

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 04/21/2022
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1823 ASHLEY CT GOSHEN, IN 46526
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey.</p> <p>Dates of Survey: April 19, 20, and 21, 2022.</p> <p>Facility Number: 000816 Provider Number: 15G297 Aims Number: 100243710</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/12/22.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sample clients (#1, #2, and #3), plus 4 additional clients (#4, #5, #6, and #7), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 4/19/22 from 7:10 am until 8:00 am, and on 4/19/22 from 3:30 pm until 5:30 pm. Clients #1, #2, #3, #4, #5, #6, and #7 were present throughout the observation periods. An observation was conducted on 4/20/22 from 10:00 am until 11:00 am. Clients #1 and #2 were present throughout the observation period.</p>	W 0104	<p>All repairs have been initiated. Director of Maintenance will ensure that the repairs are completed properly and will ensure that the home remains in good repair. Maintenance staff will inspect monthly. The house manager will complete monthly inspections looking for anything that needs repair. All facility staff will be trained on the procedure to complete a maintenance request for any needed repairs. Maintenance staff will respond to any request within 48 hours. Persons responsible: Maintenance staff; House Manager</p>	05/25/2022

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 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>1. Throughout the observation periods, there were towels spread over the furniture in the living room and on the elliptical exercise machine. On 4/19/22 at 7:10 am, client #3 stated, "Our dryer squeaks." On 4/19/22 at 7:15 am, Direct Support Professional (DSP) #1 stated, "I'm sorry about things hanging everywhere. The dryer was so loud, and I was worried it would keep everyone awake."</p> <p>2. On 4/19/22 at 7:20 am, client #3 showed the surveyor his bedroom. Above client #3's bed, the paint was scraped from the wall in an area measuring 2 feet by 6 inches. Client #3 stated, "I'd like to have it repainted."</p> <p>3. In the bathroom nearest to client #1's bedroom, there was a sign posted on the door indicating, "Do not use toilet. Stop. No." The toilet in the bathroom moved from side to side when pressure was applied. On each side of the sink, the front of the countertop was broken off in triangular shapes measuring 18 inches by 12 inches. On 4/19/22 at 7:25 am client #3 stated, "The toilet was loose. I was thinking about using it anyway because there are too many people using mine."</p> <p>4. A section of the garage was blocked off with boxes and totes. There was a pile of furniture, bicycles, wheelchairs, shower chairs, storage totes, walkers, an outdoor swing, and a mechanical lift. On 4/29/22 at 7:29 am, client #3 stated, "We need a dumpster to throw away all of the stuff we don't use."</p> <p>5. Next to an upright freezer in the garage there was a powered wheelchair with a manual wheelchair stacked on top of it. On 4/29/22 at 7:30 am, client #3 stated, "Those</p>			

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	<p>wheelchairs need to be taken out. They used to be [client #8's]. He died."</p> <p>6. Client #1's financial record was reviewed on 4/20/22 at 10:12 am. A receipt dated 12/22/21 indicated client #1 purchased a new television for himself. On 4/20/22 at 10:22 am, House Manager (HM) #1 stated, "[Client #1] was the only one who didn't have a television. It's in his room, but maintenance hasn't put it up, yet." In client #1's bedroom, there was a television in a box on the floor.</p> <p>House Manager (HM) #1 was interviewed on 4/19/22 at 7:44 am and stated, "The dryer started squeaking on [4/14/22]. I put in a maintenance request, but they haven't come out yet. It still dries, but it is very loud." HM #1 stated, "The toilet wiggles. It is really loose. I broke the counter about a week ago. The toilet has been loose since I started here in November 2020, it has only gotten worse." HM #1 stated, "They had bed bugs before I started working here in November 2020. Everything was bagged up and put in the garage. I haven't had staff here, so I couldn't be out in the garage to work on it. The bikes and the swing are broken. I don't know what to do with them. I would like to have it cleaned out, so I have more room for storage." HM #1 stated, "[Client #8] used to use the [mechanical lift]. He passed away in October 2021. Those wheelchairs were his, too."</p> <p>Group Home Director (GHD) #1 was interviewed on 4/21/22 at 2:45 pm and stated, "The home should be clean and in good condition." GHD #1 stated, "I know the toilet has been wobbly. [HM #1] has asked them to see what they can do with that a couple of times. We are looking at making the bathroom bigger and eliminating that</p>			

