

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G734	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/11/2013
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 9726 CINNABAR PL FORT WAYNE, IN 46804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 8, 9, 10, 11, 2013.</p> <p>Facility number: 005567 Provider number: 15G734 AIM number: 200851580</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 1/18/13 by Tim Shebel, 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 upon record review, record review and interview, the facility failed to ensure the day services was maintained in good condition for 1 additional client (client #3).</p> <p>Findings include:</p> <p>The facility's incident reports were reviewed on 1/8/13 at 9:30 AM. An incident report dated 10/4/13 indicated client #3 had a red scratch 1 and 1/2 inch and 2 scrape marks smaller than a dime in his left elbow area as a result of a "behavior," and indicated client threw himself into the wall.</p> <p>During observation at the day services on 1/8/13 from 10:36 AM until 10:58 AM, there was a 2 and 1/2 foot high by 1 foot wide hole in the wall next to the chair in which client #3 sat.</p> <p>Staff #7 was interviewed on 1/8/13 at 10:55 AM and indicated the hole had been made by client #3. She indicated she had documented the incident on a report and client #3 had not been injured.</p> <p>The Residential Director was interviewed</p>	W0104	<p>The contractor was contacted to make needed repair of the wall at the day service site. The day service staff will complete facility walk throughs to note any areas of concern or repairs needed. The day site supervisor will notify the contractor to schedule repairs. The group home director will monitor the day site by completeing walk throughs to ensure this process is being impelemented and needed repairs are being obtained.</p>	02/10/2013			

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	<p>on 1/8/13 at 12:30 PM. She indicated she would need to check on the status of the repairs to the hole in the wall and stated, "It was marked for immediate repair."</p> <p>A maintenance work order dated 11/27/12 indicated "One hold approximately 1 ft by 2 and 2 and 1/2 ft in classroom...." Under "Urgency:" the form was marked "Immediate-Safety Issue." The form included a section to indicate the date the work was completed. This section was blank.</p> <p>9-3-1(a)</p>			

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based upon observation, record review and interview, the facility's nursing services failed to ensure the medication label matched the physician's orders and medication administration record for 1 of 2 sampled clients (client #2)</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/19/13 from 4:58 PM until 6:44 PM. During administration of medication at 5:50 PM, staff #3 administered Acetycysteine (asthma medication) in an inhaled nebulizer treatment to client #2. The label on the box of medication indicated client #2 was to inhale 1 ml (milliliters) every 4 hours.</p> <p>The MAR (medication administration record) and physician's orders for January, 2013 were reviewed on 1/9/13 at 6:16 PM and indicated client #2 was to inhale 2 ml of Acetycysteine every 4 hours.</p> <p>Staff #3 was interviewed on 1/9/13 at 6:25 PM and when asked about the discrepancy between the label, MAR and physician's orders, stated, "I think it's a labeling error." She indicated staff were to inform nursing</p>	W0331	<p>The nurse and the staff have received re-training on the AWS Medication Administration Policy which indicates that labels must be compared during every medication pass. Medication Administration observation forms are being completed by the QMRP, Manager and nurse to ensure that the training has been effective. The tracking forms are being submitted to the Residential Director to ensure compliance and that training has been effective.</p>	02/10/2013			

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	<p>when a discrepancy in the label was noted and the nurse would ensure the label was corrected.</p> <p>The group home nurse was interviewed on 1/9/13 at 6:30 PM and indicated the pharmacy had labeled the Acetylcysteine with an old label and client #2 was to receive 2 ml. She indicated the pharmacy would be contacted to correct the label.</p> <p>9-3-6(a)</p>			