

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 02/12/2021
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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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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Dates of survey: 2/8, 2/9, 2/10, 2/11, and 2/12/2021</p> <p>Provider Number: 15G597 AIM Number: 100245600 Facility Number: 001111</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 2/23/21.</p>	W 0000		
W 0368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 8 clients (client #7), the facility failed to ensure client #7's physician's orders were followed when medications were administered.</p> <p>Findings include:</p> <p>On 2/8/2021 at 1:45pm and on 2/10/2021 at 10:20am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed and indicated the following medication errors for client #7:</p> <p>-A 10/8/2020 BDDS report for a medication error on 10/7/2020 at 4:00pm indicated "The</p>	W 0368	<p>Facility staff were re-trained in medication administration procedures per Core A/Core B policy. To ensure compliance, the QIDP and/or house manager will do random observations of medication administrations. This will occur at least three times weekly. Failure to comply will result in disciplinary action. Person responsible: QIDP and house manager</p>	03/12/2021

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>nurse was advised on 10/7/2020 at 4:00pm that [client #7] had received a second dose of Clobazam (Onfi) 20mg (milligrams) (for behaviors). Staff on previous shift had not marked administered in the E-MAR (Electronic-Medication Administration Record) even though it was given. Physician notified, no new orders."</p> <p>-A 9/24/2020 BDDS report for a significant medication error on 9/23/2020 at 5:00pm indicated "the nurse was notified that a narcotic count seemed off. The nurse went and did an investigation. Upon investigation it was noted that on 9/23/2020 [client #7] was given Clonazepam 1mg (milligram) at 5:00pm (for behaviors) from a housemate's medication supply. [Client #7] did not receive his Onfi 20mg (for behaviors) on 9/23/2020." The report indicated client #7's physician was notified and no new orders were given.</p> <p>Client #7's record was reviewed on 2/11/2021 at 8:50am. Client #7's 1/20/2021 physician's orders did not indicate the medication of Clonazepam 1mg for behaviors and did indicate "Clobazam (Onfi) 20mg 1 tablet twice a day (at 5:00am and 4:00pm" for behaviors.</p> <p>On 2/11/2021 at 9:05am, the facility's 2/12/2020 policy and procedure for "Medication Administration" indicated "Check the information on the pharmacy medication label by comparing it to the medication administration record and the physician's order, for the individual's name, medication ordered, dosage. Check the medication listed on the medication administration record with the medication label three times...."</p>			

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W 0369 Bldg. 00	<p>On 2/11/2021 at 9:05am, the 2004 "Core A/Core B Medication Training" indicated "Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician's orders.</p> <p>On 2/11/2021 at 9:05am, an interview was conducted with the RN (Registered Nurse). The RN indicated staff should administer medications according to physician's orders. The RN indicated staff did not follow the medication administration policy and procedure when medications were not administered according to physician's orders. The RN indicated staff did not follow the medication administration policy and procedure and Core A / Core B medication administration training when client #7's medications were not administered according to physician's orders and this resulted in med errors.</p> <p>9-3-6(a) 483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview for 1 of 24 doses of medications administered at the morning medication administration (client #1), the facility failed to administer medications without error to client #1.</p> <p>Findings include: On 2/9/2021 at 6:10am, DSP (Direct Support Professional) #4 asked client #1 to come to the</p>	W 0369	Facility staff were re-trained in medication administration procedures per Core A/Core B policy. PRN medications have been obtained from the pharmacy with labels according to physician orders. All "house stock" medications have been removed from the home. To ensure compliance, the QIDP and/or house manager will do random	03/12/2021	

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	<p>medication room. At 6:10am, client #1 complained of a headache and wanted Tylenol for his headache. DSP #4 continued with the medication administration and at 6:35am, client #1 again requested Tylenol for his headache. At 6:35am, DSP #4 selected an unlabeled bottle of Tylenol 500mg (milligram) tablets from a separate locked file drawer and stated the unlabeled bottle of Tylenol was "House stock." DSP #4 located client #1's 2/2021 E-MAR (Electronic-Medication Administration Record) "Acetaminophen 325mg tab, take 1-2 tabs by mouth every 4-6 hours as needed" for pain. At 6:35am, DSP #4 gave client #1 one tablet of Tylenol 325mg and client #1 took the medication with water. At 6:35am, DSP #4 stated the Tylenol 500mg "did not exactly match [client #1's] Doctor's order but it was the only thing they had at the group home close to the correct milligrams." DSP #4 indicated the facility followed Core A/Core B medication administration training to compare the medication label to the MAR and physician's order three times to ensure the correct medication was administered. DSP #4 stated she had not contacted the nurse "because the house stock Tylenol was close to the correct dosage."</p> <p>Client #1's record was reviewed on 2/10/2021 at 10:20am. Client #1's 1/20/2021 physician's orders indicated "Acetaminophen 325mg tab, take 1-2 tabs by mouth every 4-6 hours as needed" for pain.</p> <p>On 2/11/2021 at 9:05am, the facility's 2/12/2020 policy and procedure for "Medication Administration" indicated "Check the information on the pharmacy medication label by comparing it to the medication administration record and the physician's order, for the individual's name,</p>		<p>observations of medication administrations. This will occur at least three times weekly. Failure to comply will result in disciplinary action.</p> <p>Person responsible: QIDP and house manager</p>	

