

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G710	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/26/2012
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 55883 RING NECK DR OSCEOLA, IN 46561		
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: July 23, 24, 25 and 26, 2012.</p> <p>Facility Number: 003864 Provider Number: 15G710 AIMS Number: 200460480</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/2/12 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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W0217	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status.</p> <p>Based on record review and interview, for 2 of 2 sampled clients (clients #1 and #2) who were not in their height and weight range, the facility failed to document a thorough assessment for what their target and medically acceptable weight range should be.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 07/24/12 at 10:45 AM. Client #1's Nutritional Assessment dated 06/23/12 indicated client #1's weight was "down 2 percent in 90 days, and down less than 1 percent in 6 months. The 06/23/12 Nutritional Assessment did not indicate a weight range for client #1. Client #1's 03/30/12 Annual Nutritional Assessment indicated client #1's "weight is overweight for frame." The assessment did not indicate what client #1's targeted weight should be.</p> <p>Client #2's records were reviewed on 07/24/12 at 11:25 AM. Client #2's Nutritional Assessment dated 06/23/12 indicated client #2's weight was "down less than 1 percent in 90 days, and up 1.2</p>	W0217	The nutritional assessments have been reviewed and weight ranges have been identified. The dietitian will include target weight ranges when completing the annual nutritional assessments and will revise quarterly as indicated. The director will review nutritional assessments for completion through quarterly file reviews.	08/25/2012			

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	<p>percent in 6 months. The 06/23/12 Nutritional Assessment did not indicate a weight range for client #2. Client #1's 03/30/12 Annual Nutritional Assessment indicated client #2's "weight is underweight for frame." The assessment did not indicate what client #2's targeted weight should be.</p> <p>An interview was conducted on 07/25/12 at 11:00 AM with the Residential Director/Registered Nurse (RD/RN). The RD/RN indicated the dietary assessments for clients #1 and #2 failed to include what their weight range should be. She indicated client #1 was overweight and client #2 was underweight and there should be a goal weight that staff should be aware of related to their individual nutritional needs and status.</p> <p>9-3-4(a)</p>				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) by not ensuring their current ISPs (Individual Support Plan) were at the group home for staff to review.</p> <p>Findings include:</p> <p>A record review on 07/24/12 at 8:30 AM, of client #1 and #2's records at the group home was conducted. The records contained client #1's ISP dated 06/01/11 and client #2's ISP dated 05/01/11.</p> <p>Client #1's records at the facility were reviewed on 07/24/12 at 10:45 AM. Client #1's record contained an ISP dated 05/04/12 and indicated the implementation date was 06/01/12.</p> <p>Client #2's records at the facility were reviewed on 07/24/12 at 11:25 AM. Client #2's record contained an ISP dated 07/14/12 and indicated the implementation date was to be 08/01/12.</p>	W0248	The QMRP received training on maintaining the house files including timely placement of new ISP documents. The director completed a file review of the house files and all current ISPs are available in the house files. The director will complete periodic file reviews of house and main files to ensure that the current ISPs are in place and are being implemented.	08/25/2012			

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	An interview was conducted on 07/24/12 at 12:30 PM, with the Residential Director/Registered Nurse (RD/RN). She indicated the records in the home were not client #1 and #2's current ISPs. She further indicated the group home should have the correct/current ISP in the house.  9-3-4(a)				

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W0340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>Based on observation and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) by not ensuring staff were trained in client #1 and #2's body positioning in their wheelchairs.</p> <p>Findings include:</p> <p>On 07/23/12 from 3:50 PM until 5:50 PM observations at the group home were conducted. At 4:18 PM client #1 was transferred from the recliner into his wheelchair and taken to his bedroom. He returned to the living room at 4:25 PM. Client #1's headrest was not at head level and he was unable to rest his head on it. The bottom of the headrest was 5 inches from the top of his head. Client #1's arm rests were 4 inches below his elbows and his elbows were not able to reach the arm rests for proper positioning.</p> <p>On 07/23/12 at 4:27 PM client #2 was placed in his wheelchair and taken to his bedroom. At 4:50 PM client #2 returned to the living room. His headrest was 3</p>	W0340	<p>All staff have been trained on wheelchair positioning including the adjustment of headrests and arm rests to ensure proper body positioning. The manager, QMRP, and the nurse are monitoring staff to ensure their training has been effective. This will be documented on a staff observation form and reviewed by the director to ensure compliance.</p>	08/25/2012

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	<p>inches above the top of his head and his head was not able to rest on the headrest. Client #2's elbows were resting on his legs and the wheelchair arm rests were 4 inches above his elbows and too high for proper positioning.</p> <p>On 07/24/12 at 8:30 AM, an interview with the House Manager (HM) was conducted. The HM indicated the wheelchairs fit the clients, however sometimes the staff fail to reposition the headrests and arm rests after they have changed the clients' clothes. She stated staff should "always" make sure the clients are sitting properly in their wheelchairs for proper positioning.</p> <p>9-3-6(a)</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 2 sample clients (clients #1 and #2) who were on a modified diet to follow diet orders.</p> <p>Findings include:</p> <p>On 07/24/12 from 7:00 AM until 9:00 AM observations at the group home were completed. At 7:10 AM client #1's food was placed onto his plate by staff #1 and client #2's food was placed onto his plate by staff #2. Client #1 and #2's food was scooped up from a serving bowl using an ice cream scoop and the food maintained the scoops rounded appearance when placed on the plate. The food was not smooth in texture and contained small particles. Staff #2 indicated the food was waffles.</p> <p>Client #1's records were reviewed on 07/24/12 at 10:45 AM. Client #1's record contained a dietary Quarterly Nutritional Review dated 06/23/12. The review indicated client #1 was on a pureed diet with honey thickened liquids.</p>	W0460	All staff have received re-training on the preparation of modified diets. The manager, QMRP, and the nurse are monitoring staff to ensure their training has been successful. This will be documented on a dining checklist form and reviewed by the director to ensure compliance.	08/25/2012			

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	<p>Client #2's records were reviewed on 07/24/12 at 11:25 AM. Client #2's record contained a dietary Quarterly Nutritional Review dated 06/23/12. The review indicated client #2 was on a pureed diet with honey thickened liquids.</p> <p>On 07/24/12 at 11:30 AM a record review of the agency's undated "Modified Diets" was reviewed. The document indicated a "Pureed" diet was to, "have a smooth, pudding-like consistency" and "should have the consistency of jarred baby food."</p> <p>An interview was conducted on 07/24/12 at 12:30 PM, with the Residential Director/Registered Nurse (RD/RN). The RD/RN indicated client #1 and #2's diets were to be pureed and the food should not have held its shape on the plate. She indicated the pureed diet should be smooth and have a pudding like consistency according to the guidelines.</p> <p>9-3-8(a)</p>				