

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G024	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2016
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 807 MOTTVILLE RD BRISTOL, IN 46507
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 3/1, 3/2, 3/3, and 3/9/16.</p> <p>Facility Number: 000590 Provider Number: 15G024 AIM Number: 100248560</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/16/16.</p>	W 0000		
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's rights in regards to not allowing her access to the remote to her lift chair without a plan to regain access to the</p>	W 0125	<p>On 3-21-16 facility staff were trained on the following: Client #2 may have free access to the electric chair remote Client #2 now has a chair alarm in place so that staff may be alerted if client #2 overtips the chair with the</p>	03/21/2016

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>remote.</p> <p>Findings include:</p> <p>During the 3/1/16 observation between 3:55pm and 6:15pm client #2 sat in her recliner watching a movie. Staff #2 came in and asked client #2 if she was ready to come help mix the potatoes. Client #2 reached down into her right side pocket of the chair and grabbed the remote to the chair. Staff #2 stated "Why do you have that? You know you're not supposed to have that." Staff #2 took the remote out of client #2's hand and placed it back into the side pocket.</p> <p>The facility's reportable incident reports, internal Accident/Incident Reports (IARs) and/or investigations were reviewed on 3/1/16 at 1:35pm. The facility's reportable incident reports, internal Accident/Incident Reports (IARs) and/or investigations indicated the following (not all inclusive):</p> <p>A 12/30/15 internal accident/incident report indicated client #2 "raised her lift chair and tumbled out as staff was walking back into room." The accident report indicated "staff instructed that [client #2] should not have remote to chair. [Client #2] got the remote and was able to tip herself out of the chair."</p>		<p>remote This has been reviewed by the HRC In the future client #2 and others will not be restricted to a home device without a plan in place even if it is an immediate response to a health and safety concern In order to make sure this correction is effective, the house manager and QIDP will complete audits per week to ensure no approved restrictions at least twice per week Person Responsible: QIDP, Manager</p>				

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W 0210  Bldg. 00	<p>Client #2's record was reviewed on 3/2/16 at 1:16pm. Client #2's 1/7/16 ISP (Individualized Support Plan) did not indicate client #2 could not have access to her lift chair remote. Client #2's record did not indicate client #2 had a current BSP (Behavior Support Plan) for review.</p> <p>An interview with the Director and the QIDP (Qualified Intellectual Disability Professional) was conducted on 3/3/16 at 2:10pm. When asked why client #2 couldn't have access to her chair remote, the QIDP stated "She tips herself out of the chair." When asked if the restriction was included in a plan allowing client #2 to get access to her remote back, the QIDP stated "No".</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview and record review for 1 of 4 sampled clients (#4), the client's IDT(interdisciplinary</p>	W 0210	On the above stated date the Director sent a referral packet for client #4 to The Hearing and speech center and they will	03/14/2016	

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	<p>team) failed to assess the client's hearing and/or speech within 30 days of being admitted to the group home.</p> <p>Findings include:</p> <p>During the 3/1/16 observation between 3:55pm and 6:15pm and the 3/2/16 observation between 5:55am and 7:50am, client #4 communicated with staff using grunts and screams. Staff would respond to client #4 by saying hello to her.</p> <p>Client #4's record was reviewed on 3/2/16 at 11:50am. Client #4's BSP (Behavior Support Plan) indicated client #4 moved into the group home on 6/8/15. Client #4's 7/8/15 CFA (Comprehensive Functional Analysis) indicated client #4 needed physical assistance to communicate with others. Client #4's 9/30/15 Health Care Support plan indicated client #4 has "alteration in communication due to substantial hearing loss." Client #4's record did not indicate client #4 had a speech evaluation completed since moving into the group home.</p> <p>Client #4's chart notes from [name of hearing facility] indicated the following:</p> <p>-6/30/15: "Patient would not let me complete testing and would not go into</p>		<p>review and schedule an appointment On 3/21/16 the Director contacted the Hearing Center to see if they have reviewed the packet and schedule the appointment The Director was informed that they will know tomorrow but are unsure if they can do an assessment on someone with such limited verbal skills On 3/21/16 the facility nurse was advised to call local hospitals to see if they can make an appointment for client #4 We will continue to reach out to all agencies to find a therapist that will assess client #4 The director will touch base twice a week with the nursing staff until an evaluation has been scheduled Upon admission, the IDT will review the CFA to determine if there is a noted identified need that must be addressed by a speech therapist If this is the case, a therapist will be sought to complete the assessment in a timely fashion Person Responsible: QIDP, Nurse, Director</p>	

