

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G801	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2012
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6712 MACKEY CT SOUTH BEND, IN 46614
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W0000	<p>This visit was for the investigation of complaint #IN00116644.</p> <p>Complaint #IN00116644, SUBSTANTIATED, federal and state deficiencies related to the allegation(s) are cited at W125, W149, W210, and W264.</p> <p>Dates of Survey: October 1 and 2, 2012</p> <p>Facility number: 012599 Provider number: 15G801 AIM number: 201023260</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 October 04, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		
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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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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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, the facility failed to ensure due process in the use of locked doors and door alarms at the facility owned day program for 4 of 4 sampled clients (clients A, B, C, and D), and 1 additional client (client H).</p> <p>Findings include:</p> <p>Clients A, B, C, D, and H were observed at the facility owned day program during the 10/1/12 observation period from 1:22 P.M. until 1:52 P.M.. Client A, B, C, D, and H were involved in various group activities in the day program facility. During the observation period, the main entrance and exit doors to the day program were locked. Day services staff #2, who was stationed at the main entrance and exit door, unlocked the door and turned off an audible alarm in order for the surveyor to enter the facility.</p> <p>Direct care staff #2 was interviewed on 10/1/12 at 1:25 P.M.. Direct care staff #1 stated, "The doors are locked and the</p>	W0125	<p>On 10/5/12 the HRC approved the use of locks for the safety of the residents of the home. All clients have been assessed for the need to lock the doors for safety. The QDDP has been trained on the importance of assessing the need for locks and seeking approval from the HRC. Failure to comply will result in disciplinary action. Person Responsible: QDDP</p>	10/05/2012	

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	<p>alarms sounds to alert staff if clients enter or leave the facility (day program)."</p> <p>When asked if client A, B, C, D, and H can enter and exit on their own or if they receive training in opening the doors, direct care staff #2 stated, "No."</p> <p>Client A's record was reviewed on 10/1/12 at 2:17 P.M.. A review of the client's 4/11/12 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client B's record was reviewed on 10/1/12 at 2:34 P.M.. A review of the client's 5/10/12 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client C's record was reviewed on 10/1/12 at 2:26 P.M.. A review of the client's 10/20/11 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client D's record was reviewed on 10/1/12 at 2:26 P.M.. A review of the client's 11/2/11 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p>			

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	<p>Client H's record was reviewed on 10/1/12 at 2:10 P.M.. A review of the client's 2/8/12 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Residential Director #1 was interviewed on 10/1/12 at 11:07 A.M.. Residential Director #1 indicated the locked doors and the door alarm did impede egress to and from the facility. Residential Director #1 indicated the doors do open and unlock on their own if the fire alarm sounds. Residential Director #1 further indicated clients A, B, C, D, and H had not been assessed as needing door locks or door alarms on their day program facility doors.</p> <p>This federal tag relates to complaint #IN00116644.</p> <p>9-3-2(a)</p>						

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility, in regard to 1 of 1 reviewed incident, neglected to provide adequate supervision to protect 1 of 1 additional client (client H) from eloping.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 10/1/12 at 2:01 P.M.. A review of facility incident reports from 8/1/12 to 10/1/12 indicated the following:</p> <p>"Incident date: 09/14/2012, (Client H), Unknown to staff, the alarm on the door was malfunctioning. This allowed [client H] to elope without staff noticing. [Client H] was gone for approximately five minutes before he was found. Plan to Resolve: The door alarm company has been contacted to come and fix the alarm. Until this alarm is fixed a staff member will be stationed by the door. Taking into consideration that the alarm was malfunctioning, neglect is not considered."</p> <p>The facility's investigations from 8/1/12 to 10/1/12 were reviewed on 10/1/12 at 2:15 P.M.. A review of the investigation</p>	W0149	<p>Person Responsible: QDDP On 10/5/12 day program staff were trained on the elopement precautions for the identified client. On 10/10/12 Protective Service staff will conduct a staff training for the day program staff to review neglect, abuse and exploitation. He will focus on making sure that staff understand the importance of close supervision of all residents. Since the initial elopement client H again left the facility, but from a rear gate. The staff responsible for him was terminated on substantiated neglect on 10/9/12. Staff at day program monitor the doors for proper functioning so that they are adequately maintained. Failure to comply with corrections made will result in disciplinary action. Person Responsible: QDDP</p>	10/05/2012			

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	<p>of the 9/14/12 incident involving client H indicated day program staff #7 was in charge of supervising client H during the time the client eloped from the facility. Further review indicated other day program staff and clients had turned off the alarmed door to exit and re-enter the day program area. The review indicated day program staff did not turn the alarm back on when re-entering the facility.</p> <p>Residential Director #1 was interviewed on 10/1/12 at 2:27 P.M.. Residential Director #1 stated, "[Client Z] came in (into the day program area) from work and turned the alarm off. The alarm still chimed but the door didn't automatically lock. Staff did not assure the alarm was turned back on. Since then (9/14/12) we had the alarm company come out and install a new alarm and have trained the staff on its use."</p> <p>Day program staff #1 was interviewed on 10/1/12 at 2:35 P.M.. Day program staff #1 stated, "We were having trouble with the alarm that day (9/14/12). We noticed early on that the alarm wasn't working. We were using a key alarm and when [client Z] came in from work he turned it (the alarm) off. That's when [client H] left." When asked who was in charge of supervising client H at the time of his elopement, day program staff #1 stated,</p>						

