

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 12/12/2012	
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			
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 10, 11, and 12, 2012.</p> <p>Facility number: 001111 Provider number: 15G597 AIM number: 100245600</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed December 14, 2012 by Dotty Walton, 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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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 2 clients who wore eyeglasses (client #2), the facility failed to encourage and teach client #2 to wear his eyeglasses.</p> <p>Findings include:</p> <p>Client #2 was observed at the group home during the 12/10/12 observation period from 3:16 P.M. until 6:15 P.M., and during the 12/11/12 observation period from 5:48 A.M. until 7:45 A.M. During both observations, client #2 did not wear his eyeglasses nor were direct care staff #1, #2, #3, #4, #5, or #6 observed to prompt or assist client #2 in wearing his eyeglasses.</p> <p>Client #2's record was reviewed on 12/11/12 at 8:38 A.M. A review of the client's 8/15/12 vision exam indicated client #2 was to "wear new glasses full time" for distance vision.</p> <p>Program Director #1 was interviewed on 12/11/12 at 10:15 A.M. Program Director</p>	W0436	<p>The QDDP will have a goal in place for client #2 to wear his glasses as prescribed by 12/21/12. All staff will be trained. The resident had previously been wearing his glasses and just recently decided not to but he continues to carry them on his person as usual. In the future, the QDDP will address any issue when an individual does not use adaptive equipment. Failure to comply will result in disciplinary action. PERSON RESPONSIBLE:QDDP</p>	12/21/2012			

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	#1 indicated client #2 wore eyeglasses but did not want to wear them. When asked if staff should encourage and teach client #2 to wear his eyeglasses, Program Director #1 stated, "Yes." 9-3-7(a)				