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W 0391 Bldg. 00	<p>medication ordered, dosage. Check the medication listed on the medication administration record with the medication label three times...." The policy and procedure indicated staff should administer client medications according to physician's orders.</p> <p>On 2/11/2021 at 9:05am, an interview was conducted with the RN (Registered Nurse). The RN indicated staff should administer medications according to physician's orders. The RN indicated staff did not follow the medication regarding client #1's Tylenol administration. The RN stated "the medication should match exactly. If it doesn't then the nurse should be called before administering the medications." The RN indicated the nurse had not been contacted regarding client #1's Tylenol use. The RN indicated the facility followed core A/core B medication training when medications were administered.</p> <p>9-3-6(a) 483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 2 of 8 clients living in the group home (clients #1 and #5), the facility failed to remove medication containers without labels from the supply for clients #1 and #5.</p> <p>Findings include:</p> <p>1. On 2/9/2021 at 6:10am, DSP (Direct Support Professional) #4 asked client #1 to come to the medication room. At 6:10am, DSP #4 selected</p>	W 0391	The pharmacy was contacted and it was clarified that all components of a prescription need to have a pharmacy label. Facility staff were re-trained on medication administration procedures in accordance with Core A/Core B policy. In order to ensure compliance, checking for labels will added to the weekly medication audit. Failure to	03/12/2021

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	<p>an unlabeled bottle of Fungi-Guard 1% solution, set it on the desk, and asked client #1 to apply it to his hand. Client #1 applied the unlabeled Fungi-Guard solution with a cotton ball and rubbed the solution into spots on his fingers and hands. At 6:35am, client #1's 2/2021 E-MAR (Electronic-Medication Administration Record) indicated "Fungi-Guard 1% Solution, apply twice a day" for nail and fungus to the skin. At 6:35am, DSP #4 indicated the facility followed Core A/Core B medication administration training to compare the medication label to the MAR and physician's order three times to ensure the correct medication was administered. DSP #4 stated she was not able to compare the Fungi-Guard 1% Solution container to the E-MAR because "the medication did not have a pharmacy label with the directions for its use."</p> <p>Client #1's record was reviewed on 2/11/2021 at 10:20am. Client #1's 1/20/2021 physician's orders indicated "Fungi-Guard 1% Solution, apply twice a day" for nail and fungus to the skin.</p> <p>2. On 2/8/2021 at 4:10pm, DSP #3 asked client #5 to come to the medication room. At 4:10pm, client #5 checked his blood sugar and indicated it was 231. DSP #3 selected an unlabeled Novolog Flex pen insulin for diabetes (high blood sugar), attached a needle to the end of the pen, and with client #5 selected 6 units of Novolog Flex pen insulin to administer. At 4:25pm, DSP #3 stated "Sometimes the Flex pen insulin comes (from the pharmacy) with labels on them and sometimes they don't." DSP #3 indicated she refers to the E-MAR for client #5's sliding scale for insulin administration. DSP #3 indicated client #5 was the only client in the home who used Novolog Flex pen insulin. DSP #3 indicated the facility followed Core A/Core B</p>		<p>comply will lead to disciplinary action. Person responsible: QIDP</p>				

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W 0455 Bldg. 00	<p>medication administration training to administer medications. DSP #3 indicated the unlabeled Novolog Flex pen did not have client #5's name, dosages directions, and/or date opened on the Flex pen insulin.</p> <p>Client #5's 1/20/2021 physician's order was reviewed on 2/8/2021 at 4:25pm and on 2/11/2021 at 9:00am. Client #5's physician's order indicated "Novolog Flex pen, inject per sliding scale four times a day max. 60 U (units) per day: < (less than) 150 U=0, 150-200 U=4 U, 200-250 U=6 U."</p> <p>On 2/11/2021 at 9:05am, an interview was conducted with the RN (Registered Nurse). The RN indicated medications should have the client name and directions for their use on each medication. The RN indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration to ensure medications were labeled by the pharmacy. The RN indicated medications without a label were to be removed from use.</p> <p>On 2/11/2021 at 9:05am, a review of the 2004 "Living in the Community" medication administration training manual, Core Lesson 2: Responsibilities in the Area of Medication Administration which indicated medications should be labeled.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of</p>			

