STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G366	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADEC INC	58808 ST MARYS LN GOSHEN, IN 46526

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W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: April 23, 24, and 25, 2013. Facility number: 000880 Provider number: 15G366 AIM number: 100235120 Surveyor: Susan Reichert, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed April 26, 2013 by Dotty Walton, Medical Surveyor III.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000149	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 upon record review and interview, for 1 of 1 allegation of staff to client verbal abuse reviewed, the facility failed to implement policy and procedures which prohibited abuse and neglect to protect 1 additional client (client #5), by neglecting to report to the administrator an allegation of abuse immediately, and neglected to protect client #5 from the potential of further abuse by failing to remove the alleged perpetrator from contact with client #5 and other clients immediately after the incident. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 4/23/13 at 3:23 PM. A report of an incident dated 8/19/12 at 6:00 PM indicated the date of knowledge of the incident was 8/21/12. "It was reported that [staff #7] was upset with [client #5] and directed profanity toward [client #5]. [Client #5] apparently drank [staff #7's] pop and [staff #7] said "What the f*** is wrong with you?" The report indicated staff #7 was suspended and an investigation had been initiated. A follow up report dated 8/28/12 indicated verbal	W000149	All staff will be trained again on immediately reporting abuse neglect or exploitation to the protective service staff. This training will be reinforced monthly at house meetings to make sure it is fresh in the staffs mind.On a weekly basis the QDDP will interview staff memebers and ask them what to do in the case that they observe abuse, neglect or exploitation. Upon agency notification, the protective service staff will arrange for the alleged abuser to be taken off of the schedule until the investigation is concluded. The facility has written policies in place to protect individuals from abuse neglect and exploitation. The facility will continue to train staff on the written policy and procedures for client safety.Person Responsible: QDDP, Protective Service Staff	05/13/2013

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	abuse had been substantiated and staff #7 had been terminated. The facility's Director was interviewed on 4/24/13 at 12:35 PM. The Director indicated the incident had been reported to BDDS upon knowledge on 8/21/12, and the incident had been reported late because direct support staff #8 had not reported it to the administrator timely when it occurred on 8/19/12. She indicated staff #7 had been suspended, but was uncertain if staff #7 had worked in the group home after the incident had occurred and before it had been reported to the administrator. The facility's payroll records were reviewed on 4/24/13 at 1:00 PM. The records indicated staff #7 had worked in the group home from 10:00 AM until 10:00 PM on 8/19/12 and from 4:00 PM to 10:00 PM on 8/20/12. The Director was interviewed on 4/24/13 at 1:00 PM and indicated staff #7 had worked the remainder of the shift on 8/19/12 and on 8/20/12 after the incident of verbal abuse on 8/19/12. She indicated staff #7 would have been suspended immediately had the administrator known of the incident. The facility's policy Human Rights of			

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	Clients dated 8/29/07 was reviewed on 4/23/13 at 3:00 PM. "It is the policy of ADEC to: 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, train its staff, and implement all current state agency/authority incident reporting requirements." The definition of a reportable incident included suspected abuse, neglect or exploitation and incidents of suspected abuse were to be reported immediately. "All immediate steps will be taken to protect the individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect, exploitation or mistreatment." 9-3-2(a)			

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W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on interview and record review, the facility failed to immediately report to the administrator an allegation of abuse involving 1 additional client (client #5) to the Bureau of Developmental Disabilities Services (BDDS) and the administrator in accordance with state law. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 4/23/13 at 3:23 PM. A report of an incident dated 8/19/12 at 6:00 PM indicated the date of knowledge of the incident was 8/21/12. "It was reported that [staff #7] was upset with [client #5] and directed profanity toward [client #5]. [Client #5] apparently drank [staff #7's] pop and [staff #7] said "What the f*** is wrong with you?" The report indicated staff #7 was suspended and an investigation had been initiated. A follow up report dated 8/28/12 indicated verbal abuse had been substantiated and staff #7 had been terminated.	W000153	All staff will be trained again on immediately reporting abuse neglect or exploitation to the protective service staff. This training will be reinforced monthly at house meetings to make sure it is fresh in the staffs mind.On a weekly basis the QDDP will interview staff memebers and ask them what to do in the case that they observe abuse, neglect or exploitation. Upon agency notification, the protective service staff will arrange for the alleged abuser to be taken off of the schedule until the investigation is concluded. The Protective Service staff will also notify the administrator and file the inilial incident report within the state and federal guidelines. The facility has written policies in place to protect individuals from abuse neglect and exploitation. The facility will continue to train staff on the written policy and procedures for client safety.Person Responsible: QDDP, Protective Service Staff	05/13/2013

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	The facility's Director was interviewed on 4/24/13 at 12:35 PM. The Director indicated the incident had been reported to BDDS upon knowledge on 8/21/12, and the incident had been reported late because direct support staff #8 had not reported it to the administrator timely when it occurred on 8/19/12. 9-3-1(b)(5) 9-3-2(a)			

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W000155	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based upon record review and interview, the facility failed for 1 additional client (#5), to protect client #5 from the potential of further abuse by failing to remove the alleged perpetrator from contact with client #5 and other clients immediately after the incident of an allegation of abuse. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 4/23/13 at 3:23 PM. A report of an incident dated 8/19/12 at 6:00 PM indicated the date of knowledge of the incident was 8/21/12. "It was reported that [staff #7] was upset with [client #5] and directed profanity toward [client #5]. [Client #5] apparently drank [staff #7's] pop and [staff #7] said "What the f*** is wrong with you?" The report indicated staff #7 was suspended and an investigation had been initiated. A follow up report dated 8/28/12 indicated verbal abuse had been substantiated and staff #7 had been terminated. The facility's Director was interviewed on 4/24/13 at 12:35 PM. The Director indicated staff #7 had been suspended, but	W000155	All staff will be trained again on immediately reporting abuse neglect or exploitation to the protective service staff. This training will be reinforced monthly at house meetings to make sure it is fresh in the staffs mind.On a weekly basis the QDDP will interview staff memebers and ask them what to do in the case that they observe abuse, neglect or exploitation. Upon agency notification, the protective service staff will arrange for the alleged abuser or abusers to be taken off of the schedule until the investigation is concluded. The facility has written policies in place to protect individuals from abuse neglect and exploitation. The facility will continue to train staff on the written policy and procedures for client safety.Person Responsible: QDDP, Protective Service Staff	05/13/2013

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	was uncertain if staff #7 had worked in the group home after the incident had occurred and before it had been reported to the administrator. The facility's payroll records were reviewed on 4/24/13 at 1:00 PM. The records indicated staff #7 had worked in the group home from 10:00 AM until 10:00 PM on 8/19/12 and from 4:00 PM to 10:00 PM on 8/20/12. The Director was interviewed on 4/24/13 at 1:00 PM and indicated staff #7 had worked the remainder of the shift on 8/19/12 and on 8/20/12 after the incident of verbal abuse on 8/19/12 at 6:00 PM. She indicated staff #7 would have been suspended immediately had the administrator known of the incident. 9-3-2(a)			