

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/18/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2405 S CR 200 N NORTH VERNON, IN 47265
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: September 15, 16, 17 and 18, 2014.</p> <p>Facility number: 004132 Provider number: 15G717 AIM number: 200494750</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 1 investigation reviewed, affecting 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4), the facility failed to implement corrective action in regards to remedies to ensure clients' personal items did not disappear from the facility (pillows, bed linens).</p>	W000157	<p>Personal inventory lists will be completed for each client at the group home every quarter in the months of July, October, January, and April to monitor personal possessions. The inventory lists will be reviewed by the home supervisor and compared to the previously completed inventory list. The completed inventory will also be</p>	10/18/2014

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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	<p>Findings include:</p> <p>Facility reportable incidents and investigations were reviewed on 9/15/14 at 2:30 PM. The review indicated a reportable incident dated 5/31/14 reported to the Bureau of Developmental Disabilities Services/BDDS on 6/1/14 with an investigation dated 06/05/14.</p> <p>The investigation indicated client #2's guardian had noticed some personal items of client #2's were missing/misplaced. This was brought to the attention of the facility's staff and an investigation ensued. It was discovered all clients (#1, #2, #3, and #4) had personal items which were found to be missing.</p> <p>Client #1: Cape/poncho (later found), two body pillows, 4 cloth lap throws, one sheet set and two comforters.</p> <p>Client #2: DVD player, six new sheet sets, four large comforters, and three throw pillows.</p> <p>Client #3: Two body pillows, three light lap throws, two sheet sets, three comforters, and a light weight cape/poncho.</p> <p>Client #4: Two body pillows, three throws, two sheet sets and three comforters.</p> <p>The missing items were reported by the</p>		submitted to the Director for confirmation of completion.				

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	<p>agency to the proper entities.</p> <p>The 6/5/14 investigation's Recommendations/Corrective Actions component indicated, in part, the following: "...Some items that were initially appeared to be missing were located. But some of the bedding items and the DVD player were not located and remain missing. AWS will replace the missing items. AWS Supervisors will monitor each home and report any additional missing items. All staff who work in the home will be instructed to report immediately to a supervisor any items that appear to be missing in the future."</p> <p>The facility's supervisory staff #2 did monthly Quality Assurance screenings for 6/14, 7/14 and 8/14 (reviewed 9/17/14 at 2:00 PM) of the facility's environment inside and outside of the facility. The assessment tool had not been revised at the time of the survey to account for pillows, bedding and other items as those involved in the client theft.</p> <p>Clients #1, #2, #3, and #4's personal inventory records (reviewed 9/16/14 at 1:00 PM) had not been updated since 6/2014 when the theft of items occurred.</p> <p>Interview (9/16/14 1:00 PM) with QIDP (Qualified Intellectual Disabilities</p>				

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W000444	<p>Professional) #1 indicated the personal inventories had not been used as a tool to monitor clients' personal bedding items. The interview indicated the QA checklists had not been modified to include documentation in regards to the missing items (bedding, DVD player).</p> <p>9-3-2(a)</p> <p>483.470(i)(1)(iii) EVACUATION DRILLS The facility must hold evacuation drills to evaluate the effectiveness of emergency and disaster plans and procedures. Based on record review and interview, the facility failed for 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4) who resided in the group home, to ensure the facility evaluated the effectiveness of the evacuation drills in regard to the length of time the evacuations were taking for the clients to get to a safe area.</p> <p>Findings include:</p> <p>The facility's evacuation drill reports were reviewed on 9/17/14 at 1:10 PM.</p>	W000444	<p>For all drills in which evacuation time exceeds 3 minutes, another drill will be completed to attempt to meet the 3 minute time frame. If the second drill is not completed in 3 minutes, the AWS Manager will provide retraining with staff regarding evacuation procedure. A third drill will be completed in an attempt to meet the 3 minute time frame. If the third drill is unsuccessful, then the AWS management team will meet to determine what specific action or correction is needed in order to complete a successful evacuation drill. The AWS QDDP will document the meeting notes</p>	10/18/2014

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	<p>The reports indicated the following evacuation times for the clients living at the facility (clients #1, #2, #3, and #4):</p> <p>8/30/14 at 1:30 AM - 5 minutes. 8/30/14 at 5:00 PM - 5 minutes. 8/21/14 at 5:00 AM - 5 minutes. 7/23/14 at 7:30 PM - 4 minutes 10 seconds. 7/8/14 at 6:20 AM - 4 minutes. 6/7/14 at 11:00 PM - 5 minutes. 5/29/14 at 12:00 AM - 4 minutes 10 seconds. 5/1/14 at 8:00 PM - 4 minutes. 4/10/14 at 7:00 AM - 3 minutes 45 seconds. 3/15-16/14 at 3:30 AM - 6 minutes. 3/6/14 at 4:30 AM - 6 minutes. 2/24/14 at 6:00 AM- 3 minutes 25 seconds. 1/26/14 at 2:00 PM - 5 minutes. 1/16/14 2:00 AM - 5 minutes. 12/14/13 at 4:00 PM - 4 minutes. 11/23/13 at 6:00 AM - 4 minutes. 11/12/13 at 3:00 AM - 5 minutes. 10/10/13 at 9:30 PM - 5 minutes.</p> <p>Review of the facility's policy "Group Home safety Drills," dated 08/08 on 9/18/14 at 10:10 AM indicated the following information: "A drill must be completed within 3 minutes or less to be considered successful."</p>		and decisions related to this.				

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	<p>An interview with staff #2, Residential Manager, on 9/17/14 at 1:30 PM indicated the clients were being evacuated in over three minutes time routinely.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 9/18/14 at 10:10 AM indicated the facility's policy was to evacuate the clients from the home in 3 minutes or less.</p> <p>9-3-7(a)</p>						