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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G103 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 02/18/2015 |
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| NAME OF PROVIDER OR SUPPLIER ADEC INC | STREET ADDRESS, CITY, STATE, ZIP CODE 1717 LONGWOOD CT GOSHEN, IN 46526 |
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| W 000 Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 2/11, 2/12, 2/13, and 2/18/15.</p> <p>Facility number: 000641 Provider number: 15G103 AIM number: 100234120</p> <p>Surveyors: Amber Bloss, QIDP-TC Paula Eastmond, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/2/15 by Ruth Shackelford, QIDP.</p> | W 000 | | |
| W 149 Bldg. 00 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview,</p> | W 149 | On 3/4/15 all staff were trained on all fall plans The following has | 03/04/2015 |

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>the facility failed to develop and/or implement an abuse/neglect policy to prevent recurrence of falls for 1 of 4 sampled clients (#2) with a history of recurrent falls and fractures.</p> <p>Findings include:</p> <p>On 2/12/15 at 1:46 PM, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/8/14 to 2/12/15 were reviewed. A BDDS report dated 4/19/14 indicated "[Client #2] fell in his bedroom and struck his head on his nightstand resulting in a 1/2-inch cut on the right side of his head." The report indicated "[Client #2] was taken to [hospital] where a neurological examination, x-ray, and CT (computed tomography) scan of his head were completed. All were within normal limits. The cut did not require sutures. [Client #2] was discharged and returned to the group home with no new orders. The neurological flow chart was started by DSP (direct support professional) staff."</p> <p>A BDDS report dated 4/8/14 indicated "[Client #2] was throwing something away when he fell backwards onto his rear on 4/7/14. It was noted that he was leaning to the right side and dragging his right foot. 911 was called and he was</p> | | <p>been implemented to prevent further occurrences: <u>Risk Management</u> Any time there is an injury, potential for injury, or illness that requires immediate action, the IDT for the individual will meet to implement immediate correction. The Risk Management Committee will ensure that corrective actions are implemented to protect the individual from further harm. Risk Management Committee meeting will be held every week. The team is composed of the QIDPs, Q-techs, nurses and the Residential Director which will review all accident and injury reports looking for ways to prevent injuries as well as to trend accidents and illnesses of individual clients. The team will review interventions implemented at the time of the accident or injury to determine if the initial interventions were effective. At the meeting, the accident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRP will be responsible for implementation. The nurse will document all incidents on a chart that can be looked at by house and by individuals served. The team will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incident occurred are entered into the corresponding columns (i.e. falls). Then the total</p> | | |

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| | <p>transported to [hospital]. [Client #2] has a history of fractures and is on a fall risk plan, which staff were following. X-rays were taken of his right leg, a head CT (computed tomography) scan was completed and blood work was taken. All tests came back normal. This am [Client #2] was walking normally with no dragging of his foot or leaning to the right."</p> <p>A BDDS report dated 9/23/14 indicated "[Client #2] was in the shower, sitting on the shower chair. He went to stand and he lost his balance and fell back onto the shower chair. [Client #2] has a history of fractures and is on a fall plan, which staff were following. Due to his prior history, 911 was called and he was transported to [hospital]. X-rays were completed, no fractures were found. He has a soft tissue injury."</p> <p>A BDDS follow up report dated 9/29/14 indicated "No changes were made to the fall plan. He is stand by assist when showering, and staff were following his plan at the time of the incident. Training is done on the fall plan to ensure that staff follow the plan. The body part that had the soft tissue injury was his left thigh."</p> <p>A facility Accident/Illness (A/I) report</p> | | <p>for each incident category istotaled at the bottom. The totalincident number for each client is entered into the column on the side. The total incidents for the house is enteredin the lower right total column. FALLS MANAGEMENT PROTOCOL <u>Criteria for High Risk of Falls</u> A person is considered highrisk for falls:</p> <ol style="list-style-type: none"> 1.They have two falls within three months with assessedcontributing factors using the Outreach fall assessment tool 2.Use an ambulation device of any kind (walker,wheelchair, hoyer, cane) 3.They have one fall with serious injuries or a fall requiringmedical attention. A Falls Risk Assessment willbe completed, by the nurse, every quarter for all individuals. If a fall takesplace the staff, manager, nurse and or QIDP will complete the Outreach Servicesfall assessment to determine the conditions at time of fall. The Outreach fall assessmenttool will be completed and attached to the correlating accident/illness form.The risk plan on the HCSP will be updated as indicated after the assessment iscompleted. <p>Fall precautions and interventions will beaddressed on the Health Care Support Plan (HSCP) and thesecond page of the fall assessment form. If the fall prevention interventions</p> | | | | |

