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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G030 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/01/2012 |
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| NAME OF PROVIDER OR SUPPLIER ADEC INC | STREET ADDRESS, CITY, STATE, ZIP CODE 603 HIGHLAND MIDDLEBURY, IN 46540 |
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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 |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|----------------------|
| W0000 | <p>This visit was a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 24, 25, 26, and May 1, 2012.</p> <p>Facility number: 000591 Provider number: 15G030 AIM number: 100233380</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/4/12 by Tim Shebel, Medical Surveyor III.</p> | W0000 | | |

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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| W0331 | <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed to ensure the instructions of the pharmacy label matched the physician's orders and medication administration record (MAR) for 1 of 16 medications administered involving 1 of 4 sampled clients (client #2.)</p> <p>Findings include:</p> <p>Observations were completed at the group home on 4/25/12 from 6:35 AM until 7:40 AM. During medication administration at 6:41 AM, client #2 was given Certirizine HCL (hydrochloride) 10 mg (milligrams) for allergies, Docusate SOD (sodium) 100 mg for constipation, Phenytoin Ext (extended) 100 mg capsules for seizures, and Natural Fiber Lax 1 teaspoon in water. The label on the container for the Natural Fiber Lax indicated take as directed. The directions on the container of Fiber Lax indicated give rounded teaspoon in 8 ounces of liquid. A second label on the container for Natural Fiber Lax indicated take 2 hours before or after other medications.</p> <p>The MAR was reviewed on 4/25/12 at 6:50 PM and indicated Natural Fiber Lax,</p> | W0331 | <p>On 5/8/12 staff were trained on following all labels placed on medication cards. Staff were specifically trained on client #2 and administering his Metamucil two hours before or after meals. In order to prevent this in the future, the QDDP, Res Manager or Nurse will complete weekly medication administration monitoring to make sure the error is corrected. Failure to comply will result in disciplinary action. Person Responsible: QDDP, Nurse, Res Manager</p> | 05/08/2012 | |

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| | <p>give as directed. There were no instructions to administer 2 hours before or after other medications.</p> <p>Client #2's records were reviewed on 4/26/12 at 10:50 AM. Physician's orders dated 10/11 indicated Konsyl Powder (Metamusil) (fiber for constipation); give orally as directed. There were no instructions to administer 2 hours before or after other medications.</p> <p>The Director was interviewed on 5/1/12 at 12:10 PM and indicated the label to take Natural Fiber 2 hours before or after other medications was a pharmacy label and the Pharmacy wouldn't change it due to liability issues. She indicated the time would need to be changed when client #2 received his Natural Fiber Lax.</p> <p>9-3-6(a)</p> | | | |