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W 0227  Bldg. 00	<p>booth." -7/14/15: "Could not get [client #4] off the van." -9/1/15: " Would not complete testing."</p> <p>Client #4's record did not indicate client #4 has had a hearing evaluation completed since moving into the group home.</p> <p>An interview with the Director and the QIDP (Qualified Intellectual Disability Professional) was conducted on 3/3/16 at 2:10pm. When asked if client #4 had a speech evaluation or a hearing evaluation, the Director stated "We have tried to get a hearing completed but she refuses. We have not completed a speech evaluation."</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on interview and record review for 1 of 4 sampled clients (#4), the client's Individual Support Plan (ISP) failed to address a client's identified need in regard to refusing medical appointments.</p>	W 0227	The facility showed multiple attempts to have a hearing screening completed on client #4 Client #4 has the right to refuse such testing that can be supported by her guardian Client	03/21/2016			

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	<p>Findings include:</p> <p>Client #4's record was reviewed on 3/2/16 at 11:50am. Client #4's 9/30/15 Health Care Support plan indicated client #4 has "alteration in communication due to substantial hearing loss." Client #4's chart notes from [name of hearing facility] indicated the following:</p> <p>-6/30/15: "Patient would not let me complete testing and would not go into booth." -7/14/15: "Could not get [client #4] off the van." -9/1/15: " Would not complete testing."</p> <p>Client #4's record did not indicate client #4 has had a hearing evaluation completed since moving into the group home. Client #4's 6/4/15 ISP (Individualized Support Plan) and/or 6/4/15 BSP (Behavior Support Plan) did not indicate how client #4's refusal to obtain a hearing evaluation was being addressed.</p> <p>An interview with the Director and the QIDP (Qualified Intellectual Disability Professional) was conducted on 3/3/16 at 2:10pm. When asked how client #4's refusal for a hearing exam was being addressed, the QIDP stated "It's not."</p>		<p>#4 will not allow a traditional hearing screening to be completed The facility has contacted her PCP on 3/14/16 to ask if she can complete a hearing screening The facility is awaiting a response If the PCP will not complete a screening we will contact the hearing center to see if they may complete a gross hearing exam on client #4 When the appointment is scheduled, and if client #4 again refuses, we will document such events and have the IDT review with the support of her guardian that the risk of client #4 not having a traditional hearing screening completed is not significant and detrimental to her overall health We will then have her PCP review the findings On 3/26/16 the IDT is meeting with a formal plan to follow when client #4 refuses appointments This will be used in the future if she refuses routine appointments We assume this will not be the case because facility staff have worked very diligently with client #4 making sure all other appointments have been completed Person Responsible: QIDP</p>	

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W 0249 Bldg. 00	<p>9-3-4(a)</p> <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, interview and record review of 1 of 4 sampled clients (#4), the facility failed to implement client #4's Individual Support Plans when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>During the 3/1/16 observation between 3:55pm and 6:15pm and the 3/2/16 observation between 5:55am and 7:50am, client #4 communicated with staff using grunts and screams. Staff would respond to client #4 by saying hello to her.</p> <p>During the 3/1/16 observation at 4:20pm client #4 put water into a pot to boil potatoes and at 4:40pm client #4 was asked if she wanted to help set the table. She came into the kitchen and the HM (House Manager) asked her to wash her</p>	W 0249	<p>On 3/21/16 all staff were trained on implementation of call client goals including client #4 A new communication board has been put on to her Ipad that is easier for her to use Client #4 indeed made her drink at snack that was approximately 15 hours before dinner Although she refused at dinner when asked, the incidental training was recorded as successful The staff did run the goal formally and informally and she refused the formal attempt In order to monitor client #4 using her communication board, and to make sure all goals are being implemented, the QIDP and manager will conduct active treatment monitoring formally at least twice per week This form will be turned in to the director on a weekly basis</p>	03/21/2016