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| | <p>dated 11/25/14 indicated "Client (#2) was in the restroom sitting on his walker putting shoes on when he slipped off of walker and fell to the ground." The report indicated "Client (#2) stated he hit head but staff didn't see. There is no swelling or marks on his head. Neuro check started."</p> <p>A facility A/I report dated 8/8/14 indicated "current events [Client #2] was in front in chair with arms. He fell asleep and fell forward out of chair." The report indicated "Doesn't know why he fell, he says he was feeling sleepy."</p> <p>A facility A/I report dated 10/15/14 indicated "[Client #2] got up to throw away his trash from lunch and tripped on his walker, falling to his right side." The report indicated staff "did a body check, [Client #2] said he fell over his walker."</p> <p>On 2/13/15 at 1:46 PM, record review indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, epilepsy, cerebral palsy, progressive motor retardation, deterioration in behavior.</p> <p>Record review indicated Client #2 had a fall risk plan dated "Updated 3/2014" and signed as reviewed by the nurse and the QIDP (Qualified Intellectual Disabilities</p> | | <p>aresuccessful and the individual has not scored a "high" risk status on the riskassessment for the last two assessed quarters, they can be decreased in status. Failure to comply with this correction will result in disciplinary action Person Responsible: DRO, QIDP,Nurse</p> | | | | |

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| | <p>Professional) as reviewed on 12/2014. Client #2's fall risk plan indicated the following:</p> <p>"a. Stand by assist while on stairs/uneven surfaces.</p> <p>b. Cue [Client #2] to use rails while going up and down steps.</p> <p>c. Use shower chair while showering, staff to be present at all times during shower.</p> <p>d. Use gait belt & walker as needed if unsteady gait, and wheelchair as needed for long distances."</p> <p>Record review included a PT (Physical Therapy) evaluation dated 9/24/13 which indicated "Patient presents to Physical Therapy with signs and symptoms consistent with diagnosis of gait dysfunction. Pt (patient) is known to this clinic and has been seen by the PT previously following a femur fracture resulting from a fall d/t (due to) gait difficulties." The report indicated "Pt can D/C (discontinue) the gait belt at this time and return to MD (medical doctor) if pt has decline in safety with functional mobility/ADLs (activities of daily living)."</p> | | | |

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| W 210 Bldg. 00 | <p>On 2/13/15 at 3:47 PM during an interview, the Administrator indicated Client #2's fall risk plan had not been updated since the 3/2014 revision. The Administrator stated Client #2 could wear his gait belt "as needed" or as "he prefers" to wear it. The Administrator indicated Client #2's last Physical Therapy (PT) evaluation was on 9/24/13. The Administrator indicated Client #2 did need an updated PT evaluation.</p> <p>On 2/12/15 at 1:25 PM, the facility's abuse/neglect policy dated 04/14/87 with last revision dated 12/21/11 indicated in "Policy Number: 5.5.1" it was the policy of the facility to "ensure the health and safety of all its clients" and defined neglect as "a. failure to provide appropriate supervision, care of training; b. failure to provide a safe, clean and sanitary environment; c. failure to provide food and medical services as needed; d. failure to provide medical supplies or safety equipment...".</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed</p> | | | | |

