

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G714		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/11/2013	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 100 S CR 265 W NORTH VERNON, IN 47265			
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: February 7, 8 and 11, 2013.</p> <p>Facility number: 003993 Provider number: 15G714 AIM number: 200474890</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 14, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000					

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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W0104	<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 and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the governing body failed to exercise operating direction over the facility by not ensuring the carpets in the living room and clients #1, #2 and #3's bedrooms were cleaned or replaced.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/7/13 from 4:02 PM to 6:27 PM and on 2/8/13 from 6:00 AM to 8:07 AM. During the observations, the carpet in the living room and clients #1, #2 and #3's bedrooms had spots of red, brown, gray and black discoloration.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/8/13 at 10:08 AM. The QMRP indicated the carpet in the home needed to be cleaned. The QMRP stated, "Been a little while" since the carpet was cleaned.</p> <p>9-3-1(a)</p>	W0104	A local vendor will be employed to clean the carpets at this residence no later than March 13, 2013. The carpets will be inspected monthly using a quality assurance checklist to be completed by the Residential Manager or Team Leader. If the checklist indicates that the carpets are not clean, the vendor will be contacted to clean them by the Residential Manager.	03/13/2013	

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 2 non-sampled clients with adaptive equipment (#4), the facility failed to ensure wheelchair repairs were conducted in a timely manner.</p> <p>Findings include:</p> <p>An observation was conducted at the facility-operated day program on 2/7/13 from 1:36 PM to 2:32 PM. During the observation, client #4's wheelchair did not have footrests. Client #4's feet did not touch the ground.</p> <p>Observations were conducted at the group home on 2/7/13 from 4:02 PM to 6:27 PM and on 2/8/13 from 6:00 AM to 8:07 AM. During the observations, client #4's wheelchair did not have footrests. Client #4's feet did not touch the ground.</p> <p>An interview with Day Program Staff (DPS) #1 was conducted on 2/7/13 at 1:47 PM. DPS #1 stated client #4's footrests had been broken for "months." DPS #1 stated she informed the Qualified</p>	W0436	National Seating and Mobility has been contacted, and replacement parts have been ordered that will allow the re-attachment of the foot rest on the chair indicated. All client wheelchairs will be reviewed at each client's quarterly and annual IDT meeting to discuss the need for repair or updates. The Group Home QDDP will insure that this is completed and report to the team.	03/13/2013			

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	<p>Mental Retardation Professional (QMRP) a "couple of day ago." DPS #1 indicated the QMRP told her he was going to check on it.</p> <p>An interview with the Home Manager (HM) was conducted on 2/7/13 at 2:17 PM. The HM indicated client #4 kicked and banged her footrests to the point of bending. The HM indicated the footrests would not attach to client #4's wheelchair. The HM stated the footrests had been broken for "approximately 3 months." The HM indicated the footrests needed to be repaired.</p> <p>An interview with Direct Care Staff (DCS) #7 was conducted on 2/8/13 at 6:10 AM. DCS #7 stated client #4's footrests had been broken for "at least 6 months."</p> <p>An interview with DCS #6 was conducted on 2/8/13 at 6:54 AM. DCS #6 indicated client #4's footrests had been broken for "at least 9 months." DCS #6 indicated client #4's footrests had not been used since May 2012 when she started working at the group home.</p> <p>An interview with the QMRP was conducted on 2/8/13 at 9:45 AM. The QMRP indicated the seating and mobility consultants were attempting to find used</p>						

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	<p>footrests for client #4's wheelchair. He stated he was not sure how long the footrests had been broken but it had been "over 6 months." The QMRP indicated client #4 kicked and damaged her footrests.</p> <p>An interview with the nurse was conducted on 2/8/13 at 9:44 AM. The nurse indicated client #4 broke the footrests on her wheelchair. The nurse indicated client #4 needed footrests. The nurse indicated she had addressed the issue with the QMRP numerous times and the footrests needed to be fixed. The nurse indicated the old footrests were non-repairable.</p> <p>9-3-7(a)</p>				

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W0448	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 4 of 4 clients living at the group home (#1, #2, #3 and #4), the facility failed to investigate issues noted during evacuation drills.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 2/7/13 at 3:39 PM. There was no documentation the facility conducted investigations of the issues with conducting the evacuation drills under 5 minutes. This affected clients #1, #2, #3 and #4.</p> <ol style="list-style-type: none"> <li>On 3/9/12 at 4:30 AM, a fire drill was conducted with a time of "approx." (approximately) 6 minutes to complete the drill. One staff used verbal and physical prompts to complete the drill.</li> <li>On 3/17/12 at 3:30 AM, a fire drill was conducted with a time of 5 minutes and 33 seconds to complete the drill. One staff used verbal and physical prompts to complete the drill.</li> <li>On 8/23/12 at 5:00 AM, a fire drill was conducted with a time of 7 minutes and 45 seconds to complete the drill. One staff used verbal and physical prompts to complete the drill.</li> <li>On 9/28/12 at 2:00 AM, a fire drill was</li> </ol>	W0448	All staff at this group home will receive retraining from the Residential Manager regarding the implementation of evacuation drills, including the monitoring of the length of each drill. The Residential Manager will insure that each drill is reviewed after it is completed. The Residential Manager will retrain and provide instruction for re-testing for any evacuation drill taking longer than 8 minutes to complete.	03/13/2013			

