

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G801	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2016
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6712 MACKEY CT SOUTH BEND, IN 46614
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 6, 7, 8, 9, and 10, 2016.</p> <p>Facility number: 012599 Provider number: 15G801 AIM number: 201023260</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed 6/16/16 by #09182.</p>	W 0000		
W 0369 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 and interview, the facility failed to assure 1 or 4 sampled clients (client #4), received 100% of his prescribed medications which were crushed for administration.</p>	W 0369	All staff were trained on the appropriate way to crush client #4's medication so that he is given all of the prescribed medications this training took place on 6/17/16 In order to make sure there are no further concerns in this area, the	06/17/2016

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 #4 was observed during the group home observation on 6/7/16 from 5:41 A.M. until 7:00 A.M. At 6:47 A.M., direct care staff #2 crushed the following medications before administering them to client #4: Bzotropine 1 mg (milligram) tablet (medication for side effects of psychotropic medications), Hydrocortisone 5 mg tablet (medication for allergic reactions), Atorvastatin 40 mg tablet (medication to reduce cholesterol), and Topiramate 100 mg tablet (medication for psychiatric conditions). After crushing the medications, direct care staff #2 poured the crushed medications into a medication cup containing yogurt. While pouring the crushed medications, 25% of the medications spilled onto the counter. Direct care staff #2 administered the 75% of medications to client #4 but the remaining 25% was swept into the trash. Client #4 only received 75% of his prescribed medications.</p> <p>Director of Residential Services #1 was interviewed on 6/9/16 at 10:45 A.M. Director of Residential Services #1 stated, "Staff (direct care staff #2) should have made sure all of the crushed meds (medications) got into the med cup and were administered to [client #4]."</p>		<p>residential manager, assistant manager and QIDP will conduct medication audits three times per week for three months to make sure medications are given as ordered Failure to comply will result in disciplinary action Person Responsible: QIDP Addendum: The facility nurse will conduct medication observations twice per week for three months to ensure proper technique. This will be in conjunction with the QIDP and residential manager. the facility nurse will conduct another staff training on 7/5/16 to make sure that all staff are properly trained.</p>	

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W 0460 Bldg. 00	<p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed to assure 1 of 4 sampled clients (clients #4), received an amount of cheese puffs in accordance with the client's diet recommendation.</p> <p>Findings include:</p> <p>Client #4 was observed during the 6/6/16 group home observation period from 2:54 P.M. until 5:00 P.M. At 3:48 P.M., direct care staff #3 gave client #4 one and a half cups of cheese puffs for a snack. Client #4 ate all of the cheese puffs and direct care staff then asked client #4 if he wanted more cheese puffs. Client #4 said yes and direct care staff #3 gave the client another one and a half cups of cheese puffs which the client ate. Direct care staff #3 did not prompt or counsel client #4 in not having additional quantities of cheese puffs.</p>	W 0460	<p>All staff have been trained on all clients diets along with client #4 Client #4 is on a single portion diet If he asks for seconds, staff are to offer him fruits or vegetables. Them manager, QIDP and assistant manager will conduct meal/snack audits three times per week for three months to make sure that all client diet orders are being followed. Failure to comply will result in disciplinary action Person Responsible: QIDP</p>	06/17/2016

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W 0473 Bldg. 00	<p>Client #4's records were reviewed on 6/9/14 at 8:55 A.M. Review of the client's 4/21/16 Nutritional Assessment indicated the client was on a 1500 calorie regular diet. The client's Nutritional Assessment also indicated direct care staff should prompt client #4 not to have additional snack foods and to adhere to his diet.</p> <p>Director of Residential Services #1 was interviewed on 6/9/16 at 10:45 A.M. Director of Residential Services #1 stated, "Staff (direct care staff #3) should not have offered [client #4] more snacks unless he (client #4) requested them and then staff should have counseled him on the importance of staying on his diet."</p> <p>9-3-8(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview, the facility failed to ensure a scrambled eggs and cooked cereal were served at an appropriate temperature, within 15 minutes upon removal from the</p>	W 0473	All facility staff have been trained on the importance of maintaining food temperatures when serving meals Staff were given examples of how to keep food warm or cold if all food items being prepared	06/17/2016

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	<p>temperature control device, affecting 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 6/7/16 observation period from 5:41 A.M. until 7:00 A.M. Upon entering the group home at 5:41 A.M., cooked scrambled eggs and cooked cereal were on the counter in the kitchen. Direct care staff #5 served the scrambled eggs and cooked cereal to clients #3 and #4 at 6:11 A.M. Direct care staff #5 served the scrambled eggs to client #2 at 6:23 A.M. and served the scrambled eggs and cooked cereal to client #1 at 6:25 A.M. The scrambled eggs and cooked cereal were not kept warm during the observation period.</p> <p>Director of Residential Services #1 was interviewed on 6/9/16 at 10:45 A.M. Director of Residential Services #1 stated, "Foods should be kept warm or cold until they (clients) eat them."</p> <p>9-3-8(a)</p>		<p>are not ready at the same time All staff verbally stated that they understand this requirement The QIPD, res manager and assist manager will conduct mealtime audits three times per week for three months to ensure food is served at the appropriate temps Failure to comply will result in disciplinary action Person Responsible: QIDP</p>	