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	<p>infection and communicable diseases.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and 5 additional clients (clients #4, #5, #6, #7, and #8), the facility failed to ensure the staff implemented the agency's written policy/guidelines to post signs/written guidelines for visitors to follow when visiting the group home to assist with preventing the spread of Covid-19 (Coronavirus Disease/respiratory illness) during a pandemic.</p> <p>Findings include:</p> <p>On 2/8/2021 from 3:55pm until 5:50pm and on 2/9/2021 from 5:30am until 7:30am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were at the group home. During both observation periods, no signs and/or written guidelines were posted on the entry/exit doors of the group home regarding visitation to the group home, restrictions for visitors such as face masks requirements, screening requirements for temperature and travel, and emphasis to ensure visitors washed their hands while at the group home related to preventing the spread of Covid-19.</p> <p>On 2/11/2021 at 9:05pm, the agency's 3/2020 "Covid-19 Procedures" related to the agency's policies and procedures during a pandemic indicated the agency followed CDC (Centers for Disease Control) guidelines, education for staff to refer to the CDC website for information, how to work remotely from home when possible, guidelines for employees to follow with their work day, and monitoring staff and clients regarding their body temperatures. The policy and procedure included written guidelines related to Covid-19 for the restriction of visitors at the group home, to monitor "all" temperatures for</p>	W 0455	Per ADEC policy, signs should be posted on all exterior doors regarding restrictions and procedures for visitors to help stop the spread of Covid-19. Signs were posted on 02/12/21. Staff were re-trained on the residential Covid-19 policy. They were instructed to complete screenings when visitors arrive at the home as well as when clients and staff arrive. To ensure compliance, the QIDP will perform weekly inspection of the home ensuring that signs are posted and that screenings are occurring. Failure to comply will result in disciplinary action. Person responsible: QIDP	03/12/2021			

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	<p>those who enter the group home, and screening questions to ask related to Covid-19 for the staff to implement to assist with preventing the spread of Covid-19 during a pandemic for clients and visitors.</p> <p>On 2/11/2021 at 9:05am, the article "Coronavirus Disease 2019 (COVID-19): Protect Yourself" was reviewed from the website www.cdc.gov. The article indicated: "Everyone should: Wash your hands often: Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% (percent) alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands. Avoid close contact: Avoid close contact with people who are sick, even if inside your home. If possible, maintain 6 feet between the person who is sick and other household members. Put distance between yourself and other people outside of your home. Remember that some people without symptoms may be able to spread virus. Stay at least 6 feet from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings. Keeping distance from others is especially important for people who are at higher risk of getting very sick. Cover your mouth and nose with a cloth face cover when around others: You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example if they have to go to the grocery store or to pick up other necessities The cloth face cover is meant to protect other people in case you are</p>			

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	<p>infected Continue to keep about 6 feet distance between yourself and others. The cloth face cover is not a substitute for social distancing. Cover coughs and sneezes: If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol. Clean and disinfect: Clean and disinfect frequently touched surfaces daily. This includes tables, door knobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Monitor your health: Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in setting where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop Follow CDC guidance if symptoms develop."</p> <p>On 2/11/2021 at 9:05am, a review of the agency's undated "Covid-19 Training" attendance record indicated DSP #2 completed a review of the agency's 3/2020 policy and procedure for Covid-19 regarding the requirements to screen visitors to the group home and to post signs/written guidelines on the entrances and exits of the group home.</p> <p>On 2/11/2021 at 9:05am, an interview was conducted with the VPO (Vice President of</p>			

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	<p>Operations) and the RN (Registered Nurse). The RN and the VPO both stated staff, visitors, and clients "should be screened before entering the group home each time" and the staff on duty were responsible for ensuring the screening was completed. The RN and the VPO both indicated the agency followed the CDC guidelines and developed written guidelines indicating staff were to ensure visitors were screened by asking Covid-19 questions and recording the person's temperature before entering the group home. The RN stated signs/written guidelines should be posted on "all entries/exits" to the group home to alert staff and visitors of the requirements to visit including wearing a facemask, screening questions, temperature checks, and washing their hands to prevent the spread of infection during a pandemic.</p> <p>9-3-7(a)</p>				