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	<p>conducted with a time of 18 minutes and 40 seconds to complete the drill. One staff used verbal and physical prompts to complete the drill.</p> <p>5. On 10/18/12 at 9:30 PM, a fire drill was conducted with a time of 8 minutes to complete the drill. Two staff used verbal and physical prompts to complete the drill.</p> <p>6. On 11/13/12 at 3:00 AM, a fire drill was conducted with a time of 5 minutes and 45 seconds to complete the drill. One staff used verbal and physical prompts to complete the drill.</p> <p>An interview with the Home Manager (HM) was conducted on 2/7/13 at 3:39 PM. The HM indicated the targeted time for completing drills was 5 minutes or less.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/8/13 at 10:06 AM. The QMRP indicated he did not know what the targeted time was for completing drills. The QMRP indicated the facility should investigate drills taking over 5 minutes to see what the issues were.</p> <p>9-3-7(a)</p>						

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE 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 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure the clients: 1) participated in meal preparation for clients #2 and #3; and 2) clients #1, #2, #3 and #4 participated in grocery shopping including non-food items and nutritional supplements.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 2/7/13 from 4:02 PM to 6:27 PM and 2/8/13 from 6:00 AM to 8:07 AM. During the evening observations on 2/7/13, clients #2 and #3 did not assist Direct Care Staff (DCS) #4 and #8 with dinner preparation. At 5:02 PM, DCS #8 opened cans of asparagus and corn. At 5:26 PM, DCS #8 put cherry pie into the food processor. At 5:28 PM, DCS #8 pureed the cherry pie. At 5:36 PM, DCS #8 pureed corn. At 5:38 PM, DCS #8 washed the food processor blade and container. At 5:39 PM, DCS #8 pureed asparagus. At 5:48 PM, DCS #8 pureed bread and butter with milk and then cleaned the food processor. From 5:52 PM to 6:00 PM, DCS #8 cut up pork chops and placed them into the food</p>	W0488	The Group Home QDDP will create and implement new ISP goals to monitor and track participation from each client related to meal preparation and grocery shopping. Data sheets will be reviewed each month and the progress of this goal participation will be reported by the QDDP in a monthly report for each resident.	03/13/2013	

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	<p>processor. At 6:00 PM, DCS #8 pureed the pork chops. At 6:04 PM, DCS #4 got juice out of the refrigerator. At 6:07 PM, DCS #4 stirred in Thick It into a cup of juice to thicken the liquid. At 6:07 PM DCS #8 got ketchup and barbeque sauce out of the refrigerator. DCS #4 poured Carnation Instant Breakfast into client #2's cup of milk and stirred. DCS #8 put dirty dishes into the dishwasher. At 6:19 PM, DCS #4 scooped food onto client #2 plate. DCS #8 scooped food onto client #3's plate.</p> <p>On 2/8/13 at 6:00 AM, clients #2 and #3's breakfast was made and on the kitchen counter. DCS #6 and #7 were in client #3's room assisting him from his bed to his wheelchair. Client #2 was in his bed. At 6:35 AM when client #3 finished eating breakfast, DCS#6 cleaned his plate and cup.</p> <p>An interview with DCS #7 was conducted on 2/8/13 at 7:44 AM. DCS #7 indicated none of the clients did participate in meal preparation.</p> <p>An interview with the Home Manager (HM) was conducted on 2/8/13 at 11:10 AM. The HM indicated none of the clients had training objectives to participate in meal preparation.</p>						

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/8/13 at 10:04 AM. The QMRP indicated none of the clients had training objectives to increase their meal preparation skills. The QMRP indicated the clients should be involved with pushing buttons on the food processor. The QMRP indicated it was difficult to get the clients engaged in meal preparation.</p> <p>2) An observation was conducted at the group home on 2/7/13 from 4:02 PM to 6:27 PM. At 4:51 PM, the Home Manager (HM) indicated to DCS #4 that the Team Leader (TL) was going grocery shopping on 2/8/13 with the Qualified Mental Retardation Professional (QMRP).</p> <p>An interview with the HM was conducted on 2/7/13 at 4:51 PM. The HM indicated clients #1, #2, #3 and #4 did not go grocery shopping. The HM indicated the clients have never gone grocery shopping.</p> <p>An interview with the nurse was conducted on 2/8/13 at 10:03 AM. The nurse indicated the group home staff have never taken the group home clients grocery shopping.</p> <p>An interview with the QMRP was conducted on 2/8/13 at 9:59 AM. The</p>						

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	<p>QMRP indicated clients #1, #2, #3 and #4 did not go grocery shopping. The QMRP indicated the clients were all in wheelchairs, the staff get \$400-\$500 of groceries which filled up two carts. The QMRP stated the group home has "always done it without the clients." The QMRP indicated it had never been brought up to take the clients to the grocery store.</p> <p>9-3-8(a)</p>				