

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G800	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/18/2013
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6803 LUTZ DR SOUTH BEND, IN 46614		
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W0000	<p>This visit was for the investigation of Complaint #IN00120944.</p> <p>COMPLAINT #IN00120944: SUBSTANTIATED, Federal and state deficiencies related to the allegation are cited at W125, W149 and W154.</p> <p>Dates of survey: December 28, 2012 and January 18, 2013</p> <p>Facility number: 012598 Provider number: 15G800 AIM number: 201023280</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/31/13 by Ruth Shackelford, 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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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A review of client A's record was conducted at the facility's administrative office on 12/28/12 at 2:35 P.M.. Client A's record indicated he was an emancipated adult. Review of client A's record indicated:</p> <p>Client A's Emergency Room discharge summary for his visit on 12/6/12 indicated: "Swallowed Foreign Body:...Physician Notes: This 37 year old mentally retarded male is brought in by caregiver who states he suffers from PICA (appetite for non-nutritive substances). He eats anything that he can reach and when she was picking him up at his dayprogram today to take to an appointment, she noticed that he had a</p>	W0125	<p>Resident A's mother had been approached to become resident A's legal guardian prior to this survey. Per report of 2/5/13, Resident A's mother has acquired an attorney and has petitioned the court. The QDDP will follow up with her every 30days until the petition is granted. Based upon assessment and IDT approval, individuals in need of a legally sanctioned decision maker will be perused. Person responsible: QDDP</p>	02/06/2013			

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	<p>large amount of these plastic beads in his mouth. She is not sure how many he swallowed, if any, but out of concern for either aspiration or swallowing, he is brought in for evaluation. These measure 1 cm (centimeter) in height by about 3/4 of 1 cm in width and are hollow. They are soft plastic....Review of Systems: The remaining 5 system review is limited due to the patient's mental impairment and the inability to communicate and is negative per the caregiver except as noted in the HPI (History Present Illness)...Clinical Course: Chest X-rays are obtained, even though we are not convinced that these would be radiopaque foreign bodies, and there are no signs of obstruction identified....Assessment: Ingestion of plastic beads....Plan: Caregivers are advised to watch for any signs of respiratory distress and return immediately to the ER, otherwise no further treatment is indicated." Further review of client A's record indicated a "Review for Third Party Signatures" dated 12/16/10 which indicated he was assessed as needing a guardian to assist in making medical and financial decisions. The assessment further indicated he could not make financial and medical decisions independently.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was</p>						

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	<p>completed at the facility's administrative office on 12/28/12 at 4:30 P.M.. The QMRP indicated client A did not have a legally sanctioned decision maker to assist him with financial and medical decisions. The QMRP further indicated client A could not independently manage his finances and make medical decisions.</p> <p>This federal tag relates to complaint #IN00120944.</p> <p>9-3-2(a)</p>				

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W0149	<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. Based on record review, observation and interview, for 2 of 2 alleged incidents of neglect reviewed involving 1 of 4 sampled clients (client A), the facility neglected to implement its abuse and neglect policy.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted at the facility's administrative office on 12/28/12 at 2:15 P.M.. Review of the reports indicated:</p> <p>1. "Incident report: Date and Time of Incident: 11/2/2012 at 12:00 P.M.. Date of Knowledge: 11/5/12...After eating lunch [client A] had an accident in his Depends. He stood from his chair and pulled both his pants and Depends down to his ankles. Staff member [staff #13] responded to the situation by making [client A] walk through the day programming building with nothing on below the waist. Plan to Resolve: The abuse allegation is substantiated in this incident."</p>	W0149	This writer is unsure of the actual infraction that is being cited. The human rights representative has been given an outline to follow for all investigations including those that the staff admit fault. He will be trained that an investigation must take place for all accusations. In ref to the bead incident, a complete investigation was completed. The finding of the investigation was just that. The staff were terminated per policy. Day service staff will be trained on following established protocol. Person Responsible:QDDP	02/06/2013	