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| | <p>to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview, the facility failed to ensure an updated PT (Physical Therapy) assessment as necessary to prevent recurrent falls for 1 of 4 sampled clients (#2) with a history of falls.</p> <p>Findings include:</p> <p>On 2/12/15 at 1:46 PM, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/8/14 to 2/12/15 were reviewed. A BDDS report dated 4/19/14 indicated "[Client #2] fell in his bedroom and struck his head on his nightstand resulting in a 1/2-inch cut on the right side of his head." The report indicated "[Client #2] was taken to [hospital] where a neurological examination, x-ray, and CT (computed tomography) scan of his head were completed. All were within normal limits. The cut did not require sutures. [Client #2] was discharged and returned to the group home with no new orders. The neurological flow chart was started by DSP (direct support professional) staff."</p> <p>A BDDS report dated 4/8/14 indicated "[Client #2] was throwing something</p> | W 210 | <p>Client #2 was referred for a PT eval prior to this survey He was seen on 2/26/15 with the following result: Continue walker PRN Client #2 did very well during his assessment In order to prevent this in the future the following was implemented: <u>Risk Management</u> Any time there is an injury,potential for injury, or illness that requires immediate action, the IDT forthe individual will meet to implement immediate correction. The Risk Management Committee will ensurethat corrective actions are implemented to protect the individual from furtherharm. Risk Management Committeemeeting will be held every week. The team is composed of the QIDPs, Q-techs, nurses and the Residential Director whichwill review all accident and injury reports looking for ways to prevent injuryas well as to trend accidents and illnesses of individual clients. The teamwill review interventions implemented at the time of the accident or injury todetermine if the initial interventions were effective. At the meeting, theaccident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRPwill be responsible for implementation. The nurse will document all incidents on a chart that can be looked atby house</p> | 02/26/2015 |

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| | <p>away when he fell backwards onto his rear on 4/7/14. It was noted that he was leaning to the right side and dragging his right foot. 911 was called and he was transported to [hospital]. [Client #2] has a history of fractures and is on a fall risk plan, which staff were following. X-rays were taken of his right leg, a head CT (computed tomography) scan was completed and blood work was taken. All tests came back normal. This am [Client #2] was walking normally with no dragging of his foot or leaning to the right."</p> <p>A BDDS report dated 9/23/14 indicated "[Client #2] was in the shower, sitting on the shower chair. He went to stand and he lost his balance and fell back onto the shower chair. [Client #2] has a history of fractures and is on a fall plan, which staff were following. Due to his prior history, 911 was called and he was transported to [hospital]. X-rays were completed, no fractures were found. He has a soft tissue injury."</p> <p>A BDDS follow up report dated 9/29/14 indicated "No changes were made to the fall plan. He is stand by assist when showering, and staff were following his plan at the time of the incident. Training is done on the fall plan to ensure that staff follow the plan. The body part that</p> | | <p>and by individuals served. Theteam will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incident occurred are entered into the corresponding columns (i.e. falls). Then the total for each incident category istotaled at the bottom. The totalincident number for each client is entered into the column on the side. The total incidents for the house is enteredin the lower right total column. FALLS MANAGEMENT PROTOCOL <u>Criteria for High Risk of Falls</u> A person is considered highrisk for falls:</p> <ol style="list-style-type: none"> 1.They have two falls within three months with assessedcontributing factors using the Outreach fall assessment tool 2.Use an ambulation device of any kind (walker,wheelchair, hoyer, cane) 3.They have one fall with serious injuries or a fall requiringmedical attention. A Falls Risk Assessment willbe completed, by the nurse, every quarter for all individuals. If a fall takesplace the staff, manager, nurse and or QIDP will complete the Outreach Servicesfall assessment to determine the conditions at time of fall. The Outreach fall assessmenttool will be completed and attached to the correlating accident/illness form.The risk plan on the HCSP | | | | |

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| | <p>had the soft tissue injury was his left thigh."</p> <p>A facility Accident/Illness (A/I) report dated 11/25/14 indicated "Client (#2) was in the restroom sitting on his walker putting shoes on when he slipped off of walker and fell to the ground." The report indicated "Client (#2) stated he hit head but staff didn't see. There is no swelling or marks on his head. Neuro check started."</p> <p>A facility A/I report dated 8/8/14 indicated "current events [Client #2] was in front in chair with arms. He fell asleep and fell forward out of chair." The report indicated "Doesn't know why he fell, he says he was feeling sleepy."</p> <p>A facility A/I report dated 10/15/14 indicated "[Client #2] got up to throw away his trash from lunch and tripped on his walker, falling to his right side." The report indicated staff "did a body check, [Client #2] said he fell over his walker."</p> <p>On 2/13/15 at 1:46 PM, record review indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, epilepsy, cerebral palsy, progressive motor retardation, deterioration in behavior.</p> | | <p>will be updated as indicated after the assessment is completed.</p> <p>Fall precautions and interventions will be addressed on the Health Care Support Plan (HSCP) and the second page of the fall assessment form. If the fall prevention interventions are unsuccessful and the individual has not scored a "high" risk status on the risk assessment for the last two assessed quarters, they can be decreased in status.</p> <p>Failure to comply with this correction will result in disciplinary action Person Responsible: DRO, QIDP, Nurse</p> | | |

