

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G024	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2011
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 807 MOTTVILLE RD BRISTOL, IN46507
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W0000	<p>This visit was for investigation of complaint #IN00099237.</p> <p>Complaint #IN00099237: Substantiated, federal/state deficiencies related to the allegation(s) are cited at W122, W149, W318 and W331.</p> <p>Dates of Survey: November 14 and 15, 2011.</p> <p>Facility Number: 000590 Provider Number: 15G024 AIMS Number: 100248560</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/22/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0122	<p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client A), the</p>	W0122	On 11/1/11 all facility staff were trained on the facility requirement to notify the nurse immediately upon finding an area of brushing or	11/15/2011

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>Condition of Participation of Client Protections was not met as the facility neglected to implement their neglect policy to ensure client A received nursing services according to her medical needs by not providing a timely assessment and medical intervention after a fall with noted ankle swelling and bruising.</p> <p>Findings include:</p> <p>Please refer to W149. The facility failed to implement their neglect policy, by failing to have 1 of 3 sampled clients (client A):</p> <ol style="list-style-type: none"> seen timely by the nurse, assessed, with timely documentation of condition and seen timely by a physician for medical intervention and treatment. <p>This federal tag relates to complaint IN#00099237.</p> <p>9-3-2(a)</p>		<p>swelling on an individual that is unusual. Although the nurse was notified and documentation was complete, this information was provided to, and the individual assessed and treated a day later. Staff have been trained on the importance of timely reprotog and documentation of incidents. In order to prevent future occurances, staff have been trained, and the nurse will be notified immediately of an injury and at that time they nurse will conduct an assessment of the individual. The nurse will then document the assessment on the accident illness report. At that time, if the nurse finds that the injury is significant, they house will seek immediate medical care. Nursing staff have been trained on this requirement on 11/1/11. Failure to comply with this requirement will result in disciplinary action.PERSON RESPONSIBLE: Nursing staff, QDDP, Residential Manager</p>		

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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed to implement their neglect policy, by failing to have 1 of 3 sampled clients (client A):</p> <ol style="list-style-type: none"> seen timely by the nurse, assessed, with timely documentation of condition and seen timely by a physician for medical intervention and treatment. <p>Findings include:</p> <p>On 11/14/11 at 3:00 PM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and included the following incident:</p> <p>10/27/11: A BDDS report submitted 10/28/11 for an incident on 10/27/11 at 5:30 PM indicated the following regarding client A: "Wednesday due to medication changes [client A] was weak and staff utilized her wheelchair. Staff noticed slight swelling in her right foot Wednesday evening, with no bruising evident. Staff had her elevate her foot the rest of the evening, as well as all day Thursday. By Thursday afternoon swelling increased and bruising became</p>	W0149	<p>On 11/1/11 all facility staff were trained on the facility requirement to notify the nurse immediately upon finding an area of bruising or swelling on an individual that is unusual. Although the nurse was notified and documentation was complete, this information was provided to, and the individual assessed and treated a day later. Staff have been trained on the importance of timely reporting and documentation of incidents. In order to prevent future occurrences, staff have been trained, and the nurse will be notified immediately of an injury and at that time they nurse will conduct an assessment of the individual. The nurse will then document the assessment on the accident illness report. At that time, if the nurse finds that the injury is significant, they house will seek immediate medical care. Nursing staff have been trained on this requirement on 11/1/11. Failure to comply with this requirement will result in disciplinary action. PERSON RESPONSIBLE: Nursing staff, QDDP, Residential Manager</p>	11/15/2011	

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	<p>evident. She was taken to [hospital]. Labs were drawn, x-ray was done as well as a urinalysis. It was found that her right ankle was broken. She was admitted and an orthopedic surgeon was going to be consulted."</p> <p>11/04/11: A BDDS follow-up report dated 11/04/11 for the incident of 10/27/11 indicated: Note: Numbered responses were related to questions from BDDS for follow-up. "1. Was there a prior fall in past 6 months? Yes....13. Associated with a new onset of a medical problem? --has had medications changed recently, Depakote being decreased, while Lamictal and Trileptal were being increased. 14. Known medical problem which contributes to falls? - yes, has seizures....18. How has the team addressed preventing another fall? - currently in a wheelchair and non weight bearing right leg.... 25. After - Person was seen in ER or hospitalized? Seen in ER and then admitted and hospitalized for 2 days. 26. Changes made to risk plan - yes, in wheelchair full time. 27. Type of fracture? Closed fracture, two places, ankle. 28. What treatment provided? - Immobilized with temporary cast until swelling lessens and surgery can be performed. Surgery scheduled for 11-3-11....32. How do we ensure that the fall/fracture prevention plan is</p>				

