

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G707	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1105 N HILL ST SOUTH BEND, IN 46617
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(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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 4/16, 4/17, and 4/28, 2014.</p> <p>Facility number: 003833 Provider number: 15G707 AIM number: 200453450</p> <p>Surveyors: Amber Bloss, QIDP-TC Paula Chika, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#1), the facility failed to follow the client's physician's orders in regard to honey thickened liquids.</p> <p>Findings include:</p> <p>During the 4/16/14 observation period between 5:50 AM and 9:00 AM, at the group home, staff #2 administered Docusate Sodium 100 milligrams (mg) (stool softener), Omeprazole DR 20 mg (Gastroesophageal Reflux Disease), Theophylline (Asthma) and Thera M (vitamin) to client #1 in applesauce.</p>	W000368	A clarification on liquid consistency during medication administration for Client #1 was obtained and indicated on the medication administration record (MAR). All staff have been re-trained on client #1's physician ordered diet and individualized dining plan. This training included the consistency of all liquids at meals, medication administration, and snacks. All staff will be monitored by the QDDP, residential manager, or nurse to ensure the training has been effective and that liquid	05/28/2014

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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W000382	<p>Staff #2 then handed client #1 regular/thin water to drink behind the medication. Client #1 drank water out of a sippy cup. Client #1 immediately began to cough and made gasping sounds. Client #1's face turned red. Once client #1 stopped coughing, client #1 took another sip of the water. Client #1 immediately started coughing and made gasping sounds. Client #1's face turned red. Staff #2 stated to client #1 "You are being a drama queen this morning." When client #1 was pushed out to the living room to finish drinking her water, client #1 continued to cough as she sat out in the living room.</p> <p>Client #1's record was reviewed on 4/17/14 at 8:30 AM. Client #1's 3/3/14 physician's orders indicated client #1 was on a "Pureed Diet, All Fluids Honey Thick."</p> <p>Client #1's undated Indwelling Catheter Plan indicated "...4) Staff will be trained to thicken her fluids properly to ensure full consumption of all fluids offered...."</p> <p>Interview with administrative staff #1 on 4/17/14 at 9:20 AM stated " She (client #1) has Asthma and will cough at times." Administrative staff #1 stated client #1's fluids were to be "honey thickened." Administrative staff #1 indicated client #1's water should be thickened to honey consistency when taking her medications.</p> <p>9-3-6(a) 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p>	W000382	<p>consistencies are being offered according to physician's orders. Medication observations will be completed three times on first shift, three times on second shift and three times on third shift. Once competency is ensured through those checks, AWS management staff will conduct weekly checks of medication administration. These will be documented on the medication administration tracking form which will be turned into the director monthly so compliance can be monitored.</p> <p>Staff have received additional training on the proper storage of</p>	05/28/2014			

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	<p>Based on observation, interview and record review for 1 of 2 sampled clients (#2) and for 1 additional client (#4), the facility failed to ensure all medications were not left unattended/locked when leaving the medication room.</p> <p>Findings include:</p> <p>During the 4/16/14 observation period between 5:50 AM and 9:00 AM, at the group home at 6:25 AM, staff #2 left the medication cabinet open/unlocked when staff #2 took client #2 and his water out to the living room area. Staff #2 then went to the kitchen and washed her hands. After which, staff #2 went to assist staff #3 to lift client #1 from her bed to the client's wheelchair. Client #2 and #4's medication containers/boxes were left exposed/unlocked sitting on a shelf in the medication cabinet. Clients #2 and #3 sat at the dining room table which was near the medication room/laundry area. At 6:40 AM, staff #2 administered client #4's morning medications to the client. Once done, staff #2 left client #4's bubble packs of Aspirin (low dose for heart), Docusate sodium (stool softener) and Gemfibrozil (fiber supplement) sitting out on the counter to take client #4 to the living room, and to get client #1 for her morning medications. Staff #2 returned at 6:41 AM, and put the unlocked medications back into the cabinet.</p> <p>Interview with administrative staff #1 on 4/17/14 at 9:20 AM indicated facility staff should not leave medication out on the counter and/or leave the medication cabinets unlocked when leaving the medication room.</p> <p>9-3-6(a)</p>		<p>medications. This training included securing the medications in the locked cabinet and keeping the lock keys on an authorized person. The QDDP, Residential Manager or nurse will complete spot checks for one month to ensure that the medication storage policy is being followed. These unannounced spot checks will be completed three times on first shift, three times on second shift, three times on third shift. Thereafter, weekly spot checks will be completed. Observations will be documented on a Medication Administration Tracking form and turned into the director monthly so compliance can be monitored.</p>				