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W 0129 Bldg. 00	<p>bathroom." GHD #1 stated, "I asked staff to call maintenance about the dryer." GHD #1 stated, "If the things in the garage aren't usable, staff should call maintenance to haul them away." GHD #1 indicated usable items should be inventoried and stored for future use. GHD #1 indicated client #1's television should be installed in his bedroom. GHD #1 stated, "Staff can file a maintenance report on their own. It's through the employee website, so everyone has access."</p> <p>9-3-1(a)</p> <p>483.420(a)(7)</p> <p>PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (#1, #2, and #3), plus 4 additional clients (#4, #5, #6, and #7), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, and #7's medical information was kept in a secure location.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 4/19/22 from 7:10 am until 8:00 am, on 4/19/22 from 3:30 pm until 5:30 pm. Clients #1, #2, #3, #4, #5, #6, and #7 were present throughout the observation periods. An observation was conducted on 4/20/22 from 10:00 am until 11:00 am. Clients #1 and #2 were present throughout the observation period.</p> <p>In the medication room, there was a box of empty medication cards and bottles on the floor behind a chair where clients sat to take their medication.</p>	W 0129	All facility staff are trained in Core A and Core B upon hire. Additionally, all facility staff are trained on the ADEC medication administration policy. All facility staff will be retrained on the medication administration policy with an emphasis on personal privacy. QIDP and/or House Manager will perform random observations of medication administrations to ensure that personal privacy is being afforded. QIDP/House manager will complete observations of medication administration at least two times per week. Retraining will occur as needed. Person responsible: QIDP, House Manager	05/25/2022	

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W 0154 Bldg. 00	<p>The medication cards and bottles included labels with clients #1, #2, #3, #4, #5, #6, and #7's full names, medication, dosage, and purpose. Throughout the observation periods, the medication room door was left open.</p> <p>House Manager (HM) #1 was interviewed on 4/19/22 at 4:29 pm and stated, "There is a box right there (HM #1 pointed to a box on the floor behind a chair in the medication room), the med-flex (staff responsible for coordinating health related tasks) or I are the only ones to dispose of them. We make sure everything is ordered before we destroy the old packaging." HM #1 indicated a desk in the medication room and stated, "There are some there because those need to be ordered. On the desk, mixed with other papers, there were two tops of medication cards containing client #1 and #2's names, medications, dosage, and the purpose of the medication. HM #1 stated, "Is that a problem? Should they be locked?"</p> <p>Group Home Director (GHD) #1 was interviewed on 4/21/22 at 2:45 pm and stated, "Empty medication cards go into a container until audits are completed. Then they are shredded, or the name and identifying information is blacked out, and the card is thrown away. They should be secured in a cabinet somewhere and locked."</p> <p>9-3-2(a) 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 10 of 21 allegations of abuse and neglect reviewed, the facility failed to thoroughly investigate 10 allegations of peer to peer abuse for clients #1 and</p>	W 0154	All incidents of peer to peer aggression are investigated by protective services and the QIDP. Clients and witnesses are	05/25/2022

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	<p>#2.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 4/19/22 at 10:30 am.</p> <p>1. A BDDS report dated 8/27/21 indicated the following: "On 8/27/21 at 10 am, [client #1] was at day program. [Client #1] was in the hallway when another client was trying to get through. That client touched [client #1's] wheelchair which historically is a trigger for behaviors for [client #1]. [Client #1] then hit the other client in the chest area."</p> <p>An investigation dated 8/30/21 did not include interviews with the clients involved or witnesses, a review of the client's Behavior Support Plan (BSP), or recommendations for corrective action to prevent future incidents.</p> <p>2. A BDDS report dated 9/8/21 indicated the following: "On 9/3/21 at 9:40 am, [client #1] was at day program. He was trying to have a conversation with another client who didn't want to talk with him. The other client pushed [client #1's] wheelchair to move him, so he hit the other client on her breast. [Client #1] has a history of getting upset when others touch his wheelchair without asking first."</p> <p>An investigation dated 9/8/21 did not include interviews with the clients involved or witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p>		<p>interviewed. The investigation form has dedicated space to document the results. The investigation form has been updated to include a review of the behavior support plan and proactive measures to help prevent further recurrences. This will ensure a more thorough review of the incident and gives a consistent place to document proactive measures put in place. All pertinent staff have been trained on the updated form. Residential Director reviews all investigations. Person responsible: Protective services. QIDP, Director Residential</p>	

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	<p>3. A BDDS report dated 10/27/21 indicated the following: "On 10/27/21 at 6 pm, [client #1] was at his home. ADEC staff reported [client #1] walked by [client #2] in the hallway, and [client #2] hit [client #1] on the arm."</p> <p>An investigation dated 11/1/21 did not include interviews with the clients involved or witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>4. A BDDS report dated 11/19/21 indicated the following: "On 11/19/21 around 11:40 am, [client #1] was at day program. He began yelling because another individual's lunchbox was touching his. He threw the lunchbox then kicked the other client on the shin."</p> <p>An investigation dated 11/22/21 did not include interviews with witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>5. A BDDS report dated 12/4/21 indicated the following: "On 12/14/21 at 1 pm, [client #1] was at his home. ADEC staff reported [client #1] was walking to the kitchen when [client #2] pushed him from behind."</p> <p>An investigation dated 12/4/21 did not include interviews with the clients involved or witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>6. A BDDS report dated 12/10/21 indicated the following: "On 12/9/21 around 11:00 am, [client #1] was at</p>			

