

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G485	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/05/2012
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 403 HAWTHORNE AVE GOSHEN, IN 46526		
(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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 3, 4, and 5, 2012.</p> <p>Facility number: 000999 Provider number: 15G485 AIM number: 100239770</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 7, 2012 by Dotty Walton, 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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W0249	<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, record review and interview, the facility failed to implement medication objectives during times of opportunity for 2 of 4 sampled clients (clients #2 and #4).</p> <p>Findings include:</p> <p>Clients #2 and #4 were observed at the group home on 12/4/12 from 5:15 A.M. until 7:45 A.M. At 5:22 A.M., Direct care staff #5 was observed to retrieve client #2's prescribed medication punch cards, pop each pill out and hand the medications to client #2 to take. Direct care staff #5 did not prompt, nor was client #2 observed to I.D. (identify) her medications. At 7:29 A.M., Direct care staff #5 was observed to retrieve client #4's Citrucel powdered granules (fiber laxative) and mix it into applesauce and feed the mixture to client #4. Direct care staff #5 did not prompt, nor was client #4 observed to mix her Citrucel into the applesauce.</p>	W0249	<p>All staff will be trained on running goals while passing medications by 12/17/12. In order to prevent this in the future, the QDDP and Res Manager will complete med administration observations twice weekly. A focus of the observation will be to make sure the individuals are participating in active treatment and med goals. Thiw will be completed for three months if all observations are successful it will be discontinued with weekly spot checks by the manager. Failure to comply will result in disciplinary action. Person Responsible: QDDP, Res Manager</p>	12/17/2012			

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	<p>Client #2's records were reviewed on 12/4/12 at 8:17 A.M. Client #2's Individual Program Plan dated 3/2/12 indicated the following medication administration objective: "I.D. Medications."</p> <p>Client #4's records were reviewed on 12/4/12 at 10:02 A.M. Client #4's Individual Program Plan dated 11/20/12 indicated the following medication administration objective: "Stir Citrucel into applesauce."</p> <p>Program Director #1 was interviewed on 12/4/12 at 10:31 A.M. Program Director #1 indicated clients #2 and #4's medication objectives should have been implemented by direct care staff #5 during the 12/4/12 morning observation period.</p> <p>9-3-4(a)</p>				

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure medications were locked except when being prepared for administration for 1 of 4 sampled clients (client #1), and 2 additional clients (clients #6 and #8).</p> <p>Findings include:</p> <p>Direct care staff #5 was observed passing medications to clients #1, #6, and #8 during the 12/4/12 observation period from 5:15 A.M. until 7:45 A.M. At 5:51 A.M., direct care staff #5 called client #1 to the medication room and prepared the client's medications for administration and placed them into a medication cup. Direct care staff #5 left the medication room for 17 seconds to get direct care staff #6. During this time, the client's medications and medications in the unlocked medication closet were openly accessible to client #1 who was waiting to take her medications. At 6:56 A.M., direct care staff #5 assisted client #6 to the medication room and prepared the client's medications for administration and placed them into a medication cup. Direct care staff #5 left the medication room for 38 seconds to get</p>	W0382	<p>All staff will be trained by 12/17/12 to make sure they do not leave the medication in order to prevent this in the future, the QDDP and Res Manager will complete med administration observations twice weekly. A focus of the observation will be making sure that the meds are never left once dispensed by staff. This will be completed for three months if all observations are successful it will be discontinued with weekly spot checks by the manager. Failure to comply will result in disciplinary action. Person Responsible: QDDP, Res Managers with the client alone once they are dispensed. Staff have a system where the second staff will wait by the door until needed.</p>	12/17/2012			

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	<p>direct care staff #6. During this time, the client's medications and medication in the open/unlocked medication closet were openly accessible to client #6 who was waiting to take her medications.</p> <p>At 7:29 A.M., direct care staff #5 assisted client #8 to the medication room and prepared the client's medications for administration and placed them into a medication cup. Direct care staff #5 left the medication room for 31 seconds to get direct care staff #6. During this time, the client's medications and the medications in the open/unlocked medication closet were openly accessible to client #8 who was waiting to take her medications.</p> <p>Program Director #1 was interviewed on 12/04/12 at 10:31 A.M. Program Director #1 indicated direct care staff should have had all medications locked when staff were not in the medication room.</p> <p>9-3-6(a)</p>				