

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G776	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/26/2015
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 52035 TARA DR SOUTH BEND, IN 46628
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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 a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 18, 19, 20, 21, 22, and 26, 2015.</p> <p>Facility number: 012436 Provider number: 15G776 AIM number: 201016860</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 0000		
W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement toothbrushing objectives for 3 of 4 sampled clients (clients #1, #2, and #3).</p> <p>Findings include:</p>	W 0249	All staff have been trained on the importance of running client goals and observing the completion of such tasks The manager will complete weekly active treatment audits to make sure that staff are appropriately completing the goals as written	06/05/2015

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>Clients #1, #2, and #3 were observed at the group home during the 5/19/15 observation period from 6:28 A.M. until 7:30 A.M. At 7:04 A.M., direct care staff #2 prompted client #1 to brush his teeth. Client #1 retrieved his toothbrush and entered the bathroom. When client #1 exited the bathroom, direct care staff #2 asked him, "did you brush your teeth?" Client #1 stated, "Yes." Direct care staff #2 did not observe client #1 while the client brushed his teeth. At 7:11 A.M., direct care staff #4 prompted client #2 to brush his teeth. Client #2 entered the bathroom and exited the bathroom 40 seconds later. Direct care staff #4 did not observe client #2 while the client brushed his teeth. At 7:12 A.M., direct care staff #1 prompted client #3 to brush his teeth. Client #3 entered the bathroom and then exited the bathroom 20 seconds later. Direct care staff #1 did not observe client #3 while the client brushed his teeth.</p> <p>Client #1's record was reviewed on 5/20/15 at 9:25 A.M. A review of the client's 1/8/15 Individual Program Plan indicated client #1 had the following dental hygiene objective: "Brush teeth for 2 minutes."</p> <p>Client #2's record was reviewed on 5/20/15 at 8:51 A.M. A review of the</p>		Person responsible: QIDP, Res manager		

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	<p>client's 10/9/14 Individual Program Plan indicated client #2 had the following dental hygiene objective: "Brush teeth with verbal prompts (from staff)."</p> <p>Client #3's record was reviewed on 5/20/15 at 8:07 A.M. A review of the client's 8/21/14 Individual Program Plan indicated client #3 had the following dental hygiene objective: "Brush teeth for 2 minutes."</p> <p>Residential Director #1 was interviewed on 5/21/15 at 10:44 A.M. Residential Director #1 stated, "Staff (direct care staff) should have implemented (client #1, #2, and #3's) objective as it was written."</p> <p>9-3-4(a)</p>			