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	<p>2. "Incident report: Date and Time of Incident: 12/6/12 at 10:45 A.M.. Date of Knowledge: 12/6/12...On 12/6/12, Staff reported that [client A] was found to have beads in his mouth and had regurgitated some. Since there was concern that he may have swallowed or aspirated some of these beads he was sent to the ER (Emergency Room). The beads had no residual on them and the ER nurse questioned whether they had been regurgitated or in his mouth at all as there was no evidence of residual, as staff reported. The ER nurse asked if they had been cleaned and the staff replied 'no'. [Client A] does have a history of PICA (appetite for non-nutritive substances). This incident was investigated by ADEC's Human Rights Representative. After the investigation was began (sic), another BDDS report was submitted...due to concern that evidence of the alleged incident was fabricated. The staff involved was suspended and consequently terminated once the investigation was completed. In response to the questions in the follow up request, it was found that [client A] did not engage in PICA as reported previously. [Client A] does have a BSP (Behavior Support Plan) that includes PICA as a behavior with corresponding proactive and reactive measures that were approved by his IDT (Inter Disciplinary Team) and the HRC</p>				

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	<p>(Human Rights Committee) in March 2012."</p> <p>A request for the facility's investigation records was made on 12/28/12 at 2:25 P.M..</p> <p>A facility owned day program observation was conducted on 12/28/12 at 2:30 P.M.. Upon entering the day program area, client A walked around back and forth with no staff interaction. At 2:35 P.M., client A opened a wooden door leading to the facility's administrative office and walked unsupervised towards the office area. Day program staff #1 ran down the hall and retrieved client A and led him back into the day program area. The door had a hand written note which indicated: "Keep this door locked at all times."</p> <p>A review of 2 of 2 investigation records submitted for review was conducted on 12/28/12 at 3:50 P.M.. Review of the records indicated the following:</p> <p>1. "Fax cover sheet dated 12/28/12 at 3:38 P.M....From: [Investigator name]...Number of pages: 2...Message: This is from 11/5 incident, no investigation since staff admitted and quit when I called to inform her she was suspended. These are my notes from initial phone call...11/5/12: [Client A]</p>						

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	<p>dropped pants and Depends-[staff #13] walked him through D. Prog (day program) like that...Cleaned him up in bathroom. Other staff told her to pull up pants. When informing [staff #13] she was suspended she told me she quit and walked out of work."</p> <p>2. "Fax cover sheet dated 12/28/12 at 15:38 P.M....Message: These are from incident on 12/6 a couple of lines from another investigation...E mail from [staff #14] dated Thursday, December 6, 2012... [Client A] was taking (sic) to [Hospital name] at approximately 10:30 A.M. by myself (accompanied by [staff #15]) in group home van due to him swallowing plastic beads than (sic) regurgitating them back up. It is unclear exactly how many beads were consumed I (staff #14), myself were able to collect seven out of his mouth alone. I went to [Day Program name] at 9:50 A.M. for a visual exam for [client A] as we were leaving Day (sic) program is when I noticed [client A] regurgitating bringing back up two beads. I then put my index finger in his mouth to try and scoop them out, but he was able to swallow them again, about 2 minutes later [client A] regurgitated seven beads in which were saved to show to Doctor at the ER. [Client A] was released from the ER at 12:20 P.M.. The nurse said that everything seemed fine and they could not</p>						

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	<p>see anything in his x-rays but they also said plastic would be hard to see. We were told to just keep close eye on him as well as when he uses the restroom because he may pass through his bowel's (sic) if there are any still in his system. [Client A] seem (sic) to be doing fine and is currently napping. Doctor appointment form completed and ER visit papers copied and will be sent to you." Further review indicated a colored picture of 6 colored objects with the caption "This picture was taken by [staff #14] and sent to [staff #16] immediately after she called her to report the incident."</p> <p>Further review of the record indicated the investigators hand written notes which indicated: "[Client A] beads in mouth... [Staff #22] prepared put in fridge... [Staff #14] put food in bags... In ER, [staff #14] wanted to talk about who was in trouble... ER Nurse Q'ed (questioned) "Did you wash these?" "Are you sure he swallowed?"... [Staff #14] only one to witness beads in mouth... [Staff #23] No access to beads-not been out all week. Had just taken him to BR (bathroom) nothing in mouth. Can't get into cabinet where beads are... [Staff #24]-No beads like those in day program."</p> <p>An interview with the Human Rights Director (HRD) was conducted on</p>			