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| W 331 Bldg. 00 | <p>Record review included a PT (Physical Therapy) evaluation dated 9/24/13 which indicated "Patient presents to Physical Therapy with signs and symptoms consistent with diagnosis of gait dysfunction. Pt (patient) is known to this clinic and has been seen by the PT previously following a femur fracture resulting from a fall d/t (due to) gait difficulties." The report indicated "Pt can D/C (discontinue) the gait belt at this time and return to MD (medical doctor) if pt has decline in safety with functional mobility/ADLs (activities of daily living)."</p> <p>On 2/13/15 at 3:47 PM during an interview, the Administrator indicated Client #2's last Physical Therapy (PT) evaluation was on 9/24/13. The Administrator indicated Client #2 did need an updated PT evaluation.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility's nursing staff failed to update a fall risk plan as necessary to ensure updated PT (Physical Therapy)</p> | W 331 | Client #2 had his fall plan updated on 3/4/15 The following has been implemented to prevent future issues <u>Risk Management</u> Any time there is an injury,potential for injury, or | 03/04/2015 |

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| | <p>evaluations as necessary to prevent recurrent falls for 1 of 4 sampled clients (#2) with a history of falls.</p> <p>Findings include:</p> <p>On 2/12/15 at 1:46 PM, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/8/14 to 2/12/15 were reviewed. A BDDS report dated 4/19/14 indicated "[Client #2] fell in his bedroom and struck his head on his nightstand resulting in a 1/2-inch cut on the right side of his head." The report indicated "[Client #2] was taken to [hospital] where a neurological examination, x-ray, and CT (computed tomography) scan of his head were completed. All were within normal limits. The cut did not require sutures. [Client #2] was discharged and returned to the group home with no new orders. The neurological flow chart was started by DSP (direct support professional) staff."</p> <p>A BDDS report dated 4/8/14 indicated "[Client #2] was throwing something away when he fell backwards onto his rear on 4/7/14. It was noted that he was leaning to the right side and dragging his right foot. 911 was called and he was transported to [hospital]. [Client #2] has a history of fractures and is on a fall risk</p> | | <p>illness that requires immediate action, the IDT for the individual will meet to implement immediate correction. The Risk Management Committee will ensure that corrective actions are implemented to protect the individual from further harm. Risk Management Committee meeting will be held every week. The team is composed of the QIDPs, Q-techs, nurses and the Residential Director which will review all accident and injury reports looking for ways to prevent injury as well as to trend accidents and illnesses of individual clients. The team will review interventions implemented at the time of the accident or injury to determine if the initial interventions were effective. At the meeting, the accident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRP will be responsible for implementation. The nurse will document all incidents on a chart that can be looked at by house and by individuals served. The team will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incident occurred are entered into the corresponding columns (i.e. falls). Then the total for each incident category is totaled at the bottom. The total incident number for each client is entered into the column</p> | | | | |

