

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G776	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 52035 TARA DR SOUTH BEND, IN 46628
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(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: 5/21 and 5/22, 2014.</p> <p>Facility number: 012436 Provider number: 15G776 AIM number: 201016860</p> <p>Surveyors: Amber Bloss, QIDP-TC Paula Chika, QIDP</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 2, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on interview and record review for 1 of 4 sampled clients (#4), the facility failed to account for the client's cash on hand kept at the group home.</p>	W000140	On 6/6/14 The manager was trained on where client money is to be stored. At this time a cash bag audit was conducted on all individuals, and the amounts in	06/06/2014

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>Findings include:</p> <p>Client #4's financial records were reviewed on 5/21/14 at 7:28 AM. Client #4's May 2014 Personal Cash Allocations (PCA) sheet indicated client #4 had \$8.83 cash on hand (COH). Client #4's COH totaled \$4.40 when counted.</p> <p>Interview with staff #1 on 5/21/14 at 7:55 AM indicated she recounted client #4's money and reviewed the client's receipts on the PCA sheet. Staff #1 stated client #4 "was off \$4.43." Staff #1 could not account for the COH discrepancy.</p> <p>9-3-2(a)</p>		<p>the bags reconciled with the amounts on the cash cards. The money that she could not find during the survey was placed in the petty cash bag for the house rather than the clients cash bag. In order to prevent this in the future for all clients, a procedure is in place where the money going out of and into the cash bags will be clearly documented with receipts. The cash bags will be audited by the residential training coordinator on a monthly basis with all money verified. It is the policy of ADEC that the manager is the only person with access to client petty cash so that if there is money missing that is their responsibility. Cash bag audits have been scheduled for the next three months. Failure to comply with this correction will result in disciplinary action. Person Responsible: Res Manager</p>				