

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 12/12/2014
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 62836 PLANEVILLE AVE GOSHEN, IN 46526
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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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 10, 11, and 12, 2014.</p> <p>Facility number: 001111 Provider number: 15G597 AIM number: 100245600</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 12/18/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview, the facility failed to allow 2 of 4 sampled clients (#1 and #2) to choose food they wanted for breakfast.</p> <p>Findings include: Clients #1 and #2 were observed eating</p>	W000247	<p>All house staff will receive training from the SGL Manager on 1/8/15 regarding client choice and self management for all clients in the home. The corrective action will monitored by the SGL Manager. If this action reoccurs it will result in disciplinary action. All documentation of training will be placed in the home and in HR</p>	01/08/2015

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>breakfast during the 12/11/14 observation period from 6:50 A.M. until 8:00 A.M. At 7:20 A.M., client #2 asked direct care staff #2 if he could have more cocoa wheats cereal. Direct care staff #2 said, "You (client #2) have to eat your toast first." Client #2 asked direct care staff twice more during the morning meal if he could have more cocoa wheats cereal. Direct care staff #2 responded both times by saying, "You haven't eaten your toast yet." At 7:34 A.M., client #1 took a banana from the fruit bowl. Direct care staff #5 took the banana from client #1 and said, "You (client #1) can't have that!" Direct care staff #5 then put the banana back in the fruit bowl.</p> <p>Client #1's record was reviewed on 12/11/14 at 8:45 A.M. A review of the client's 3/18/14 nutritional assessment indicated the client was on a low fat pureed diet. Review of client #1's 8/7/14 Individual Program Plan and further review of the client's nutritional assessment failed to indicate client #1 was restricted from choosing a fruit as part of his breakfast meal.</p> <p>Client #2's record was reviewed on 12/11/14 at 9:33 A.M. A review of the client's 10/21/14 nutritional assessment indicated the client was on a no concentrated sweets pureed diet. Review</p>		<p>files. In the occurrence with client #2 he could have been offered a choice of a second serving of cocoa wheats or the pureed toast. In the occurrence with client # 1 the client could have been given the choice taking a pureed banana, per his diet to Day Service for lunch or having a pureed banana when returned to Group Home in the afternoon.</p>				

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	<p>of client #2's 7/31/14 Individual program Plan and further review of the client's nutritional assessment failed to indicate client #2 was restricted from choosing seconds of a meal item as part of his breakfast meal.</p> <p>The facility's vice president was interviewed on 12/11/14 at 10:55 A.M. The vice president stated, "Since they (clients #1 and #2) are not on any restrictive diet, other than pureed, they (direct care staff #2 and #5) should have allowed [client #2] to have seconds of cocoa wheats and [client #1] a banana."</p> <p>9-3-4(a)</p>				