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	<p>implemented consistently? Training with staff at group home and at day program...34. Copy of updated plan. Admitted to hospital on 11-3-11 for surgery of right ankle."</p> <p>Client A's records were reviewed on 11/15/11 at 11:30 AM. Client A's record review included review of the following dated documents:</p> <p>07/14/11: Annual ISP (Individual Support Plan) indicated client A's diagnoses included, but were not limited to: Moderate Mental Retardation, Schizophrenia, Seizures, Anemia, and Osteoporosis.</p> <p>07/18/11: Fall Risk Plan indicated client A was at risk for falls.</p> <p>10/23/11: Accident/Illness Report dated 10/23/11 at 7:40 AM indicated client A, "fell on her butt in the kitchen." "[Client A] was in the kitchen and went to sit down in a chair, the chair moved and she fell on her butt."</p> <p>10/24/11: Accident/Illness Report dated 10/24/11 at 8:20 AM indicated client A, "When [client A] was getting out of the van she missed the step on van and fell out." The incident report indicated client A was assisted up and walked into the</p>				

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	<p>building and the dayservice room.</p> <p>10/25/11: Nurses Notes dated 10/25/11 indicated she received the report dated 10/24/11 and went to the day program and evaluated client A. She indicated there were no findings.</p> <p>10/26/11" Accident/Illness Report dated 10/26/11 at 6:00 AM written by staff #1 indicated, "Describe accident/illness: Swelling, 4 cm (centimeter) red mark, and 4 inch bruising all on the right foot and R leg." "Describe any injury: 4.0 cm red mark on her right ankle, swelling on right foot, and 4 inch bruising across front lower right leg." "Medical attention received: No."</p> <p>11/01/11: Investigation of fall on 10/24/11 indicated, "[staff #1] did say that on her overnight shift on Tuesday 10/25/11 (into Wednesday 10/26/11) she was walking down the hall and heard [client A] say I need help. She went to her room (sic) [client A] was sitting on her bottom with both legs straight out in front of her and her back against the bed. She asked what happened and all [client A] would say was she needed help...".</p> <p>10/27/11: Nurses notes dated 10/27/11 indicated, "This writer sent to group home to assess [client A's] right ankle for</p>			

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	<p>reported bruising and swelling."</p> <p>10/27/11: Nurses notes dated 10/27/11 indicated, "To ER for swelling and bruising of ankle, xrays were performed and a closed fracture of right ankle was found. [Client A] was admitted."</p> <p>10/29/11: Nurses notes dated 10/29/11 indicated, "Discharged from hospital to home with instructions, no weight bearing, in wheelchair until surgery optimal."</p> <p>11/03/11: Nurses notes dated 11/03/11 indicated, "Surgery: Two plates with pins and screws to repair ankle fractures."</p> <p>The facility's records were reviewed on 11/15/11 at 10:15 AM. A review of the facility's, "Incident Reporting Policy," dated 08/29/07, 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, train its staff, and implement all current state agency/authority incident reporting</p>			

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W0318	<p>requirements. Protect the confidentiality of all persons involved in an investigation...."</p> <p>On 11/15/11 at 10:50 AM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated the nurse was not notified on 10/26/11 at 6:00 AM when staff #1 reported the swelling and bruising on the Accident/Incident Report. She indicated the nurse did not assess client A until the following day on 10/27/11 the day she was taken to the ER and the fracture diagnosed. She indicated client A suffered a fracture in two places and required surgery to repair using plates and screws.</p> <p>This federal tag relates to complaint IN#00099237.</p> <p>9-3-2(a)</p> <p>The facility must ensure that specific health care services requirements are met.</p>	W0318	On 11/1/11 all facility staff were	11/15/2011	

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W0331	<p>Based on record review and interview, the Condition of Participation, Health Care Services, is not met as the facility failed to provide adequate health care monitoring and nursing services for 1 of 3 sample clients (client A).</p> <p>Findings include:</p> <p>Please refer to W331. The facility failed for 1 of 3 sample clients (client A), to ensure the client was seen timely by the nurse, assessed and monitored timely by the nurse with accurate documentation of condition and with timely intervention initiated by nursing services for physician's medical intervention and treatment.</p> <p>This federal tag relates to complaint IN#00099237.</p> <p>9-3-6(a)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p>	W0331	<p>trained on the facility requirement to notify the nurse immediately upon finding an area of bruising or swelling on an individual that is unusual. Although the nurse was notified and documentation was complete, this information was provided to, and the individual assessed and treated a day later. Staff have been trained on the importance of timely reporting and documentation of incidents. In order to prevent future occurrences, staff have been trained, and the nurse will be notified immediately of an injury and at that time they nurse will conduct an assessment of the individual. The nurse will then document the assessment on the accident illness report. At that time, if the nurse finds that the injury is significant, they house will seek immediate medical care. Nursing staff have been trained on this requirement on 11/1/11. Failure to comply with this requirement will result in disciplinary action. PERSON RESPONSIBLE: Nursing staff, QDDP, Residential Manager</p> <p>On 11/1/11 nuring staff have been trained on completing a</p>	11/15/2011	

