

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G221	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/14/2014
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 59796 PARK SIDE ELKHART, IN 46517
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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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: July 7, 8, 9, 10, 11, and 14, 2014</p> <p>Facility Number: 000745 Provider Number: 15G221 AIM Number 100234850</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/16/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to provide eyeglasses in good repair for 1 of 4 sampled clients who wore eyeglasses</p>	W000436	On the date of the survey client #4 had broken glasses with an appointment to see her eye Dr. on 7/23/14. At her appointment client #3 was given a new	07/18/2014

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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	<p>(client #4).</p> <p>Findings include:</p> <p>Client #4 was observed during the day program observation period on 7/8/14 from 9:03 A.M. until 10:00 A.M., and during the group home observation periods on 7/7/14 from 3:30 P.M. until 5:30 P.M. and on 7/8/14 from 6:44 A.M. until 7:45 A.M. During all the observation periods, client #4 did not wear her eyeglasses nor did direct care staff #1, #2, #3, and #4 prompt or assist client #4 to wear her eyeglasses.</p> <p>Client #4's record was reviewed on 7/9/14 at 10:18 A.M. A review of the client's 6/23/13 vision exam indicated client #4 was to be wearing eyeglasses.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/9/14 at 10:30 A.M. QIDP #1 stated, "[Client #4's] eyeglasses are broken and should be repaired in two weeks."</p> <p>9-3-7(a)</p>		<p>prescription and new glasses were ordered. The staff were not negligent in not having glasses for client #4. Staff will continue to make referrals to the physician when adaptive equipment is in ill repair. Person Responsible: QIDP</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills on the evening shift for staff (3:00 P.M. to 11:00 P.M.) during the fourth quarter of 2013 (October 1st through December 31st) which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients living in the facility (clients #5, #6, #7, and #8.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/7/14 at 1:22 P.M. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7, and #8 on the evening shift for staff during the fourth quarter of 2013.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/9/14 at 11:11 A.M. QIDP #1 stated the facility was to "have evacuation drills on every shift during every quarter."</p> <p>9-3-7(a)</p>	W000440	<p>The manager was trained on 7/18/14 to conduct required drills per regulations on each shift each quarter. The new QIDP for the home assisted the manager in creating a schedule. The following drills have been completed: 7/22/14 am, 7/21/14 overnight and 7/18/14 pm. The QIDP will be responsible for reviewing the schedule on a weekly basis to ensure compliance. The drills will be logged and maintained in the residential office where compliance will also be reviewed. Failure to comply will result in disciplinary action. Person responsible: QIDP</p>	07/18/2014	