

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2013
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 19816-3 SR 120 BRISTOL, IN 46507		
(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>Dates of Survey: April 2, 3, 4, and 5, 2013</p> <p>Facility number: 000589 Provider number: 15G017 AIM number: 100248520</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 4/11/13 by Ruth Shackelford, Medical Surveyor III.</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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W000227	<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 observation, record review, and interview, the facility failed for 2 of 4 sampled clients (clients #2 and #4) to address: 1. Client #2 continuously leaning in his wheelchair, and, 2. Client #4's chewing of a sock.</p> <p>Findings include:</p> <p>1. Client #2 was observed at the group home during the 4/2/13 observation period from 3:00 P.M. until 5:11 P.M. and during the 4/3/13 observation period from 5:35 A.M. until 8:11 A.M.. During both observations client #2 sat in a wheelchair. While sitting in the wheelchair, client #2's body continuously leaned to his right. Client #2 would prop himself with his right arm to avoid leaning any further to his right. During the 4/2/13 and 4/3/13 observation periods, direct care staff #1, #3, #6, and #7 were observed to attend to client #2 but did not prompt or assist the client to sit straight in his wheelchair.</p>	W000227	<p>On 4/8/13 all staff were trained on repositioning of client #2 when he begins to lean in his chair. A plan will be put in place for staff to follow in order for client #2 to be in the most optimal position while seating. All staff will be trained on the plan. On 4/8/13 all staff were trained on redirecting client #4 from mouthing his socks or other clothing. A sensory plan is in place addressing his needs in this area. Staff will continue to explore other options to meet client #4's sensory needs. The QMRP will conduct weekly monitoring to make sure this correction is being implemented. Failure to comply will result in disciplinary action. Person Responsible: QDDP, Res Manager</p>	04/08/2013			

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	<p>Direct care staff #1 was interviewed on 4/3/13 at 8:12 A.M.. Direct care staff #1 indicated client #2 did continually lean toward his right side and further indicated the client had a wheelchair brace which was to assist the client in sitting to a more vertical position. Direct care staff #1 stated, "However, it (wheelchair brace) doesn't work too well." When asked if direct care staff physically assist client #2 to sit more vertically in his wheelchair, direct care staff #1 stated, "We try to but probably not always." Direct care staff #1 further indicated the client did not have a plan to address his continuous leaning.</p> <p>Client #2's record was reviewed on 4/3/13 at 8:35 A.M.. The review of client #2's OT/PT (Occupational Therapy/Physical Therapy) Evaluation, dated 1/17/13, indicated the client was to continue to use the wheelchair brace to assist the client in sitting straight in his wheelchair. Review of client #2's Skills Assessment, dated 2/26/13, indicated the client could not "maintain body balance." Further review of client #2's record failed to indicate there was a plan to address client #2's continuous leaning.</p> <p>Nurse #1 was interviewed on 4/3/13 at 8:38 A.M.. Nurse #1 stated client #2's leaning to the right was an "ongoing issue which we are continuing to address."</p>				

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	<p>2. Client #4 was observed during the 4/3/13 observation period from 3:00 P.M. until 5:11 P.M.. From 4:27 P.M. until 4:55 P.M., client #4 sat in a living room chair flinging a sock onto the floor, his feet, face, and the arm of the chair. Client #4 then chewed on the sock while sitting in the living room. Direct care staff #1 and #6, who were in the living room with client #4, did not prompt or assist the client to not chew on the sock.</p> <p>Direct care staff #1 was interviewed on 4/3/13 at 8:12 A.M.. Direct care staff #1 indicated client #4 enjoyed the texture of a sock and direct care staff were to prompt the client to not put the sock into his mouth. Direct care staff #1 further indicated the client did not have a plan to address his chewing of his sock.</p> <p>Client #4's record was reviewed on 4/3/13 at 10:10 A.M.. The review of client #4's failed to indicate the client had a plan to address his sock chewing.</p> <p>9-3-4(a)</p>						