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| NAME OF PROVIDER OR SUPPLIER ADEC INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1717 LONGWOOD CT GOSHEN, IN 46526 | | |
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| | <p>plan, which staff were following. X-rays were taken of his right leg, a head CT (computed tomography) scan was completed and blood work was taken. All tests came back normal. This am [Client #2] was walking normally with no dragging of his foot or leaning to the right."</p> <p>A BDDS report dated 9/23/14 indicated "[Client #2] was in the shower, sitting on the shower chair. He went to stand and he lost his balance and fell back onto the shower chair. [Client #2] has a history of fractures and is on a fall plan, which staff were following. Due to his prior history, 911 was called and he was transported to [hospital]. X-rays were completed, no fractures were found. He has a soft tissue injury."</p> <p>A BDDS follow up report dated 9/29/14 indicated "No changes were made to the fall plan. He is stand by assist when showering, and staff were following his plan at the time of the incident. Training is done on the fall plan to ensure that staff follow the plan. The body part that had the soft tissue injury was his left thigh."</p> <p>A facility Accident/Illness (A/I) report dated 11/25/14 indicated "Client (#2) was in the restroom sitting on his walker</p> | | <p>on the side. The total incidents for the house is entered in the lower right total column. FALLS MANAGEMENT PROTOCOL <u>Criteria for High Risk of Falls</u> A person is considered high risk for falls:</p> <ol style="list-style-type: none"> 1.They have two falls within three months with assessed contributing factors using the Outreach fall assessment tool 2.Use an ambulation device of any kind (walker, wheelchair, hoyer, cane) 3.They have one fall with serious injuries or a fall requiring medical attention. A Falls Risk Assessment will be completed, by the nurse, every quarter for all individuals. If a fall takes place the staff, manager, nurse and or QIDP will complete the Outreach Services fall assessment to determine the conditions at time of fall. The Outreach fall assessment tool will be completed and attached to the correlating accident/illness form. The risk plan on the HCSP will be updated as indicated after the assessment is completed. <p>Fall precautions and interventions will be addressed on the Health Care Support Plan (HSCP) and the second page of the fall assessment form. If the fall prevention interventions are unsuccessful and the individual has not scored a "high" risk status on the risk assessment for the last two assessed quarters, they can</p> | | |

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| | <p>putting shoes on when he slipped off of walker and fell to the ground." The report indicated "Client (#2) stated he hit head but staff didn't see. There is no swelling or marks on his head. Neuro check started."</p> <p>A facility A/I report dated 8/8/14 indicated "current events [Client #2] was in front in chair with arms. He fell asleep and fell forward out of chair." The report indicated "Doesn't know why he fell, he says he was feeling sleepy."</p> <p>A facility A/I report dated 10/15/14 indicated "[Client #2] got up to throw away his trash from lunch and tripped on his walker, falling to his right side." The report indicated staff "did a body check, [Client #2] said he fell over his walker."</p> <p>On 2/13/15 at 1:46 PM, record review indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, epilepsy, cerebral palsy, progressive motor retardation, deterioration in behavior.</p> <p>Record review indicated Client #2 had a fall risk plan dated "Updated 3/2014" and signed as reviewed by the nurse and the QIDP (Qualified Intellectual Disabilities Professional) as reviewed on 12/2014. Client #2's fall risk plan indicated the</p> | | <p>be decreased in status. Failure to comply with this correction will result in disciplinary action Person Responsible: DRO, QIDP, Nurse</p> | |

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| | <p>following:</p> <p>"a. Stand by assist while on stairs/uneven surfaces.</p> <p>b. Cue [Client #2] to use rails while going up and down steps.</p> <p>c. Use shower chair while showering, staff to be present at all times during shower.</p> <p>d. Use gait belt & walker as needed if unsteady gait, and wheelchair as needed for long distances."</p> <p>Record review included a PT (Physical Therapy) evaluation dated 9/24/13 which indicated "Patient presents to Physical Therapy with signs and symptoms consistent with diagnosis of gait dysfunction. Pt (patient) is known to this clinic and has been seen by the PT previously following a femur fracture resulting from a fall d/t (due to) gait difficulties." The report indicated "Pt can D/C (discontinue) the gait belt at this time and return to MD (medical doctor) if pt has decline in safety with functional mobility/ADLs (activities of daily living)."</p> <p>On 2/13/15 at 3:47 PM during an interview, with the Administrator</p> | | | | |

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| | <p>indicated the facility's nursing staff did not revise Client #2's fall risk plan since the 3/2014 revision. The Administrator stated Client #2 could wear his gait belt "as needed" or as "he prefers" to wear it. The Administrator indicated Client #2's last Physical Therapy (PT) evaluation was on 9/24/13. The Administrator indicated Client #2 did need an updated PT evaluation.</p> <p>9-3-6(a)</p> | | | | |