

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G297	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/13/2023
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP COD 1823 ASHLEY CT GOSHEN, IN 46526
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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Dates of Survey: October 10, 11, 12 and 13, 2023. Facility Number: 000816 Provider Number: 15G297 Aims Number: 100243710 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/1/23.	W 0000		
W 0125 Bldg. 00	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. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients had the right to due process in regard to locking the snacks in the medication room. Findings include: Observations were conducted in the home on 10/10/23 from 3:44 pm to 5:45 pm. Clients #1, #2 and #3 were present throughout the observations. Snacks (chips, peanuts, and granola bars) were kept in the locked medication room throughout the observation period.	W 0125	Extra snacks were locked in the med room of the home. The agency will ensure that food is always available/accessible for all clients. A shelf was added to the kitchen to accommodate the room for snacks in the kitchen to be accessible to clients. Facility staff have been re-trained on the rights of clients to have unimpeded access to all food and drinks. QIDP and/or house manager will perform random inspections to ensure that clients have free	11/13/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Meghan Thornton	DRO	11/13/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>On 10/10/23 at 4:09 pm the house manager (HM) brought a plastic container of snacks into the medication room and placed them on top of the shelf. When the medication pass was completed the medication room was locked.</p> <p>An interview with staff #2 was conducted on 10/10/23 at 4:45 pm. Staff #2 stated, "Snacks are locked in the office due to some individuals having diabetes. If we leave the snacks out, then individuals will keep getting into them. I don't think it is in anyone's plan to have snacks locked."</p> <p>A. Client #1's record was reviewed on 10/11/23 at 2:47 pm. There was no documentation in his Individual Support Plan (ISP) dated 2/8/23 indicating the snacks needed to be locked up.</p> <p>B. Client #2's record was reviewed on 10/11/23 at 2:52 pm. There was no documentation in his ISP dated 11/15/22 and BSP dated 11/22 which indicated the snacks needed to be locked.</p> <p>C. Client #3's record was reviewed on 10/11/23 at 2:31 pm. There was no documentation in his ISP dated 8/22/23 and BSP dated 9/20/23 which indicated the snacks needed to be locked.</p> <p>An interview with the House Manager (HM) was conducted on 10/10/23 at 4:52 pm. The HM stated, "Snacks are locked in the office. There was a time when we were finding wrappers in clients' bedrooms. It is not in anyone's plan for snacks to be locked."</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 10/13/23 at 11:28 am. The QIDP stated, "It is not in</p>		<p>access to all food and drinks. Persons responsible: QIDP; House Manager</p>		

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W 0382 Bldg. 00	<p>anyone's plan to have snacks locked. If snacks are being locked to stop clients from sneaking food, then we need to have a plan and Human Rights Committee (HRC) approval."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 10/10/23 at 9:38 am. The DGH stated, "Snacks should not be locked in the medication room and not accessible to clients."</p> <p>9-3-2(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5 #6, #7 and #8), the facility failed to ensure the clients' medications were stored in a secure manner.</p> <p>Findings include:</p> <p>Observations were conducted in the home on 10/10/23 from 3:44 pm to 5:45 pm. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were present throughout the observation period. At 4:07 pm staff #2 walked out of the medication room leaving the medication cabinet that contained all of clients #1, #2, #3, #4, #5, #6, #7 and #8's medications unlocked. Staff #2 walked over to the bathroom and washed his hands. Staff #2 was not able to see the medication room from where he was standing. He left the medication room unattended until 4:09pm. At 4:19pm staff #2 left the medication room leaving the medication cabinet unlocked. Staff #2 walked over to the bathroom to wash his</p>	W 0382	All facility staff have been retrained on the medication administration policy, including proper storage of medication. House Manager and/or QIDP will perform random observations of med passes to ensure that medication administration policy is being followed. Observations will occur at least two times weekly. Retraining will occur as needed. Persons responsible: QIDP; House Manager	11/20/2023

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	<p>hands. Staff #2 walked into the medication room at 4:20pm.</p> <p>An interview with staff #2 was conducted on 10/10/23 at 4:45 pm. Staff #2 stated, "When I go wash my hands, I make sure the door to the medication room is closed. I guess it should be locked if the medication cabinet is unlocked."</p> <p>An interview with the House Manager (HM) was conducted on 10/10/23 at 4:52 pm. The HM stated, "Staff should lock the medication cabinet if they are leaving the room."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 10/13/23 at 11:05am. The LPN stated, "Medications need to be locked before leaving the medication room."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 10/10/23 at 9:38 am. The DGH stated, "Medications need to be locked before anyone leaves the medication room."</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 10/13/23 at 11:28 am. The QIDP stated, "Staff need to lock the medication room anytime they leave the room."</p> <p>9-3-6(a)</p>			