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	<p>12/28/12 at 3:50 P.M.. When asked if written statements/documented interviews were conducted, the HRD indicated the only documentation he had were the documents submitted for review. When asked what happened on 12/6/12, the HRD stated "The incident did not happen. The staff lied. The day program doesn't have beads like the ones she sent in the picture." The HRD further indicated the 11/2/12 incident did occur. The HRD further indicated staff should not have walked the client around the day program uncovered.</p> <p>A review of the facility's "Incident Reporting and Management Policy-Section: Human Rights of Clients" dated 12/21/01 was conducted on 12/28/12 at 4:20 P.M.. Review of the facility's policy indicated: "It is the policy of ADEC to: Ensure the health and safety of all its clients. Regard a reportable incident as any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. Not tolerate abuse, neglect or exploitation of clients by staff members, clients or persons in the community. Maintain and train its staff as well as implement all current and state agency/authority incident reporting requirements. Protect</p>						

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	<p>the confidentiality of all persons involved in the investigation. Continually assess the agency's internal investigation system and make adjustments as needed to improve its effectiveness....III.</p> <p>Investigation of Allegations (Internal): When actions by an ADEC employee or client are alleged to be abusive, neglectful, or exploitative or to involve criminal activity, the Human Rights Officer, hereafter called the investigator, will within 48 hours after receipt of the verbal report or such other time frame as may be determined appropriate, conduct an investigation and complete a written investigation report. (In some situations the incident may be turned over to external authorities to investigate, in which case procedures under IV will be followed...A. The investigation will include the following procedures: An interview with the reporting staff member. An interview with any other witnesses including clients. An interview with the client in the presence of his or her program manager. An interview with the accused. Every attempt will be made to conduct interviews in the primary language of the individual being interviewed. B. The report shall include: A statement of the incident. A statement regarding information gained from interviews. Findings of substantiation or unsubstantiation of allegation (s), and</p>				

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	<p>intent. Input into a recommendation for resolution. Disciplinary action, if warranted will be determined by the division management staff in conjunction with the Vice President of Human Resources. An Assessment of the agency incident reporting and investigation process."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/28/12 at 4:30 P.M.. When asked what happened during the 12/6/12 incident involving client A, the QMRP stated "The incident did not occur." When asked how the determination was made, she stated "The Human Rights Director conducted an investigation and made the decision."</p> <p>An interview with Licensed Practical Nurse #1 (LPN) was conducted on 12/28/12 at 4:35 P.M.. When asked if she was aware of what happened in regards to client A's documented incident dated 12/6/12, LPN #1 stated "The incident never occurred. The staff lied about the incident." When asked how the determination was made she stated "The ER staff said he never swallowed any beads." When asked where that information was documented, LPN #1 stated "In [client A]'s ER paperwork."</p>						

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	<p>A request for client A's Emergency Room discharge summary for his visit on 12/6/12 was made on 12/28/12 at 4:40 P.M.. A review of the record indicated: "Swallowed Foreign Body:...Physician Notes: This 37 year old mentally retarded male is brought in by caregiver who states he suffers from PICA. He eats anything that he can reach and when she was picking him up at his dayprogram today to take to an appointment, she noticed that he had a large amount of these plastic beads in his mouth. She is not sure how many he swallowed, if any, but out of concern for either aspiration or swallowing, he is brought in for evaluation. These measure 1 cm (centimeter) in height by about 3/4 of 1 cm in width and are hollow. They are soft plastic....Review of Systems: The remaining 5 system review is limited due to the patient's mental impairment and the inability to communicate and is negative per the caregiver except as noted in the HPI (History Present Illness)...Clinical Course: Chest X-rays are obtained, even though we are not convinced that these would be radiopaque foreign bodies, and there are no signs of obstruction identified....Assessment: Ingestion of plastic beads....Plan: Caregivers are advised to watch for any signs of respiratory distress and return immediately to the ER, otherwise no</p>			

