

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G510	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/12/2015
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 226 FOSTER AVE ELKHART, IN 46516
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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
W 0000  Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>This visit included the investigation of Complaint #IN00172847.</p> <p>Complaint #IN00172847: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Dates of survey: June 1, 4, 6, and 12, 2015.</p> <p>Facility number: 0001024 Provider number: 15G510 AIM number: 100249450</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0331  Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p>			

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>Based on observation, record review and interview, the facility's nursing staff failed to ensure a client's physician's orders had an accurate diet order for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>On 6/3/15 between 4:43 PM to 6:27 PM, group home observations were conducted. Between 5:41 PM and 6:18 PM, dinner of hamburgers with a bun, carrots, mashed potatoes, and applesauce was served. Client #3 was served a puree diet in a divided plate.</p> <p>On 6/8/15 at 2:27 PM, record review indicated Client #3's diagnoses included, but were not limited to, moderate intellectual disabilities, gastric ulcer, depression, schizophrenia, dysphagia (swallowing difficulty), and Parkinson (brain disorder which causes loss of muscle control) symptoms. Client #3's physician's orders dated 4/1/15 to 4/30/15 indicated Client #3's diet order as "Reg/Reg (regular/regular)."</p> <p>Record review indicated Client #3's annual nutritional assessment dated 12/4/14 indicated Client #3's physician prescribed diet order was regular puree.</p> <p>On 6/9/15 at 3:32 PM during an</p>	W 0331	<p>The PO's for all individuals in the home as well as in all group homes have been reviewed and corrected The error came about when we moved from paper to electronic MAR and a computer glitch deleted the Dx and diet orders All PO's have been corrected, and the nursing staff will continue to review them to make sure that the correct info remains on the documents This was a one time occurrence Person Responsible: Nurses</p>	06/19/2015

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	<p>interview, the DON (Director of Nursing) indicated Client #3 was prescribed a puree diet. The DON indicated Client #3's current diet order should be listed accurately on Client #3's physician's orders. The DON indicated it was the facility's nursing staff's responsibility to ensure the client's diet orders were accurate on physician's orders.</p> <p>9-3-6(a)</p>				