

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G297	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/20/2015
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1823 ASHLEY CT GOSHEN, IN 46526
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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 000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 16, 17, 19, and 20, 2015.</p> <p>Facility number: 000816 Provider number: 15G297 AIM number: 100243710</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 2/24/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 369  Bldg. 00	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 8 administered medications were administered according to physician's orders for 1 of 4 sample clients (client #2).</p>	W 369	All facility staff were given diabetic training specific to client #2's Humalog on 2/20/15 The QIDP or LPN are completing weekly monitoring of the medication being administered to make sure it is given per orders Failure to comply will result in	02/20/2015

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>Findings include:</p> <p>Client #2 was observed during the group home observation period on 2/16/15 from 3:27 P.M. until 5:45 P.M. At 4:10 P.M., direct care staff #1 administered 12 units of Humalog (insulin) to client #2. Client #2 did not eat anything before receiving the Humalog. At 4:14 P.M., direct care staff #3 gave client #2 a piece of toast with one tablespoon of peanut butter and a cup of milk. Client 2 ate two thirds of his toast and drank all of his milk. Client #2 began eating his dinner at 4:55 P.M.</p> <p>Client #2's record was reviewed on 2/17/15 at 8:16 A.M. Review of client #2's 12/11/14 physician's orders indicated the following order: "12 units of Humalog with breakfast, lunch, and dinner."</p> <p>Nurse #1 was interviewed on 2/17/15 at 10:29 A.M. Nurse #1 stated, "[Client #2] should have begun eating his dinner within 10 minutes of receiving his Humalog."</p> <p>9-3-6(a)</p>		disciplinary action Person Responsible: Nurse, QIDP		