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	<p>day program. During vocational time, another client accidentally touched [client #1's] wheelchair, so [client #1] pinched the other client's left arm twice."</p> <p>An investigation dated 12/10/21 did not include interviews with the clients involved or witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>7. A BDDS report dated 4/13/22 indicated the following: "On 4/13/22 at 10:15 am, [client #1] was at day program. He became upset with another client because they asked him to leave a peer alone. [Client #1] told staff that the other client is not his boss then hit the other client with an open palm on the right upper arm."</p> <p>An investigation dated 4/15/22 did not include interviews with the clients involved or witnesses, a review of the client's BSP, whether the allegation of peer to peer abuse was substantiated, or recommendations for corrective action to prevent future incidents.</p> <p>8. A BDDS report dated 10/5/21 indicated the following: "On 10/4/21 at 2 pm, [client #2] was out shopping with his housemates. ADEC staff reported as they were getting in the van to go home, [client #2] hit another client on the shoulder."</p> <p>An investigation dated 10/5/21/21 did not include interviews with the clients involved or witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>9. A BDDS report dated 12/6/21 indicated the following:</p>			

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	<p>"On 12/4/21, at 1 pm, [client #2] was at his home. ADEC staff reported this client had been upset, and, as staff were trying to redirect, this client ran up to another client and pushed them. [Client #2] then ran to his room."</p> <p>An investigation dated 12/6/21 did not include interviews with the clients involved or witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>10. A BDDS report dated 4/10/22 indicated the following: "On 4/8/22, [client #2] was on the van being transported home. ADEC staff reported his jaw had been hurting him due to past treatments and diagnosis. He communicated this by hitting another client on the van. Van was not in motion (sic). He then hit 2 other clients as they were getting off the van 20 minutes later."</p> <p>An investigation dated 4/8/22 did not include interviews with witnesses, a review of the client's BSP, or recommendations for corrective action to prevent future incidents.</p> <p>Group Home Director (GHD) #1 was interviewed on 4/21/22 at 2:45 pm and stated, "When there is peer to peer abuse, protective services does an investigation and the QIDP (Qualified Intellectual Disabilities Professional) does an investigation. They make sure the BSP (Behavior Support Plan) is being followed. They talk to the individuals if they can. They talk to staff and anyone who could be a witness and can give information. They look to see if there is anything that needs to be changed or updated to try to prevent future incidents."</p> <p>9-3-2(a)</p>			

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W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 10 of 21 allegations of abuse and neglect reviewed, the facility failed to implement corrective action to prevent a pattern of peer to peer physical abuse for clients #1 and #2.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 4/19/22 at 10:30 am.</p> <p>1. A BDDS report dated 8/27/21 indicated the following: "On 8/27/21 at 10 am, [client #1] was at day program. [Client #1] was in the hallway when another client was trying to get through. That client touched [client #1's] wheelchair which historically is a trigger for behaviors for [client #1]. [Client #1] then hit the other client in the chest area."</p> <p>An investigation dated 8/30/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>2. A BDDS report dated 9/8/21 indicated the following: "On 9/3/21 at 9:40 am, [client #1] was at day program. He was trying to have a conversation with another client who didn't want to talk with him. The other client pushed [client #1's] wheelchair to move him, so he hit the other client on her breast. [Client #1] has a history of getting upset when others touch his wheelchair without</p>	W 0157	All incidents of peer to peer aggression are investigated by protective services and the QIDP. Clients and witnesses are interviewed. The investigation form has dedicated space to document the results. The investigation form has been updated to include a review of the behavior support plan and proactive measures to help prevent further recurrences. This will ensure a more thorough review of the incident and gives a consistent place to document proactive measures put in place. All pertinent staff have been trained on the updated form. Residential Director reviews all investigations. Person responsible: Protective services. QIDP, Director Residential	05/25/2022	