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	<p>further treatment is indicated."</p> <p>An interview with the Program Director (PD) was conducted on 1/18/13 at 2:08 P.M.. The PD stated "The incident did not occur. The staff lied about the incident trying to get other staff in trouble."</p> <p>This federal tag relates to complaint #IN00120944.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 2 allegations of neglect, involving 1 of 4 clients (client A), the facility failed to provide written evidence a thorough investigation was conducted.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted at the facility's administrative office on 12/28/12 at 2:15 P.M.. Review of the reports indicated:</p> <p>1. "Incident report: Date and Time of Incident: 11/2/2012 at 12:00 P.M.. Date of Knowledge: 11/5/12...After eating lunch [client A] had an accident in his Depends. He stood from his chair and pulled both his pants and Depends down to his ankles. Staff member [staff #13] responded to the situation by making [client A] walk through the day programming building with nothing on below the waist. Plan to Resolve: The abuse allegation is substantiated in this incident."</p> <p>2. "Incident report: Date and Time of</p>	W0154	<p>This writer is unsure of the actual infraction that is being cited. The human rights representative has been given an outline to follow for all investigations including those that the staff admit fault. He will be trained that an investigation must take place for all accusations. In ref to the bead incident, a complete investigation was completed. The finding of the investigation was just that. The staff were terminated per policy. Day service staff will be trained on following established protocol. Person Responsible:QDDP</p>	02/06/2013			

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	<p>Incident: 12/6/12 at 10:45 A.M.. Date of Knowledge: 12/6/12...On 12/6/12, Staff reported that [client A] was found to have beads in his mouth and had regurgitated some. Since there was concern that he may have swallowed or aspirated some of these beads he was sent to the ER (Emergency Room). The beads had no residual on them and the ER nurse questioned whether they had been regurgitated or in his mouth at all as there was no evidence of residual, as staff reported. The ER nurse asked if they had been cleaned and the staff replied 'no'. [Client A] does have a history of PICA (appetite for non-nutritive substances). This incident was investigated by ADEC's Human Rights Representative. After the investigation was began, another BDDS report was submitted,...due to concern that evidence of the alleged incident was fabricated. The staff involved was suspended and consequently terminated once the investigation was completed. In response to the questions in the follow up request, it was found that [client A] did not engage in PICA as reported previously. [Client A] does have a BSP (Behavior Support Plan) that includes PICA as a behavior with corresponding proactive and reactive measures that were approved by his IDT (Inter Disciplinary Team) and the HRC (Human Rights Committee) in March 2012."</p>				

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	<p>A request for the facility's investigation records was made on 12/28/12 at 2:25 P.M..</p> <p>A review of 2 of 2 investigation records submitted for review was conducted on 12/28/12 at 3:50 P.M.. Review of the records indicated the following:</p> <p>1. "Fax cover sheet dated 12/28/12 at 3:38 P.M....From: [Investigator name]...Number of pages: 2...Message: This from 11/5 incident no investigation since staff admitted and quit when I called to inform her she was suspended. These are my notes from initial phone call...11/5/12: [Client A] dropped pants and Depends-[staff #13] walked him through D. Prog (day program) like that...Cleaned him up in bathroom. Other staff told her to pull up pants. When informing [staff #13] she was suspended she told me she quit and walked out of work."</p> <p>2. "Fax cover sheet dated 12/28/12 at 15:38 P.M....Message: These are from incident on 12/6 a couple of lines from another investigation...E mail from [staff #14] dated Thursday, December 6, 2012... [Client A] was taking (sic) to [Hospital name] at approximately 10:30 A.M. by myself (accompanied by [staff #15]) in</p>						

