

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/01/2012
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 817 MENDLESON DR RICHMOND, IN 47374		
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W0000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 7/23/12, 7/24/12, 7/25/12, 7/26/12, 7/30/12, and 8/1/12.</p> <p>Facility Number: 000588 Provider Number: 15G013 AIMS Number: 100233310</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9</p> <p>Quality Review was completed on 8/7/12 by Tim Shebel, 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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 3 of 17 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to implement its policy and procedure to immediately notify the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding 3 instances of medication administration errors for 2 of 4 sampled clients (#3 and #4) plus one additional client (#5).</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports was conducted on 7/24/12 at 8:25 AM. The review indicated the following:</p> <p>-BDDS report dated 7/16/12 indicated on 7/14/12, "When staff attempted to give [client #5] her Clotrimazole 1% Cream (Anti-Fungal). (sic) They discovered that there was none left in the tube. This medication was ordered and received in the home on 6/29/12." The BDDS report indicated, "When the staff that discovered [client #5] was out of her ointment made the discovery she failed to notify a nurse or supervisor so that the medication could be refilled."</p> <p>-BDDS report dated 7/9/12 indicated on 7/7/12, "Test strips for [client #3's] Glucometer (Diabetes testing) were ordered on 7/6/12 but failed to come in time for his blood sugar to be read on 7/7/12 and when the strips that were ordered came in they were not the correct strips for it to be read on 7/8/12. Thus (sic) [client #3's] blood sugar was not read on those two days."</p>	W0149	<p>Corrective actionfor resident(s) found tohave been affected The Team Leader will conduct weekly medication audits due to the LPN to ensure there are enough medications in the home for the week. The LPN will conduct monthly medication audits to ensure appropriate medication is in the home. Training will be provided for all staff on reporting reportable incidents. This training will include training on reporting immediately to the QDDP or the LPN. The QDDP will notify the Regional Director and BDDS within 24 hours.</p> <p>How facilitywill identify otherresidents potentially affectedand what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures orsystemic changes facilityput in place toensure no recurrence Weekly medication audits will be conducted by the Team Leader and turned into the LPN. Monthly medication audits will be conducted by the LPN. All staff will be trained on reporting reportable incidents to the QDDP or LPN. The QDDP will notify the Regional Director and</p>	08/24/2012			

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	<p>-BDDS report dated 3/20/12 indicated on 3/17/12, "On 3/20/12, at 8:00 AM staff notified [nurse] that Vitamin D 1.25 MG (Milligram) (Calcium Absorption) give one tab on Saturday and Tuesday [client #4] (sic) was not given on 3/17/12 at 7:00 AM. Medication error."</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 7/26/12 at 10:45 AM indicated medication administration errors are to be reported to BDDS within 24 hours of the error.</p> <p>The facility's policy and procedures were reviewed on 8/1/12 at 8:00 AM. The facility's 3/12 policy and procedure entitled Incident Reports/Indiana indicated, "Abuse, neglect or exploitation of an individual who is residing in a community residential setting is a reportable incident.</p> <p>16. A medication error or medical treatment error as follows:</p> <ul style="list-style-type: none"> a. wrong medication given; b. wrong medication dosage given; c. missed medication-not given. <p>All incident reports are to be completed and filed within 24 hours of the occurrence being identified."</p>		<p>BDDS within 24 hours. The QDDP is supervised by the Regional Director.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Weekly medication audits will be completed by Team Leader and turned into the LPN. The LPN will complete monthly medication audits. The LPN is responsible for ensuring the weekly medication audits are completed. The QDDP is responsible for ensuring the Regional Director and BDDS are notified of reportable incidents within 24 hours. The LPN is supervised by the QDDP and the QDDP is supervised by the Regional Director.</p> <p>The Regional Director will sign off on all records of training ensuring all staff are trained.</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 3 of 17 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to immediately notify the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding 3 instances of medication administration errors for 2 of 4 sampled clients (#3 and #4) plus one additional client (#5).</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports was conducted on 7/24/12 at 8:25 AM. The review indicated the following:</p> <p>-BDDS report dated 7/16/12 indicated on 7/14/12, "When staff attempted to give [client #5] her Clotrimazole 1% Cream (Anti-Fungal). (sic) They discovered that there was none left in the tube. This medication was ordered and received in the home on 6/29/12." The BDDS report indicated, "When the staff that discovered [client #5] was out of her ointment made the discovery she failed to notify a nurse or supervisor so that the medication could be refilled."</p> <p>-BDDS report dated 7/9/12 indicated on 7/7/12, "Test strips for [client #3's] Glucometer (Diabetes testing) were ordered on 7/6/12 but failed to come in time for his blood sugar to be read on 7/7/12 and when the strips that were ordered came in they were not the correct strips for it to be read on</p>	W0153	<p>Corrective action for resident(s) found to have been affected</p> <p>Training will be provided for all staff on reporting reportable incidents. This training will include training on reporting immediately to the QDDP or the LPN. The QDDP will notify the Regional Director and BDDS within 24 hours.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>All staff will be trained on reporting reportable incidents to the QDDP or LPN. The QDDP will notify the Regional Director and BDDS within 24 hours. The QDDP is supervised by the Regional Director.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The QDDP is responsible for ensuring the Regional Director and BDDS are notified of reportable incidents within 24</p>	08/24/2012	

