

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G510	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/01/2012
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 226 FOSTER AVE ELKHART, IN 46516
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: May 29, 30, 31, and June 1, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 001024 Provider Number: 15G510 AIMS Number 100249450</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review was completed on 6/7/12 by Tim Shebel, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to exercise general maintenance over the facility by not ensuring the carpet was maintained without stains.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/29/12 from 4:35 PM to 7:35 PM. The carpet in the living room where clients #1, #2, #3, #4, #5, #6, #7, and #8 sit had dark stains throughout the carpet in the following dimensions: 1 shaped like the number "7", 3/4' by 3/4'; four circle stains- one 1/2' in diameter, one 1' in diameter, two 1 1/2' in diameter, and three stains measuring 2' in diameter.</p> <p>Interview on 5/30/12 at 7:40 AM with staff #1 was conducted. She indicated the stains were urine stains either from client #4 and client #8. Interview on 5/30/12 at 7:45 AM with the house manager was conducted. The house manager indicated he did not know how often the carpet was cleaned and indicated the stains were caused by drinks being spilled and client</p>	W0104	Once the survey was completed, the manager of the home explained that a mop bucket full of water had spilled by the dining area causing the dark area. The Director nor the QDDP know this during the survey. On 6/7/12 the carpet was cleaned and there are no further stains. Will continue with the quarterly cleaning schedule as well as talk to the house staff to communicate such issues when they occur. Person Responsible: QDDP	06/12/2012			

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	<p>#8's incontinence.</p> <p>Review on 6/1/12 at 12:00 PM of the maintenance request dated 5/10/12 indicated a request by the QMRP (Qualified Mental Retardation Professional) for the carpet to be cleaned.</p> <p>Interview on 6/1/12 at 8:55 AM with the Director of Residential Operations was conducted. The Director indicated the carpet was scheduled to be cleaned next week and it was in the budget to be replaced after July, 2012, but doesn't know the exact date. The Director indicated the stains were from drinks being spilled. The Director indicated the carpet is on a 2 month rotation to be cleaned and as soon as they clean the carpet, the stains reappear.</p> <p>9-3-1(a)</p>						

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W0227	<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.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) by not putting an oral hygiene program in place after dental recommendations.</p> <p>Findings include:</p> <p>Review on 5/30/12 at 7:50 AM of client #1's records was conducted. Client #1's first dental exam since being admitted to the group home was on 10/6/11 and recommended for client #1 to "keep brushing teeth." Client #1's next dental exam was on 4/2/12 and indicated "teeth had lots of build-up, mild moderate perio-disease. . ." and recommended to "keep brushing." Client #1's ISP (Individual Support Program) dated 10/4/11 did not include an oral hygiene goal.</p> <p>Interview on 5/30/12 at 12:10 PM with the Director of Residential Operations was conducted. The Director indicated client #1 did not have an oral hygiene goal.</p>	W0227	<p>On 6/1/12 the facility staff were trained on a goal for client #1 to brush his teeth. This goal was written on 6/1/12. In the future, the QDDP will review all recommendations and make sure that training is in place that addresses the needs. The QDDP is being trained on this requirement on 6/13/12. Failure to comply will result in disciplinary action. Person Responsible: QDDP</p>	06/12/2012			

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