

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G801	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/14/2018
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NAME OF PROVIDER OR SUPPLIER ADEC INC	STREET ADDRESS, CITY, STATE, ZIP COD 6712 MACKEY CT SOUTH BEND, IN 46614
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 9/10, 9/11, 9/12, 9/13, and 9/14/2018.</p> <p>Facility number: 012599 Provider number: 15G801 AIM number: 201023260</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/4/18.</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 sampled clients (#1, #2, and #3) and 5 additional clients (#4, #5, #6, #7, and #8), the governing body failed to:</p> <ul style="list-style-type: none"> <li>- exercise general policy, budget and operating direction over the facility to ensure client #1 did not pay for his personal glucometer and test strips.</li> <li>- exercise general policy, budget, and operating direction over the facility to ensure the facility replaced damaged linoleum in the kitchen.</li> <li>- ensure the agency's policy and procedure for the care and maintenance of liquid oxygen and portable oxygen tanks at the facility included hazard warning labels on the exits and client #1's bedroom door and window regarding oxygen in</li> </ul>	W 0104	<p>Now oxygen warning signs are to be delivered by the O2 supplier on 10/18/18. There is a storage crate in the home, and staff have been trained on using it on 10/16/18. In the future, no oxygen is to be brought into the home without proper storage and signage. The QIDP will check for proper oxygen storage when monthly home inspections are completed as well as during house monitor visits weekly. Person Responsible: QIDP</p>	10/18/2018

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 disclosable 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>use for and proper storage for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>Findings include:</p> <p>1. Observations were completed in the group home on 9/10/18 from 4:00 PM through 5:55 PM. Client #1's bedroom had an oxygen concentrator in it. Client #1 had 6 tanks of oxygen in his bedroom closet and 1 was not secured in a crate or to the wall so it would not fall over.</p> <p>Interview was conducted with Residential Manager (RM) on 9/10/18 at 4:05 PM. The RM indicated client #1 used oxygen as needed and there was only a sign on the front door of the house. The RM indicated his bedroom door and his bedroom window did not have oxygen in use signs on them. The RM indicated she did not know if the oxygen tank was a full or empty tank but it should be secure so it would not fall over.</p> <p>The agency's undated "Oxygen Use/Storage" policy and procedure was reviewed on 9/11/18 at 2:15 PM. The policy and procedure indicated "1. Put signs on all entries/exits to the house including the client's window advising oxygen is in use ..." and "5. Oxygen tanks should always be stored in a rack/stand or cart to prevent tipping or falling over."</p> <p>Interview was conducted with the Vice President of Residential Operations, the Director of Residential Operations, and the agency LPN on 9/13/18 at 2:09 PM. The LPN indicated there should be oxygen signs on client #1's window, bedroom door, and points of entry/exit to the home.</p> <p>2. Client #1's record was reviewed on 9/12/18 at</p>			

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

PRINTED: 10/24/2018

FORM APPROVED

OMB NO. 0938-039

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	<p>10:52 AM. Client #1's financial record indicated on 6/6/2018 client #1 paid \$49.86 at [store name] with his personal money for a blood glucose meter, lancets, and test strips. On 7/23/2018 client #1 paid \$44.92 at [store name] with his personal money for test strips.</p> <p>Interview was conducted with Qualified Intellectual Disability Professional Technician (QIDP) on 9/12/18 at 11:00 AM. The QIDP indicated client #1 should not have paid for his blood glucose meter, lancets, or test strips. The QIDP indicated the agency was responsible for paying for medical items client #1 would need.</p> <p>3. Observations were completed in the group home on 9/10/18 from 4:00 PM through 5:55 PM and on 9/11/18 from 5:30 AM through 7:25 AM. In the kitchen there was a 1' (foot) by 1' square piece of linoleum which was worn in between the kitchen island and dining room table. During both observation periods the kitchen and dining room areas were accessed by clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>Interview was conducted with the RM on 9/10/18 at 4:05 PM. The RM indicated she thought the linoleum had been fixed last year but it had at least been worn since when she started in March of 2018.</p> <p>Interview was conducted with the Director of Residential Operations on 9/13/18 at 2:09 PM. The Director of Residential Operations stated maintenance repairs should be completed as soon as possible and "they may need a whole new floor put in because it is linoleum."</p> <p>9-3-1(a)</p>			

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W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3) plus 1 additional client (#5), the facility failed to immediately report a client to client abuse allegation to the administrator.</p> <p>Findings include:</p> <p>Interview was conducted with Residential Manager (RM) on 9/10/18 at 4:20 PM. The RM indicated she had been told by staff client #3 had hit client #5 during the morning of 9/10/18. The RM indicated protocol for client to client abuse is for staff to call the on-call supervisor and then fill out a peer to peer sheet and send it to the Director of Residential Operations and the protective services department.</p> <p>BDDS reports and internal incident reports were reviewed on 9/11/18 at 1:00 PM. There were no BDDS reports or internal incident reports to indicate staff had reported the client to client abuse on 9/10/18.</p> <p>Interview was conducted with the Director of Residential Operations on 9/13/18 at 2:09 PM. The Director of Residential Operations indicated she had not received a peer to peer sheet from staff working in the home on the day of the alleged client to client aggression. The Director of Residential Operations indicated staff should report all client to client abuse to an administrator</p>	W 0153	All staff have been trained on the reporting requirements for abuse, neglect and exploitation on 10/16/18. This includes reporting peer to peer. Failure to respond appropriately will result in disciplinary action. This training will be refreshed quarterly. Person Responsible: QIDP	10/16/2018	