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	<p>asking first."</p> <p>An investigation dated 9/8/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>3. A BDDS report dated 10/27/21 indicated the following: "On 10/27/21 at 6 pm, [client #1] was at his home. ADEC staff reported [client #1] walked by [client #2] in the hallway, and [client #2] hit [client #1] on the arm."</p> <p>An investigation dated 11/1/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>4. A BDDS report dated 11/19/21 indicated the following: "On 11/19/21 around 11:40 am, [client #1] was at day program. He began yelling because another individual's lunchbox was touching his. He threw the lunchbox then kicked the other client on the shin."</p> <p>An investigation dated 11/22/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>5. A BDDS report dated 12/4/21 indicated the following: "On 12/14/21 at 1 pm, [client #1] was at his home. ADEC staff reported [client #1] was walking to the kitchen when [client #2] pushed him from behind."</p> <p>An investigation dated 12/4/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>6. A BDDS report dated 12/10/21 indicated the</p>			

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	<p>following: "On 12/9/21 around 11:00 am, [client #1] was at day program. During vocational time, another client accidentally touched [client #1's] wheelchair, so [client #1] pinched the other client's left arm twice."</p> <p>An investigation dated 12/10/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>7. A BDDS report dated 4/13/22 indicated the following: "On 4/13/22 at 10:15 am, [client #1] was at day program. He became upset with another client because they asked him to leave a peer alone. [Client #1] told staff that the other client is not his boss then hit the other client with an open palm on the right upper arm."</p> <p>An investigation dated 4/15/22 did not include recommendations for corrective action to prevent future incidents.</p> <p>Client #1's record was reviewed on 4/19/22 at 1:32 pm. Client #1's BSP dated 5/10/21 did not include proactive measures to prevent peer to peer aggression.</p> <p>8. A BDDS report dated 10/5/21 indicated the following: "On 10/4/21 at 2 pm, [client #2] was out shopping with his housemates. ADEC staff reported as they were getting in the van to go home, [client #2] hit another client on the shoulder."</p> <p>An investigation dated 10/5/21/21 did not include recommendations for corrective action to prevent future incidents.</p>			

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 04/21/2022
NAME OF PROVIDER OR SUPPLIER ADEC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1823 ASHLEY CT GOSHEN, IN 46526		
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	<p>9. A BDDS report dated 12/6/21 indicated the following: "On 12/4/21, at 1 pm, [client #2] was at his home. ADEC staff reported this client had been upset, and, as staff were trying to redirect, this client ran up to another client and pushed them. [Client #2] then ran to his room."</p> <p>An investigation dated 12/6/21 did not include recommendations for corrective action to prevent future incidents.</p> <p>10. A BDDS report dated 4/10/22 indicated the following: "On 4/8/22, [client #2] was on the van being transported home. ADEC staff reported his jaw had been hurting him due to past treatments and diagnosis. He communicated this by hitting another client on the van. Van was not in motion (sic). He then hit 2 other clients as they were getting off the van 20 minutes later."</p> <p>An investigation dated 4/8/22 did not include recommendations for corrective action to prevent future incidents.</p> <p>Group Home Director (GHD) #1 was interviewed on 4/21/22 at 2:45 pm and stated, "The investigation should include what can be changed or updated to try to prevent future incidents." GHD #1 stated, "If there is corrective action that could take place, it is on the plan." GHD #1 stated, "For [client #2] we believe there are some medical things going on, and we're looking at what to do for him. For [client #1], with that many incidents, I would expect some staff retraining."</p> <p>9-3-2(a)</p>				

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W 0382 Bldg. 00	<p>483.460(1)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 3 sample clients (#1, #2, and #3), plus 4 additional clients (#4, #5, #6, and #7), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, and #7's medications were secured when not being prepared for administration.</p> <p>Findings include:</p> <p>An observation was conducted in the group home on 4/19/22 from 3:30 pm until 5:30 pm. Clients #1, #2, #3, #4, #5, #6, and #7 were present throughout the observation period. On 4/19/22 at 3:30 pm, Direct Support Professional (DSP) #3 greeted the surveyor at the door. DSP #3 indicated she was taking the clients' vitals. DSP #3 went to each client and took their temperatures. The medication room door was open, and the medication cabinet was unlocked. The door to one shelf containing gloves and other supplies was open, and the doors containing medication opened when the surveyor checked them. At 3:40 pm, DSP #3 stated, "When we first get here, I take vitals. I'm not passing meds (medications), yet."</p> <p>House Manager (HM) #1 was interviewed on 4/19/22 at 4:23 pm and stated, "Medications are kept locked."</p> <p>Group Home Director (GHD) #1 was interviewed on 4/21/22 at 2:45 pm and stated, "Medications should be locked when there isn't a staff person there to monitor them."</p> <p>Registered Nurse (RN) #1 was interviewed by</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	05/25/2022			

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

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OMB NO. 0938-039

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	phone on 4/20/22 at 1:30 pm and stated, "Medications should be locked at all times. Controlled substances are double locked." 9-3-6(a)				