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	<p>"[Day program staff #8], but she thought someone else was supervising him (client H). I guess there was some miscommunication about who was supposed to be supervising him (client H). Someone dropped the ball (made an error in supervision) on that one."</p> <p>Residential Director #1 was interviewed on 10/2/12 at 8:07 A.M.. When asked, Residential Director #1 stated, "It was neglectful for (day program) staff not to be supervising [client H] at the time of this (9/14/12) incident."</p> <p>The facility's records were reviewed on 10/2/12 at 1:12 P.M.. A review of the facility's Abuse/Neglect Policy, dated 12/21/11, defined neglect as follows: "a. Failure to provide appropriate supervision, care or training."</p> <p>This federal tag relates to complaint #IN00116644.</p> <p>9-3-2(a)</p>				

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W0210	<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.</p> <p>Based on observation, record review and interview, the facility failed to assess the need for locked doors and door alarms at the facility owned day program for 4 of 4 sampled clients (clients A, B, C, and D), and 1 additional client (client H).</p> <p>Findings include:</p> <p>Clients A, B, C, D, and H were observed at the facility owned day program during the 10/1/12 observation period from 1:22 P.M. until 1:52 P.M.. Client A, B, C, D, and H were involved in various group activities in the day program facility.</p> <p>During the observation period, the main entrance and exit doors to the day program were locked. Day services staff #2, who was stationed at the door, unlocked the door and turned off an audible alarm in order for the surveyor to enter the facility.</p> <p>Direct care staff #2 was interviewed on 10/1/12 at 1:25 P.M.. Direct care staff #1 stated, "The doors are locked and the alarms sounds to alert staff if clients enter or leave the facility (day program)."</p>	W0210	<p>On 10/5/12 the HRC approved the use of locks for the safety of the residents of the home. All clients have been assessed for the need to lock the doors for safety. The QDDP has been trained on the importance of assessing the need for locks and seeking approval from the HRC. Failure to comply will result in disciplinary action. Person Responsible: QDDP</p>	10/05/2012			

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	<p>When asked if client A, B, C, D, and H can enter and exit on their own or if they receive training in opening the doors, direct care staff #2 stated, "No."</p> <p>Client A's record was reviewed on 10/1/12 at 2:17 P.M.. A review of the client's 4/11/12 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client B's record was reviewed on 10/1/12 at 2:34 P.M.. A review of the client's 5/10/12 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client C's record was reviewed on 10/1/12 at 2:26 P.M.. A review of the client's 10/20/11 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client D's record was reviewed on 10/1/12 at 2:26 P.M.. A review of the client's 11/2/11 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Client H's record was reviewed on</p>						

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	<p>10/1/12 at 2:10 P.M.. A review of the client's 2/8/12 Skills Assessment failed to indicate the client required the use of, or was assessed for the need of, a locked door and a door alarm.</p> <p>Residential Director #1 was interviewed on 10/1/12 at 11:07 A.M.. Residential Director #1 indicated the locked doors and the door alarm did impede egress to and from the facility. Residential Director #1 further indicated clients A, B, C, D, and H had not been assessed as needing door locks or door alarms on their day program facility's doors.</p> <p>This federal tag relates to complaint #IN00116644.</p> <p>9-3-4(a)</p>						

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review, and interview, the facility's human rights committee failed to review the facility's practice of using door locks and a door alarm on the entrance/exit door of the facility owned day program affecting 4 of 4 sampled clients (clients A, B, C, and D), and 1 additional client (client H).</p> <p>Findings include:</p> <p>Clients A, B, C, D, and H were observed at the facility owned day program during the 10/1/12 observation period from 1:22 P.M. until 1:52 P.M.. Client A, B, C, D, and H were involved in various group activities in the day program facility.</p> <p>During the observation period, the main entrance and exit doors to the day program were locked. Day services staff #2, who was stationed at the door, unlocked the door and turned off an audible alarm in order for the surveyor to enter the facility.</p>	W0264	<p>On 10/5/12 the HRC approved the use of locks for the safety of the residents of the home. All clients have been assessed for the need to lock the doors for safety. The QDDP has been trained on the importance of assessing the need for locks and seeking approval from the HRC. Failure to comply will result in disciplinary action. Person Responsible: QDDP</p>	10/05/2012			

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	<p>Direct care staff #2 was interviewed on 10/1/12 at 1:25 P.M.. Direct care staff #1 stated, "The doors are locked and the alarms sounds to alert staff if clients enter or leave the facility (day program)."</p> <p>When asked if client A, B, C, D, and H can enter and exit on there own or if they receive training in opening the doors, direct care staff #2 stated, "No."</p> <p>Residential Director #1 was interviewed on 10/1/12 at 11:07 A.M.. Residential Director #1 indicated the facility's Human Rights Committee had not reviewed or approved the use of locked doors and door alarm for clients A, B, C, D, and H at the facility's day program.</p> <p>This federal tag relates to complaint #IN00116644.</p> <p>9-3-4(a)</p>				