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	<p>hands. Client #4 did not want to wash her hands so she went back into the living room to watch videos on her Ipad. Client #4 spent most of the 3/1/16 observation watching videos on her Ipad. Client #4 was not observed during the two observation period using a communication board to communicate wants and needs. Client #4 did not prepare a drink mix during the two observation periods.</p> <p>Client #4's record was reviewed on 3/2/16 at 11:50am. Client #4's 6/4/15 ISP (Individualized Support Plan) indicated client #4 had the following objectives: "[Client #4] will use the communication board to express her wants and needs" and "[Client #4] will prepare a simple drink mix at supper."</p> <p>An interview with the Director and the QIDP (Qualified Intellectual Disability Professional) was conducted on 3/3/16 at 2:10pm. When asked if client #4 should be using a communication board, the QIDP stated "She now uses her Ipad, but staff should be using it with her to help her communicate." When asked if client #4 should make a drink at supper, the RD stated "She should be yes, I'm sure she did it at snack time."</p> <p>9-3-4(a)</p>						

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W 0263  Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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 for 1 of 4 sampled clients (#4), the facility failed to obtain written informed consent from client #4's legal guardian for behavior medication changes.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 3/2/16 at 11:50am. Client #4's 6/14/15 BSP (Behavior Management Plan) indicated client #4 was on the following behavior medications: Divalproex, Clonidine, Risperdone, Quetiapine (Seroquel), and Pristiq ER. Client #4's memo to behavior program indicated the following:</p> <p>-6/15/15: "A second emergent call was made to [name of mental health provider] after [client #4] continued to be very aggressive, was still attacking and injuring staff members. Orders were changed to Seroquel 100mg twice a day and add Ativan 1mg three times a day."</p>	W 0263	<p>On 3/22/16 verbal permission was obtained from client #4's guardian for the implementation of her medication regimen This had taken place when the medications changed but there was no documentation indicating such conversation took place The nursing staff have been trained on the approval process and appropriate notification/documentation on 3/14/16 There is a form that has been in place that was not utilized correctly This issue has been resolved</p> <p>In the future, nursing staff will document on the psych review form the date guardian approval had been obtained The Nursing coordinator will review all psych reviews that are completed to ensure proper documentation Person responsible: Nursing coordinator</p>	03/22/2016

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	<p>-6/16/15: "[Client #4] was seen by [name of Dr.] for an emergency appointment due to behaviors stemming from her move from former provider to [name of group home]. [Client #4] is not sleeping well, had gone several days without sleep, remained very aggressive, attacking and injuring staff members. Orders were changed to Seroquel ER 400mg twice a a day, Divalproex 1000mg every evening, Ativan 1mg three times a day, Invega Sustenna loading dose was given and now will take 234mg every 4 weeks of Invega IM."</p> <p>-6/22/15: "[Client #4] had a severe outbreak of violent aggressive behavior on Sunday hitting staff and causing injury. [Name of Dr] was contacted and a verbal order was received for Saphris 10mg sublingual twice a day."</p> <p>Client #4's record did not indicate the facility obtained guardian written informed consent for the start of the client's Ativan, Invega Sustenna, or Saphris.</p> <p>An interview with the Director and the QIDP (Qualified Intellectual Disability Professional) was conducted on 3/3/16 at 2:10pm. When asked if the facility obtained written informed consent from client #4's guardian, the Director stated</p>				

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W 0331 Bldg. 00	<p>"No".</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#1), the facility nurse failed to develop risk plans in regard to client #1's identified edema.</p> <p>Client #1's record was reviewed on 3/2/16 at 12:43pm. Client #1's nursing assessments indicated the following:</p> <p>-4/15/15: Client #1 had edema in her legs -7/15/15: Client #1 had edema in her legs -10/25/15: Client #1 had edema in her legs</p> <p>Client #1's record did not indicate client #1's edema was assessed by her physician or that the nurse implemented an edema protocol to monitor client #1's edema.</p> <p>An interview with the facility nurse was conducted on 3/3/16 at 2:10pm. When asked if client #1 had a diagnosis of edema, the nurse stated "No, its just</p>	W 0331	<p>Client #1 was seen by her PCP on 3/21/16 and he found no swelling/edema in client #1's legs and has no concerns The nursing staff updated her care plan so that staff can monitor for swelling and address All staff were trained on the new care plan on 3/7/16 In the future, nursing staff will notify the clients PCP if they find a trending concern when completing quarterly physicals In addition, medical issues will be included in the individuals health care support plans Person Responsible: Health service coordinator</p>	03/21/2016

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	caused by her sitting in her wheelchair." When asked if she had put an edema protocol in place to monitor client #1's edema, the nurse stated "no".  9-3-6(a)				