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W 0268 Bldg. 00	<p>immediately.</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 1 additional client (#6), the facility failed to promote the client's dignity and teach client #6 to wipe the saliva from his mouth.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 9/10/18 from 4:00 PM through 5:55 PM. From 4:30 PM until 5:25 PM, client #6 had saliva dripping from his mouth to his shirt. Staff did not prompt client #6 to wipe his mouth or wipe his mouth for him.</p> <p>Interview was conducted with the Vice President of Residential Operations, the Director of Residential Operations, and the agency LPN on 9/13/18 at 2:09 PM. The Director of Residential Operations indicated staff should have prompted client #6 to wipe his mouth or wiped his mouth for him to ensure his dignity.</p>	W 0268	<p>All staff have been trained on 10/16/18 on maintaining client dignity by wiping client#6's chin with assist when needed. Staff will maintain all aspects of client dignity. A formal goal will be put in place by 10/19 and staff trained on it as well. The QIDP will conduct weekly monitoring to ensure the goal is being followed and client dignity is maintained.</p> <p>Person Responsible: QIDP</p>	10/19/2018
W 0455 Bldg. 00	<p>9-3-5(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 3 of 3</p>	W 0455	<p>All staff have been trained on the CDC guidelines for when and how</p>	10/16/2018

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W 0488 Bldg. 00	<p>sampled clients (#1, #2, and #3) plus 4 additional clients (#4, #5, #6, and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, and #8 washed their hands before eating meals.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 9/10/18 from 4:00 PM through 5:55 PM. At 5:20 PM, clients #3, #5, #6, and #8 came in the house from taking a walk outside. Clients #1, #3, #4, #5, #6, and #8 all went to the table to sit down and eat without washing their hands. Staff did not prompt clients to wash their hands.</p> <p>Observations were completed in the home on 9/11/18 from 5:30 AM through 7:15 AM. At 5:47 AM, clients #1, #2, #3, #4, #5, #6, and #8 came to the kitchen table and sat down to eat breakfast. Clients #1, #2, #3, #4, #5, #6, and #8 did not wash their hands before coming to the table and staff did not prompt them to wash their hands.</p> <p>Interview was conducted with the Vice President of Residential Operations, the Director of Residential Operations, and the agency LPN on 9/13/18 at 2:09 PM. The agency LPN indicated clients should wash their hands before going to the kitchen table to eat meals.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2, and #3) plus 4 additional</p>	W 0488	<p>to wash hands on 10/16/18. The QIDP will conduct weekly monitoring of meals to make sure this correction is followed. Person Responsible: QIDP</p> <p>On 10/16/18 all staff were trained on family style dining. Staff will assist individuals with meal prep</p>	10/16/2018

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	<p>clients (#4, #5, #6, and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, and #6 had the opportunity to participate in meal preparation.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 9/11/18 from 5:30 AM through 7:25 AM. At 5:30 AM, Staff #4 took plates and silverware out for breakfast. Staff #4 started to make breakfast without asking or prompting clients #1, #2, #3, #4, #5, #6, and #8 to help. Staff #6 poured milk and juice into cups for each client. Staff #4 made toast and put butter on each slice and staff #6 put the drinks on the kitchen table at each client's spot. At 5:47 AM, staff #4 put plates with toast and bowls of cereal at each client's spot. At 5:55 AM, clients #1, #3, #4, #5, #6, and #8 sat at the kitchen table. Staff #4 poured milk into each client's cereal bowl. At 6:05 AM, client #2 came to the kitchen table and staff #4 poured milk in his cereal bowl for him.</p> <p>Interview was conducted on 9/11/18 at 7:00 AM with the Residential Manager (RM). The RM stated clients #1, #2, #3, #4, #5, #6, and #8 are capable of pouring their own drinks and helping make breakfast but "it just depends on their mood in the morning."</p> <p>Interview was conducted with the Vice President of Residential Operations, the Director of Residential Operations, and the agency LPN on 9/13/18 at 2:09 PM. The Director of Residential Operations indicated staff should be prompting clients to help make their own breakfast and not doing everything for them.</p> <p>9-3-8(a)</p>		<p>and self serving. In order to prevent this in the future, the manager and QIDP will conduct meal monitoring three times per week documenting findings. Failure for staff to comply will result in disciplinary action. Person responsible: QIDP, Res manager</p>	