

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G597 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/21/2014 |
|--|---|--|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER ADEC INC | STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526 |
|--|---|

| (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: February 17, 18, 19, 20, 21, 2014.</p> <p>Facility number: 001111 Provider number: 15G597 AIM number: 100245600</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 2/28/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000137 | <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation and interview, the facility failed to assure direct care staff assisted or prompted 1 of 4 sampled clients (client #1) to wear pants of appropriate length.</p> <p>Findings include:</p> | W000137 | All staff have been trained on ,making sure that client #1 and all others in the home are wearing properly fitting clothing. The pants in question have been removed from client #1's wardrobe. The pants in client #1's wardrobe that are too long are being taken in for alterations. In order to prevent | 03/07/2014 |

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.

| | | | | | | | |
|--|---|---|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G597 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 02/21/2014 | |
| NAME OF PROVIDER OR SUPPLIER ADEC INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526 | | | |
| (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 | | | |
| W000249 | <p>Client #1 was observed at the group home during the 2/18/14 observation period from 6:30 A.M. until 7:45 A.M. During the observation period, client #1 wore pants that were 3 inches too long. Client #1 walked on the excess length of his pant legs which were soiled and frayed. During the observation period, Direct care staff #1, #5, and #6 did not assist or prompt client #1 to put on a pair of pants of appropriate length.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/21/14 at 9:04 A.M. QIDP #1 stated, "[Client #1] typically doesn't have a problem with his pants being too long. He usually wears suspenders."</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review,</p> | W000249 | this issue in the future, the Res Manager and QIDP will complete audits three times per week making sure that client #1 and all others are wearing proper fitting clothing Person Responsible: QIDP, Res Manager | 03/07/2014 | | | |

| | | | | | | | |
|--|---|---|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G597 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 02/21/2014 | |
| NAME OF PROVIDER OR SUPPLIER ADEC INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526 | | | |
| (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 | | | |
| | <p>and interview the facility failed to implement an objective for 1 of 2 sampled clients with eyeglasses (client #3) to wear his prescribed eyeglasses.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 2/17/14 observation period from 3:15 P.M. until 5:15 P.M. During the observation period, client #3 was not observed to wear his eyeglasses. At 3:57 P.M., direct care staff #1 stated to client #3, "Where are your glasses?" Client #3 stated, "In my room." Direct care staff #1 did not prompt client #3 to get his eyeglasses and wear them.</p> <p>Client #3 was observed at the group home during the 2/18/14 observation period from 6:30 A.M. until 7:45 A.M. During the observation period, client #3 was not observed to wear his eyeglasses but was holding them in his hand. At 7:07 A.M., direct care staff #6 stated to client #3, "Are those your glasses? Are you going to wash them?" Client #3 stated, "Yes." Client #3 washed his eyeglasses but did not put them on. Direct care staff #6 did not prompt client #3 to get his eyeglasses and wear them.</p> <p>Client #3's record was reviewed on 2/19/14 at 9:15 A.M. A review of the</p> | | <p>client #3's goal to wear his glasses. Staff were trained on prompting all individuals in the home to use adaptive equipment specifically to prompt client #3 to wear his glasses. In order to prevent this deficient practice, the QIDP and the Res Manager will complete adaptive equipment and active treatment audits three times per week at a minimum. Person Responsible: QIDP, Res Manager</p> | | | | |

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G597 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 02/21/2014 | |
| NAME OF PROVIDER OR SUPPLIER ADEC INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526 | | | |
| (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 | | | |
| W000455 | <p>client's 5/9/13 Individual Program Plan indicated client #3 had an objective to wear his eyeglasses. The objective indicated direct care staff were to "verbally prompt [client #3] to get his eyeglasses and wear them at all times except for close work."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/21/14 at 9:05 A.M. QIDP #1 stated, "[Client #3] doesn't like to wear his glasses. Staff should have prompted him to wear them as indicated in the objective."</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #3) covered his mouth when coughing.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 2/17/14 observation period from 3:15 P.M. until 5:15 P.M. During the observation period, client #3 coughed, on five occasions, excessively</p> | W000455 | <p>All facility staff have been trained on proper hygiene including asking client #3 and all others in the home to cover their mouth when coughing as well as washing hands. A goal will be implemented for client #3 to practice good social hygiene including covering his mouth when coughing. The res manager and QIDP will complete weekly monitoring at least three times per week looking for client #3 and all others practicing good hygiene. Person</p> | 03/07/2014 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G597 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 02/21/2014 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADEC INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526 | | |
| (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 | |
| | <p>without covering his mouth, while clients #1, #2, and #6 were in the immediate vicinity. Direct care staff #1, #2, #3, #4, and #5 did not prompt client #3 to cover his mouth when coughing.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/21/14 at 9:04 A.M. QIDP #1 stated, "[Direct care staff] should have prompted him (client #3) to cover his mouth when coughing."</p> <p>9-3-7(a)</p> | | Responsible: QIDP, Res manager | | |