

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 10/01/2024
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00440803.</p> <p>Complaint #IN00440803: No deficiencies related to the allegation(s) are cited.</p> <p>Dates of Survey: 9/26, 9/27, 9/30 and 10/1/24.</p> <p>Facility Number: 000816 Provider Number: 15G297 AIMS Number: 100243710</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 10/7/24.</p>	W 0000		
W 0382 Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>Based on observation and interview for 1 of 3 sampled clients (C), plus 4 additional clients (D, E, F and G), the facility failed to ensure the clients' medications were stored in a secure manner.</p> <p>Findings include:</p> <p>Observations were conducted on 9/26/24 from 3:30 pm to 6:00 pm. Client A was on an outing throughout the evening observation. Client B was at a medical appointment and arrived at the home at 5:25 pm. At 4:06 pm staff #2 popped out client C's medication into a medication cup. Staff #2</p>	W 0382	<p>W 382 DRUG STORAGE AND RECORDKEEPING</p> <p>All facility staff are being retrained on the medication administration policy, including proper storage of medication. Residential 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;</p>	10/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Meghan Thornton	DRO	10/16/2024

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>locked the medication cabinet and walked out of the medication room leaving client C's medication sitting on the counter. Staff #2 went to the other side of the house to get client C. The medication was left unattended until 4:09 pm. At 4:22 pm the medication cabinet was unlocked. Staff #2 walked out of the medication room leaving the medication cabinet unlocked and client D's controlled medication box unlocked sitting on the counter. Staff #2 walked to the other side of the house. The medication was not visible to staff #2. The medication was left unattended until 4:23 pm. This affected clients A, D, E, F and G.</p> <p>An interview with staff #2 was conducted on 9/26/24 at 4:46 pm. Staff #2 stated, "Medications should be locked in the cabinet when walking out of the room. I probably left some out today."</p> <p>An interview with the House Manager (HM) was conducted on 9/26/24 at 5:46 pm. The HM stated, "The staff should lock the medication cabinet with medications. If they need to leave the room, the medications should be locked back up in the cabinet."</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 10/1/24 at 11:42 am. The QIDP stated, "The medication should be locked in the medication room. The staff should lock the door behind them if they need to leave the room."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 10/1/24 at 12:31 pm. The DGH stated, "Medications need to be locked in the cabinet at all times."</p> <p>9-3-6(a)</p>		Residential House Manager	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>Based on observation and interview for 1 of 3 sampled clients (C), plus 4 additional clients (D, E, F and G), the facility failed to ensure the clients assisted with meal preparation.</p> <p>Findings include:</p> <p>Observations were conducted on 9/26/24 from 3:30 pm to 6:00 pm. Client A was on an outing throughout the evening observation. Client B was at a medical appointment and arrived at the home at 5:25 pm. The observations indicated the following:</p> <p>At 4:29 pm staff #2 was in the kitchen and put chicken nuggets in the oven. At 4:42 pm staff #1 put macaroni in a pan of water for the macaroni and cheese. Clients D and G were sitting at the dining room table. Clients E and F were in their bedrooms. Client C was in the living room watching television. At 4:49 pm staff #1 was mixing the macaroni and cheese and then placed the cooked peas in a bowl on the kitchen counter.</p> <p>Clients C, D, E, F and G were not prompted to assist with meal preparation for dinner.</p> <p>An interview with staff #1 was conducted on 9/26/24 at 4:56 pm. Staff #1 stated, "No one helped me with dinner tonight. I didn't ask anyone to help tonight. [Client E] normally will come out and help."</p> <p>An interview with the House Manager (HM) was conducted on 9/26/24 at 5:46 pm. The HM stated, "The clients should be helping with cooking."</p>	W 0488	<p>W 488 DINING AREAS AND SERVICE</p> <p>Training has been assigned to staff regarding "Active Treatment at Meal Times " with a completion date of 10/23/2024. Residential House Manager and/or QIDP will perform random observations during mealtimes to ensure the clients are assisting with meal preparation. Observations will occur at least two times weekly. Retraining will occur as needed. Persons responsible: QIDP; Residential House Manager</p>	10/23/2024

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

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	<p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 10/1/24 at 11:42 am. The QIDP stated, "The clients should help as much as they can with staff assistance when cooking meals."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 10/1/24 at 12:31 pm. The DGH stated, "The meals should be cooked by staff with client assistance."</p> <p>9-3-8(a)</p>				