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	<p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) by not ensuring client A received nursing services according to her medical needs by not providing a timely assessment after a fall.</p> <p>Findings include:</p> <p>On 11/14/11 at 3:00 PM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and included the following incident:</p> <p>10/27/11: A BDDS report submitted 10/28/11 for an incident on 10/27/11 at 5:30 PM indicated the following regarding client A: "Wednesday due to medication changes [client A] was weak and staff utilized her wheelchair. Staff noticed slight swelling in her right foot Wednesday evening, with no bruising evident. Staff had her elevate her foot the rest of the evening, as well as all day Thursday. By Thursday afternoon swelling increased and bruising became evident. She was taken to [hospital]. Labs were drawn, x-ray was done as well as a urinalysis. It was found that her right ankle was broken. She was admitted and an orthopedic surgeon was going to be consulted."</p>		<p>prompt assessment of a client when there is a fall with potential for injury. Nursing staff, once notified of a potential for injury, will assess the injury and document the findings. If there is a need for further medical treatment, the individual will be taken to a medical professional immediately. On 11/1/11 both house and day program staff had been trained on the importance of promptly notifying a nurse or physician when a client is injured. In order to prevent future occurrences, staff have been trained, and the nurse will be notified immediately of an injury and at that time they nurse will conduct an assessment of the individual. The nurse will then document the assessment on the accident illness report. At that time, if the nurse finds that the injury is significant, they house will seek immediate medical care. Nursing staff have been trained on this requirement on 11/1/11. Failure to comply with this requirement will result in disciplinary action. PERSON RESPONSIBLE: Nursing staff, QDDP, Residential Manager</p>		

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	<p>11/04/11: A BDDS follow-up report dated 11/04/11 for the incident of 10/27/11 indicated: Note: Numbered responses were related to questions from BDDS for follow-up. "1. Was there a prior fall in past 6 months? Yes....13. Associated with a new onset of a medical problem? --has had medications changed recently, Depakote being decreased, while Lamictal and Trileptal were being increased. 14. Known medical problem which contributes to falls? - yes, has seizures....18. How has the team addressed preventing another fall? - currently in a wheelchair and non weight bearing right leg....25. After - Person was seen in ER or hospitalized? Seen in ER and then admitted and hospitalized for 2 days. 26. Changes made to risk plan - yes, in wheelchair full time. 27. Type of fracture? Closed fracture, two places, ankle. 28. What treatment provided? - Immobilized with temporary cast until swelling lessens and surgery can be performed. Surgery scheduled for 11-3-11....32. How do we ensure that the fall/fracture prevention plan is implemented consistently? Training with staff at group home and at day program...34. Copy of updated plan. Admitted to hospital on 11-3-11 for surgery of right ankle."</p> <p>Client A's records were reviewed on</p>				

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	<p>11/15/11 at 11:30 AM. Client A's record review included review of the following dated documents:</p> <p>07/14/11: Annual ISP (Individual Support Plan) indicated client A's diagnoses included, but were not limited to: Moderate Mental Retardation, Schizophrenia, Seizures, Anemia, and Osteoporosis.</p> <p>07/18/11: Fall Risk Plan indicated client A was at risk for falls.</p> <p>10/23/11: Accident/Illness Report dated 10/23/11 at 7:40 AM indicated client A, "fell on her butt in the kitchen." "[Client A] was in the kitchen and went to sit down in a chair, the chair moved and she fell on her butt."</p> <p>10/24/11: Accident/Illness Report dated 10/24/11 at 8:20 AM indicated client A, "When [client A] was getting out of the van she missed the step on van and fell out." The incident report indicated client A was assisted up and walked into the building and the dayservice room.</p> <p>10/25/11: Nurses Notes dated 10/25/11 indicated she received the report dated 10/24/11 and went to the day program and evaluated client A. She indicated there were no findings.</p>				

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	<p>10/29/11: Nurses notes dated 10/29/11 indicated, "Discharged from hospital to home with instructions, no weight bearing, in wheelchair until surgery optimal."</p> <p>11/03/11: Nurses notes dated 11/03/11 indicated, "Surgery: Two plates with pins and screws to repair ankle fractures."</p> <p>On 11/15/11 at 10:50 AM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated the nurse was not notified on 10/26/11 at 6:00 AM when staff #1 reported the swelling and bruising on the Accident/Incident Report. She indicated the nurse did not assess client A until the following day on 10/27/11 the day she was taken to the ER and the fracture diagnosed. She indicated client A suffered a fracture in two places and required surgery to repair using plates and screws.</p> <p>This federal tag relates to complaint IN#00099237.</p> <p>9-3-6(a)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G024	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/15/2011
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 807 MOTTVILLE RD BRISTOL, IN46507		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	