

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374		
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W0000	<p>This visit was for a post certification revisit (PCR) to the annual recertification and state licensure survey completed on 11/2/12.</p> <p>Dates of Survey: February 4, 5, and 12, 2013</p> <p>Facility Number: 000904 Provider Number: 15G390 AIMS Number: 100233320</p> <p>Surveyor: Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/19/13 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), and 2 additional clients (#5 and #6), the governing body failed to exercise budgeting and operating direction over the facility to ensure the facility did not allow clients to pay for personal hygiene items.</p> <p>Findings include:</p> <p>Client #3's, #4's, #5's and #6's financial records were reviewed on 2/5/13 at 3 PM.</p> <p>Client #3's financial records indicated a store receipt for the purchase of the following: __ 8/8/12 body wash, toothpaste and deodorant for \$11.12. __ 10/5/12 toothpaste and body wash for \$7.56. __ 10/29/12 a hair brush for \$3.17.</p> <p>Client #4's financial records indicated a store receipt for the purchase of the following: __ 8/8/12 shampoo, body wash and deodorant for \$6.36. __ 9/11/12 body wash for \$4.06. __ 10/5/12 body wash for \$3.73.</p>	W0104	<p>Corrective action for resident(s) found to have been affected</p> <p>AWS has reimbursed Client #3 \$21.85 for personal hygiene items purchased. This was deposited on 2/27/13. AWS has reimbursed Client #4 \$17.32 for personal hygiene items purchased. This was deposited on 2/27/13. AWS has reimbursed Client #5 \$18.39 for personal hygiene items purchased. This was deposited on 2/27/13. The purchase on 12/16/12 for \$3.71 was a Christmas gift exchange, not for personal hygiene. AWS has reimbursed Client #6 \$35.25 for personal hygiene items purchased. This was deposited on 2/27/13. AWS does have a policy to pay for all personal hygiene items for consumers living in the group homes.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents could be affected and corrective action plan will be put in place to protect all</p>	02/27/2013			

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	<p>__ 10/29/12 hair brush for \$3.17.</p> <p>Client #5's financial records indicated a store receipt for the purchase of the following:</p> <p>__ 8/8/12 shampoo, body wash and deodorant for \$7.42.</p> <p>__ 9/11/12 body wash for \$3.57.</p> <p>__ 10/29/12 body wash and a hair brush for \$7.40.</p> <p>__ 12/16/12 body wash for \$3.71.</p> <p>Client #5's financial records indicated a store receipt for the purchase of the following:</p> <p>__ 8/8/12 shampoo, body wash and deodorant for \$11.30.</p> <p>__ 9/11/12 body wash for \$4.38.</p> <p>__ 10/5/12 body wash for \$4.43.</p> <p>__ 10/29/12 body wash, tooth paste and deodorant for \$10.71.</p> <p>__ 10/31/12 body wash for \$4.43.</p> <p>Interview with RM (Resident Manager) on 2/5/13 at 4 PM indicated the facility did not provide hygiene items for clients #3, #4, #5 and #6. The RM indicated clients #3, #4, #5 and #6 had purchased their own hygiene items from the store. The RM indicated the clients received a monthly payment from Medicaid/Medicare that was used to purchase the clients' personal hygiene items.</p>		<p>consumers.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>AWS does have a policy to provide all personal hygiene items. All personal hygiene items will be purchased by AWS for all consumers living in the group home. All staff, Team Leaders, and the Group Home Manager have been retrained on this by the QDDP. This has not occurred since the original training in November of 2012.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The Team Leader and Group Home Manager will sign off on all monthly spending money ledgers. These will be forwarded to the Regional Director to ensure compliance and then send to the AWS compliance department.</p>				

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	<p>Interview with QMRP (Qualified Mental Retardation Professional) 2/5/13 at 1 PM indicated the facility did not provide hygiene items for clients #3, #4, #5 and #6.</p> <p>This deficiency was cited on 11/2/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>			

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 4 sampled clients (#1 and #4) plus 1 additional client (#5), the facility nurse failed to ensure all drugs were administered in compliance with the clients' physicians orders.</p> <p>Findings include:</p> <p>During observations of the medication pass at the group home on 2/4/13 between 4 PM and 5 PM, client #4 was not observed to receive a non-steroid lotion to her hands and arms. Review of client #4's MAR (Medication Administration Record) for 2/2013 on 2/4/13 at 5:10 PM indicated client #4 was to receive a non-steroid lotion every day at 4 PM. The MAR did not indicate where the lotion was to be applied.</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 2/5/13 at 10:30 am. The review indicated: __ On 11/30/12 "During a medication audit conducted (sic) by the Team Leader of the house it was discovered that [client #1] was only given one of two tablets of carbamazepine (used to treat seizures)</p>	W0368	<p>Corrective actionfor resident(s)found tohave beenaffected</p> <p>Staff have been retrained on medication administration. Also staff have been trained on "Preventing Medication Errors," a handout written by the AWS Manager of Health Services and reminded to only pass medications as prescribed on the MAR. All staff will be trained on the updated Medication Error Disciplinary Procedure.</p> <p>The team leader will observe one medication pass for each staff monthly. The nurse or manager will observe one medication pass for the team leader monthly.</p> <p>How facilitywill identifyother residentspotentially affectedand whatmeasures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures orsystemic</p>	02/28/2013			

