

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9285 W CR 950 N ELIZABETHTOWN, IN 47232
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: May 7, 9, 12, 13, and 14, 2014</p> <p>Facility number: 012528 Provider number: 15G792 AIM number: 20107060</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/20/14 by Ruth Shackelford, QIDP.</p>	W000000	Note: The facility administrator received an addendum request from ISDH in a letter dated June 5, 2014. The response to W249 has been updated to address the concerns raised in the letter.	
W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 2 clients in the sample (#2), the facility failed to ensure staff implemented the client's dining plan as</p>	W000249	W 249 Implementing Dining Plan as Written Corrective action for resident(s) found to have been affected The Nurse has reviewed	06/13/2014

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>written.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 5/12/14 from 11:58 AM to 2:08 PM. At 11:58 AM, client #2 was eating her lunch. Client #2 was prompted by staff #2 to take a drink after every two bites. Staff #2 indicated to client #2 she needed to take a drink after every two bites. This continued throughout lunch.</p> <p>A review of client #2's record was conducted on 5/13/14 at 9:28 AM. Client #2's Dining Plan, dated 2/26/14, indicated she was at risk for choking and aspiration. The plan indicated client #2 was on a mechanical soft diet with thin liquids. The Safety Precautions section indicated, in part, "Staff at table for verbal cues to slow down, chew food, smaller bites, drinks between bites."</p> <p>On 5/13/14 at 10:46 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should implement client #2's dining plan as written for drinks after each bite.</p> <p>9-3-4(a)</p>		<p>all client dining plans in the home and made needed changes to ensure health and promote greater consistency across plans. All staff members across shifts will receive a documented training on the prompting protocols contained within each dining plan. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Nurse reviewed all dining plans across the homes and made changes as needed. Staff members across shifts received training on prompting protocols within each client's dining plan. How corrective actions will be monitored to ensure no recurrence 6/5/14 – Letter from ISDH asking clarification: How often will the Home Manager monitor a meal? The expectation would be that initially the frequency would be intense and then would fade when compliance is demonstrated.? 6/6/14 – Letter from ISDH asking for further clarification: Most clients eat 3 meals per day. That would be 21 meals per week. If the facility observes 1 meal per week, or 4% of the meals, does the facility believe that is a frequent enough monitoring system to ensure compliance? <i>Original</i></p>				

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			<p><i>Response:</i> The Group Home Manager supervises staff and ensures that training needs are met. The Group Home Manager is supervised by the Regional Director and the two meet regularly. During those meetings, home visit forms are reviewed by the Regional Director. As a follow-up to the corrective action, the Group Home Manager will visit the home during meal time and will document on at least one home visit form that staff were prompting correctly during a meal. <i>Update 1:</i> At least one of the management staff will observe at least one meal time each week for the next four weeks. After that, they will periodically observe meals during their home visits that are documented on a weekly basis. These observations will be recorded on home visit forms that are reviewed by the Regional Director. <i>Update 2:</i> The primary issue with prompting was that the two individuals in the home who the IDT determined need some level of this type of prompting had dining plans that were similar in their prompting, but were not the same. Either prompting protocol would have been appropriate to meet the needs of either client, but having slightly different prompts was potentially confusing to staff. The nurse addressed this by making them more consistent with one another and reducing the chance of confusion</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure evacuation drills were conducted quarterly during the night shift (11:00 PM to 7:00 AM).</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 5/12/14 at 12:41 PM. There was no documentation the facility conducted evacuation drills during the</p>	W000440	<p>among staff members. Staff will now find it easier to follow the plans as written. In order to more thoroughly monitor the prompting protocols, the nurse will monitor and document the observation of at least one meal per week for the first four weeks. Additionally, there are three managers who will each monitor one meal for the first two weeks (total of six meals), followed by at least one meal time monitored for the next two weeks among the three managers (two additional observations). The managers and nurse then will periodically monitor meals for prompting throughout the year and will provide redirection and training to staff as needed.</p> <p>W 440 Evacuation Drills: Missing Night Shift Drills Corrective action for resident(s) found to have been affectedThe agency's 3rd shift staff will conduct a night evacuation drill by the date corrections are due. They also will receive a documented training on the need to follow the drill schedule that is kept in the home.</p> <p>How facility will identify other residents potentially affected & what measures takenAll residents potentially are affected, and</p>	06/13/2014	

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	<p>night shift from 5/7/13 to 2/10/14. This affected clients #1, #2, #3 and #4.</p> <p>On 5/12/14 at 1:45 PM, the Residential Manager indicated there should be evacuation drills conducted quarterly for each shift.</p> <p>On 5/13/14 at 10:46 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated there should be one evacuation drill per shift per quarter.</p> <p>9-3-7(a)</p>		<p>corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Night shift drill will be completed, and staff will receive training on need to follow the drill schedule.</p> <p>How corrective actions will be monitored to ensure no recurrence Group Home Managers supervise all Direct Support Staff (DSPs) and ensure that their training needs are met. In addition, a monthly home audit is conducted in which completed drills are monitored. The agency's Regional Director supervises the managers and meets with them regularly. All home audits are sent to the Regional Director as well as the agency's Compliance Department, which reviews the audits to ensure that they are fully completed, including review of all applicable drills.</p>		