

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G779		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/03/2013	
NAME OF PROVIDER OR SUPPLIER  ADEC INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10125 HEATHER LAKES DR OSCEOLA, IN 46561			
(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>This visit included the investigation of Complaint #IN00130277.</p> <p>COMPLAINT #00130277: Substantiated; no deficiencies related to the allegations are cited.</p> <p>Dates of Survey: July 1, 2, and 3, 2013.</p> <p>Facility number: 012439 Provider number: 15G779 AIM number: 201018350</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed July 11, 2013 by Dotty Walton, QIDP.</p>	W000000					

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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W000249	<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 assure staff implemented a toothbrushing objective for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1 was observed at the group home on 7/2/13 from 5:52 A.M. until 7:55 A.M. At 7:38 A.M., direct care staff #1 prompted client #1 to go into the bathroom to brush her teeth. Client #1 gathered her toothbrush and tooth paste and went into the bathroom. Direct care staff #1 did not enter the bathroom with client #1, nor did any other direct care staff enter the bathroom with the client to verbally prompt or supervise client #1 to brush all surfaces of her teeth and gums.</p> <p>Client #1's records were reviewed on 7/2/13 at 9:02 A.M. Review of the client's 1/14/13 Individual Program Plan indicated the client had a toothbrushing objective wherein direct care staff were to "verbally prompt [client #1] during</p>	W000249	Staff have been trained again on formally running client #1's toothbrushing goal. On the date of the survey the individual independently went to complete the task without staff knowing. In the future, staff will ask client #1 to let them know when she is brushing her teeth. No other individuals were affected by the failure of staff to watch client #1 brush her teeth. The manager will complete a weekly monitor to make sure staff are observing clients completing goals.	07/19/2013			

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	<p>toothbrushing to make sure she brushes all surfaces of her mouth including gums."</p> <p>Program Director #1 was interviewed on 7/2/13 at 11:43 A.M. Program Director #1 indicated direct care staff should be present in the bathroom to prompt the client to brush thoroughly.</p> <p>9-3-4(a)</p>				