

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G366	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2015
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 58808 ST MARYS LN GOSHEN, IN 46526
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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
W 000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: April 13, 14, and 16, 2015</p> <p>Facility number: 000880 Provider number: 15G366 AIM number: 100235120</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed to assure 1 of 4 sampled clients' (client #4's) face was clean.</p> <p>Findings include:</p> <p>Client #4 was observed during the group home on 4/13/15 from 2:58 P.M. until 5:12 P.M. Upon arriving home from day program at 3:20 P.M., client #4 had dried food residue in the corners of her mouth</p>	W 268	<p>Based on investigation of this issue, client #4 takes a medication that causes this residual on her mouth It was not food however, staff will be trained on asking client #4 to wipe her mouth when they notice this build up The inservice will be completed by 4/30/15 Person responsible: QIDP, res manager</p>	04/24/2015

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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W 369 Bldg. 00	<p>extending one half inch on both sides of her bottom lip. At 5:12 P.M., direct care staff #1, #2, #3, and #4 assisted client #4 onto the van with the other clients to go out for pizza. Client #4 continued to have the dried food residue on her face as she boarded the van. Direct care staff #1, #2, #3, and #4 did not prompt or assist client #4 in cleaning her face during the observation period.</p> <p>Director of Residential Services #1 was interviewed on 4/14/15 at 11:11 A.M. Director of Residential Services #1 stated, "They (direct care staff #1, #2, #3, and #4) should have helped [client #4] to wipe her mouth once she (client #4) got home from day program."</p> <p>9-3-5(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to assure 2 of 12 administered medications were administered according to physician's orders for 2 of 4 sample clients (clients #1 and #3).</p>	W 369	<p>On the date of the survey, staff were taking the residents out for dinner and should have packed the medications to take with them so that they could be administered with a meal All staff will be trained on the importance of taking medication for client #1 and #3 with meals Staff will be</p>	04/30/2015			

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	<p>Findings include:</p> <p>Client #1 and #3 were observed during the group home observation period on 4/13/15 from 2:58 P.M. until 5:12 P.M. At 4:22 P.M., direct care staff #4 administered a 600 mg (milligram) Calcium with 400 unit Vitamin D tablet (nutritional supplement) to client #1. After taking the Calcium with Vitamin D tablet, client #1 did not eat a meal during the remainder of the observation period. At 4:40 P.M., direct care staff #4 administered a 500 mg Divalproex tablet (medication for mood disorder) to client #3. After taking the Divalproex tablet, client #3 did not eat a supper meal during the remainder of the observation period.</p> <p>Client #1's record was reviewed on 4/14/15 at 9:23 A.M. Review of client #1's 3/16/15 physician's orders indicated the following order: "Calcium w/ (with) D (Vitamin D) 600 (mg) 400 (unit) tablet. Generic for: Caltrate - 600 Vit (Vitamin) D 400 tab (tablet). Take 1 tablet by mouth twice daily with meals for nutritional supplement."</p> <p>Client #3's record was reviewed on 4/14/15 at 8:04 A.M. Review of client #3's 3/16/15 physician's orders indicated the following order: "Divalproex Sodium 500 mg ER (Extended Release). Generic</p>		<p>monitored during dinner med pass one time a week to make sure this correction is complete The inservice will be complete by 4/30/15 Person responsible: QIDP, Res manager</p>	

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	<p>for: Depakote ER 500 mg tab SA (Sustained Action), Take 1 tablet by mouth every evening with supper for mood condition."</p> <p>Nurse #1 was interviewed on 4/14/15 at 10:29 A.M. Nurse #1 stated, "Direct care staff should have administered those meds (Calcium with Vitamin D and Divalproex medications) according to the physician's orders."</p> <p>9-3-6(a)</p>						