximately 3/4 of an inch in length. Neuro checks were started, area was cleaned and antibiotic ointment was applied. This morning, after [client #3] showered, it was discovered that the area edges were gaping so staff took him to the hospital emergency room where 3 sutures were placed." A 1/20/16 follow up to the reportable incident report indicated "[Client #3] was asked how he obtained the laceration above his left eye in the brow. [Client #3] indicated he had hit it on his bed". A 1/21/16 follow up to the reportable incident report indicated "Correction of time of incident. Advised by staff that [client #3] was injured at 0530am and not 0300am as originally reported. [Client #3] indicated to staff that he had bent over the side of his bed and hit his forehead on the wooden headboard while making his bed. Client did not fall."</p> <p>The 1/20/16 Accident/Illness Report indicated "Staff noticed laceration on client's left eye brow appx. (approximately) 3/4 inch long. [Staff #7] was standing outside his room and heard him". The Accident/illness report did not indicate the injury was witnessed.</p>		<p>sent the client for sutures The investigation was complete including the following components: Place of incident, surface, footwear, clients behavior at the time, if there was background noise, was the floor free of obstruction, how was the area lit, did he have known health changes, what immediate care took place, how can it be prevented It was concluded in the investigation that the client tripped over his bed sheet wrapped around his feet</p> <p>In the future, the QIDP will have the DSP present at the time of the fall complete the paperwork with assistance as needed In doing so, the accuracy will be achieved QIDP to be trained on this correction and all fall reports will be reviewed by the risk management team as they occur Person responsible: QIDP</p>				

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	<p>The 1/20/16 health and wellness report completed by staff #7 on caretracker (online charting system) indicated "When client awakened at 5:30am staff noticed a laceration above his left eye brow. He may have bumped his head when returning to bed after using the restroom. Laceration 1/2 inch was cleaned with peroxide and antibiotic ointment was applied. Med-flex and nurse notified. Neurological flow sheet started". The health and wellness report did not indicate the injury occurred after waking while client #3 was making his bed.</p> <p>An interview was conducted on 4/13/16 at 12:45pm with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional). When asked if an investigation was completed for the injury of unknown source, the AD stated "The Accident/Illness report and the Fall Assessment form was our investigation". When asked if any staff or clients were interviewed to determine how the injury went from happening at 3:00am to happening at 5:30am, the AD stated "Staff filled out the questions on the Accident/Illness report".</p> <p>9-3-2(a)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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