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	<p>group home van due to him swallowing plastic beads than (sic) regurgitating them back up. It is unclear exactly how many beads were consumed I (staff #14), myself were able to collect seven out of his mouth alone. I went to [Day Program name] at 9:50 A.M. for a visual exam for [client A] as we were leaving Day (sic) program is when I noticed [client A] regurgitating bringing back up two beads. I then put my index finger in his mouth to try and scoop them out, but he was able to swallow them again, about 2 minutes later [client A] regurgitated seven beads in which were saved to show to Doctor at the ER. [Client A] was released from the ER at 12:20 P.M.. The nurse said that everything seemed fine and they could not see anything in his x-rays but they also said plastic would be hard to see. We were told to just keep close eye on him as well as when he uses the restroom because he may pass through his bowel's (sic) if there are any still in his system. [Client A] seem (sic) to be doing fine and is currently napping. Doctor appointment form completed and ER visit papers copied and will be sent to you." Further review indicated a colored picture of 6 colored objects with the caption "This picture was taken by [staff #14] and sent to [staff #16] immediately after she called her to report the incident."</p>						

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	<p>Further review of the record indicated the investigators hand written notes which included: "[Client A] beads in mouth... [Staff #22] prepared put in fridge...[Staff #14] put food in bags...In ER, [staff #14] wanted to talk about who was in trouble...ER Nurse Q'ed(questioned) "Did you wash these?" "Are you sure he swallowed?"...[Staff #14] only one to witness beads in mouth...[Staff #23] No access to beads-not been out all week. Had just taken him to BR (bathroom) nothing in mouth. Can't get into cabinet where beads are...[Staff #24]-No beads like those in day program."</p> <p>An interview with the Human Rights Director (HRD) was conducted on 12/28/12 at 3:50 P.M.. When asked if written statements/documentated interviews were conducted, the HRD indicated the only documentation he had, were the documents submitted for review. When asked what happened on 12/6/12, the HRD stated "The incident did not happen. The staff lied. The day program doesn't have beads like the ones she sent in the picture." When asked if he interviewed the ER staff, he stated "No." When asked if he had written documentation to indicate he interviewed all facility owned day program staff who worked on the noted dates, the HRD stated "No." The HRD further indicated the 11/2/12</p>						

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	<p>incident did occur. The HRD further indicated staff should not have walked the client around the day program uncovered. No further written documentation was available for review to indicate the facility conducted a thorough investigation for the mentioned incidents.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 12/28/12 at 4:30 P.M.. When asked what happened during the 12/6/12 incident involving client A, the QMRP stated "The incident did not occur." When asked how the determination was made, she stated "The Human Rights Director conducted an investigation and made the decision."</p> <p>An interview with Licensed Practical Nurse #1 (LPN) was conducted on 12/28/12 at 4:35 P.M.. When asked if she was aware of what happened in regards to client A's documented incident dated 12/6/12, LPN #1 stated "The incident never occurred. The staff lied about the incident." When asked how the determination was made she stated "The ER staff said he never swallowed any beads." When asked where that information was documented, LPN #1 stated "In [client A]'s ER paperwork."</p> <p>A request for client A's Emergency Room</p>				

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	<p>discharge summary for his visit on 12/6/12 was made on 12/28/12 at 4:40 P.M.. A review of the record indicated: "Swallowed Foreign Body:....Physician Notes: This 37 year old mentally retarded male is brought in by caregiver who states he suffers from PICA. He eats anything that he can reach and when she was picking him up at his dayprogram today to take to an appointment, she noticed that he had a large amount of these plastic beads in his mouth. She is not sure how many he swallowed, if any, but out of concern for either aspiration or swallowing, he is brought in for evaluation. These measure 1 cm (centimeter) in height by about 3/4 of 1 cm in width and are hollow. They are soft plastic....Review of Systems: The remaining 5 system review is limited due to the patient's mental impairment and the inability to communicate and is negative per the caregiver except as noted in the HPI (History Present Illness)...Clinical Course: Chest X-rays are obtained, even though we are not convinced that these would be radiopaque foreign bodies, and there are no signs of obstruction identified....Assessment: Ingestion of plastic beads....Plan: Caregivers are advised to watch for any signs of respiratory distress and return immediately to the ER, otherwise no further treatment is indicated."</p>			

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	<p>An interview with the Program Director (PD) was conducted on 1/18/13 at 2:08 P.M.. The PD stated "The incident did not occur. The staff lied about the incident trying to get other staff in trouble."</p> <p>This federal tag relates to complaint #IN00120944.</p> <p>9-3-2(a)</p>			