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	<p>100 mg. (milligrams)." "This error was not discovered until Dec. 4th at 3:15 PM."</p> <p>__ On 1/29/13 "During AM med pass on 1/29 (2013) the staff contacted the nurse and informed her that [client #4] had not been given her Chlorhexidine mouthwash during her 8 pm medication pass on 1/28 (2013)."</p> <p>__ On 1/31/13 "During [client #5's] 8 pm medication pass, staff discovered that [client #5] was not given her 4 pm dose of Oxybutynin (used to treat symptoms of an overactive bladder) 5 mg, as prescribed."</p> <p>Client #1's record was reviewed on 2/5/13 at 11 AM. Client #1's quarterly physician's orders for Oct., Nov. and Dec. 2012 indicated client #1 was to have two Carbamazepine 100 mg tablets every day at 8 PM.</p> <p>Client #4's record was reviewed on 2/5/13 at 12 PM. Client #4's quarterly physician's orders dated 1/17/13 indicated client #4 was to have Chlorhexidine mouthwash every evening at 8 PM and a non-steroid lotion to affected areas at 4 PM.</p> <p>Client #5's record was reviewed on 2/5/13 at 1 PM. Client #5's quarterly physician's orders dated 1/17/13 indicated client #5 was to have Oxybutynin 5 mg every day</p>		<p>changesfacility putin placeto ensurenorecurrence</p> <p>The East Central Indiana Medication Error Disciplinary Procedure has been updated to have staff suspended from passing medications after the second medication error, mandated to repeat Core A after the third medication error, and recommended for termination after the fourth medication error. This stricter procedure has been passed out to staff along with the handout written by the Manager of Health Services titled Preventing Medication Errors. Staff has been retrained on the importance of taking their time and passing medications accurately.</p> <p>The Team Leader will observe one medication pass for each staff monthly and the nurse or manager will observe one medication pass for the team leader. This will ensure staff are continually passing medications as trained in Core A.</p> <p>The Manager of Health Services at AWS as well as a task force of AWS nurses are currently working on revising the internal Core A curriculum to ensure staff are being appropriately and comprehensively trained in Medication Administration.</p>				

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	<p>at 4 PM.</p> <p>Interview with the facility LPN (Licensed Practical Nurse) on 2/5/13 at 3 PM indicated clients should receive medications as ordered by their physician. The facility nurse indicated client #4's non-steroid lotion was to be applied to client #4's hands and arms every day at 4 PM.</p> <p>This deficiency was cited on 11/2/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>How correctiveactions willbe monitoredto ensureno recurrence</p> <p>The Team Leaders will sign off on a medication observation sheet and turn it into the LPN and Group Home Manager monthly to ensure they are doing all required medication observations.</p> <p>The Regional Director will ensure staff receive this retraining and will sign off on all Record of Trainings.</p>		

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to provide complete table service for all clients and to ensure the clients were offered condiments during meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/4/13 between 3:30 PM and 6:30 PM. Clients #1, #2, #3, #4, #5, #6, #7 and #8 had meatloaf, mashed potatoes, green beans, bread with margarine and mandarin oranges for their evening meal. The table service did not include knives for cutting the meat or placing margarine on the bread. Staff #1 buttered 8 slices of bread, placed them on a plate and put them on the table. Staff #1 also took the meatloaf out of the oven, cut it into individual servings, placed the servings on a plate and put the plate on the table. The clients began eating their meal at 6:10 PM. Staff #1, #2 and #3 sat at the table while the clients began eating.</p> <p>__At 6:20 PM staff #3 filled a plate of food for herself. When staff #3 placed</p>	W0484	<p>Corrective actionfor resident(s)found tohave beenaffected</p> <p>Clients are to be offered condiments and choice during their morning meal. This includes salt and pepper, butter, ketchup, or any other items they would like with their meals. This also includes appropriate utensils.</p> <p>How facilitywill identifyother residentspotentially affectedand whatmeasures taken</p> <p>All residents could be affected and corrective action plan will be put in place to protect all consumers.</p> <p>Measures orsystemic changesfacility putin placeto ensureno recurrence</p> <p>In addition to training the staff responsible for the lack of client choice during the survey observation, all staff have been retrained on active treatment and</p>	02/28/2013			

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	<p>ketchup on her meatloaf, client #1 stated, "I want ketchup." Staff #3 stated, "You only have one little bite of meat left" as staff #1 placed a small amount of ketchup on what was left of client #1's meatloaf.</p> <p>__At 6:25 PM staff #1 filled a plate of food for herself. After staff #1 asked for the ketchup to be passed to her, client #8 asked if she could have ketchup on her meat. Client #8 poured a small amount of ketchup on what was left of her meatloaf.</p> <p>__Clients #1, #2, #3, #4, #5, #6, #7 and #8 were not offered a choice of condiments for their meal/meat (ketchup, mustard, salad dressing, barbeque sauce, salt/salt substitute, pepper, etc.). Clients #1, #2, #3, #4, #5, #6, #7 and #8 were not provided a table knife for their evening meal.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) on 2/5/13 at 1 PM indicated clients should be offered a choice of condiments for each meal depending on the food being offered. The QMRP indicated table knives should be part of the table service and available for use by clients when dining.</p> <p>This deficiency was cited on 11/2/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>client rights by the QDDP. They have also been trained on Freedom of Choice by the QDDP.</p> <p>The QDDP and Group Home Manger will be spending time in person in the home every third week for a 4 hour block of time. This will provide onsite and immediate training for any issues with client choice.</p> <p>How correctiveactions willbe monitoredto ensureno recurrence</p> <p>The QDDP will ensure all staff are retrained on active treatment and client choice.</p> <p>The QDDP and Group Home Manger will be spending time in person in the home every third week for a 4 hour block of time. This will provide onsite and immediate training for any issues with client choice.</p>	

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	9-3-8(a)				

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W9999		W9999	No deficiency noted.	02/28/2013	