

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G794	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/27/2012
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 9110 N CR 700 W SCIPIO, IN 47273		
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 21, 22, 24 and 27, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 012529 AIM Number: 201017530 Provider Number: 15G794</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/5/12 by Ruth Shackelford, 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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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4), the facility failed to prompt/train clients to protect their personal privacy by wearing sleepwear coverings/robes and slippers.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 2/22/12 at 6:55 AM male staff #13 was found to be finishing his work shift (11:00 PM until 7:00 AM) working with the female residents (clients #1, #2, #3, and #4) of the facility. From 7:00 AM until 9:15 AM male staff #7 was observed to be working with female clients #1, #2, #3, and #4 as they went about their morning routine. Clients #1, #2, #3 and #4 wore sleeping attire (pajamas, nightshirts) without robes or slippers. The clients were not prompted to wear robes or otherwise dress more modestly to ensure their personal privacy.</p> <p>Interview with Administrative staff #4 on 2/22/12 at 2:30 PM indicated clients required assistance to protect their personal privacy and should dress in a</p>	W0130	<p>W 130 Did not Prompt/Train Clients to wear Robes & Slippers Corrective action for resident(s) found to have been affected Robes and appropriate footwear will be purchased. Staff members will be trained to prompt appropriate use of items. How facility will identify other residents potentially affected & what measures taken All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Items will be purchased, and informal goals will be added for each client. These goals will be documented daily. How corrective actions will be monitored to ensure no recurrence All programs are monitored by the Program Coordinator who is supervised by the Director. Management staff conduct regular chart reviews to ensure that documentation, including on informal goals, is complete. The Professional Staff are supervised by the Director.</p>	03/28/2012	

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	more modest manner during the morning routine. 9-3-2(a)				

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2) and two additional clients (#3 and #4), the facility failed to provide each current employee with initial training regarding the Elder Justice Act and failed to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Findings include:</p> <p>During observations at the facility on 2/21/2012 from 2:45 PM until 6:15 PM and on 2/22/2012 from 6:55 AM until 9:15 AM, clients #1, #2, #3 and #4 were observed to be living in the facility. The same clients were observed at the agency's day program from 12:00 PM until 2:00 PM on 2/22/12. During the various times of observation, administrative and direct contact staff #1, #3, #4, #5, #6, #7, #8, #9, #10, #11, #13 and #19 worked with the clients.</p> <p>A list of employees, who worked at the facility with clients #1, #2, #3 and #4, was reviewed on 2/21/12 at 3:00 PM. The list indicated the current administrative,</p>	W0189	<p>W 189</p> <p>Elder Justice Act – Employees must be Trained and understand Rights & Responsibilities</p> <p>Corrective action for resident(s) found to have been affected</p> <p>All staff will be trained to understand rights and responsibilities under the Elder Justice Act.</p> <p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents potentially affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>Staff will receive training, including management staff.</p>	03/28/2012			

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	<p>professional and direct contact staff working in the facility: #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18 and #19.</p> <p>Employee training documents were reviewed on 2/22/2012 at 3:00 PM with administrative staff #4. The review indicated no training documentation regarding the Elder Justice Act for staff #1, #3, #4, #5, #9, #10, #11, #12, #14, #17, #18 and #19.</p> <p>Interview with Administrator #2 on 2/27/12 at 10:00 AM indicated the agency was training and implementing the agency's policy regarding the Elder Justice Act. No further evidence of staff training was available for surveyor review.</p> <p>9-3-3(a)</p>		<p>How corrective actions will be monitored to ensure no recurrence</p> <p>All Direct Support Staff are supervised by the Group Home Manager who is also responsible to ensure proper training. The Management Staff members are supervised by the Director.</p>		

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for one additional client (#4), the facility failed to ensure medications were locked when not being administered.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 2/22/12 6:55 AM, staff #8 and #13 were observed to be doing an intershift accounting of facility medications in the medication room. A box containing latex gloves (used by the facility staff for applying client treatments) was observed to be on a counter with a tube of medicated ointment in it. The ointment was unlabeled and staff #8 stated the ointment was "bacitracin" used for client #4. Staff #13 put the ointment into a wall cabinet and resumed counting the client medications with staff #8. Staff #13 was asked where he had put the medication and he searched the cabinets. With staff #8's help, the ointment was placed in a plastic bag which contained its label and into the proper medication caddie for client #4.</p> <p>Interview with supervisory staff #4 on 2/22/12 at 2:00 PM indicated it was the</p>	W0382	<p>W 382</p> <p>Medications must be Locked when not being Administered</p> <p>Corrective action for resident(s) found to have been affected</p> <p>The staff members responsible for not properly locking medications will be retrained.</p> <p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents potentially affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>All staff across shifts will be retrained on properly locking medications when not being administered.</p>	03/28/2012			

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	agency's policy and expectation that client medications were locked when not being administered to the clients. 9-3-6(a)		How corrective actions will be monitored to ensure no recurrence All Direct Support Staff are supervised by the Group Home Manager who also is responsible to ensure that their training needs are met. The Management Staff members are supervised by the Director.		

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W0454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#1) and one additional client (#4), the facility failed to ensure a sanitary environment by not ensuring clients wore footwear.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 2/22/12 from 6:55 AM until 9:15 AM clients went about their morning routine. Client #4 was observed to be barefooted when staff #8 knelt on the floor and painted her toenails with a medicated lacquer at 7:17 AM. Client #1 was observed to be barefooted when she entered the medication room after client #4 at 7:30 AM on 2/22/12. The floor of the room had not been sanitized between clients #1 and #4 to diminish the potential of cross contamination of foot fungus.</p> <p>Review (2/22/12 8:55 AM) of the 2/12 Medication Administration Record/MAR for client #1 indicated she received ketoconazole cream (antifungal) to her feet after bathing. The 2/22/12 9:00 AM MAR review indicated client #4 received ciclopirox nail lacquer to treat toenail</p>	W0454	<p>W 454</p> <p>Footwear to prevent Cross-Contamination of Foot Fungus</p> <p>Corrective action for resident(s) found to have been affected</p> <p>Casual, around-the-house footwear will be purchased that can easily be cleaned and sanitized. Staff will be trained to ensure that it is worn appropriately.</p> <p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents potentially affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>Items will be purchased, and</p>	03/28/2012			

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	<p>fungus.</p> <p>Interview with staff #4 on 2/22/12 at 2:00 PM indicated clients should wear something on their feet to ensure a sanitary environment so as to avoid transmission of disease.</p> <p>9-3-7(a)</p>		<p>informal goals will be added for each client. These goals will be documented daily.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>All programs are monitored by the Program Coordinator who is supervised by the Director. Management staff conduct regular chart reviews to ensure that documentation, including on informal goals, is complete. The Professional Staff are supervised by the Director.</p>		