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	<p>7/8/12. Thus (sic) [client #3's] blood sugar was not read on those two days."</p> <p>-BDDS report dated 3/20/12 indicated on 3/17/12, "On 3/20/12, at 8:00 AM staff notified [nurse] that Vitamin D 1.25 MG (Milligram) (Calcium Absorption) give one tab on Saturday and Tuesday [client #4] (sic) was not given on 3/17/12 at 7:00 AM. Medication error."</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 7/26/12 at 10:45 AM indicated medication administration errors are to be reported to BDDS within 24 hours of the error.</p> <p>9-3-2(a) 9-3-1(b)(5)</p>		<p>hours. The LPN is supervised by the QDDP and the QDDP is supervised by the Regional Director. The Regional Director will sign off on all records of training ensuring all staff are trained</p>		

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W0312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4) who used behavior controlling dugs, the clients' program failed to include the use of and withdrawal criteria for psychotropic medication used for behavior management.</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 7/25/12 at 10:04 AM. Client #3's Physicians order from dated 6/21/12 indicated an order for Fluoxetine HCL (Hydrochloride) (Depression) 40 MG (Milligram). Client #3's Human Rights Committee (HRC) dated 2/20/12 indicated, "[Client #3] has recently been short with staff and not willing to participate as he normally does. Doctor has recommended hat we increase Fluoxetine to 40 MG one a day. I spoke with guardian and she approves the use of the medication. [Client #3] does not have a BSP (Behavior Support Plan)." Client #3's record did not indicate a BSP or a medication titration plan regarding the use of Fluoxetine HCL 40 MG.</p> <p>2. Client #4's record was reviewed on 7/25/12 at 8:33 AM. Client #4's Physician Order form dated 6/21/12 indicated Bupropion XL (Extended Release) (Depression) 300 MG tablet and Bupropion XL 150 MG tablet every morning. Client #4's Medical Appointment form dated 4/31/12 indicated, "Add Wellbutrin/Bupropion XL 150 MG by mouth every AM, continue</p>	W0312	<p>Corrective actionfor resident(s) found tohave been affected</p> <p>The Behavior Clinician responsible for ensuring the Behavior Support Plan is in place, complete and accurate will update the BSP to include all psychotropic medication and to seek HRC approval. The LPN responsible for physician orders will update the BC when medications change, are added, or are discontinued. The QDDP responsible for programming will ensure the BSP is complete and accurate.</p> <p>The BC will write a BSP not currently in place for any consumer taking psychotropic medication and will seek HRC approval. Staff will be trained on all new or updated BSPs by the BC or a supervisor trained by the BC.</p> <p>How facilitywill identify otherresidents potentially affectedand what measures taken</p> <p>All residents receiving psychotropic medications are affected and corrective action will address the needs of all clients.</p> <p>Measures orsystemic changes facilityput in place toensure no</p>	08/31/2012			

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	<p>Wellbutrin/Bupropion XL 300 MG by mouth every AM..." Client #4's BSP dated 9/1/11 did not indicate the use of Wellbutrin/Bupropion for the management of Depression related behaviors. Client #4's HRC form dated 2/20/12 did not indicate review or suggestions in regard to the use of Wellbutrin/Bupropion.</p> <p>Interview with PD (Program Director) #1, BC (Behavior Consultant) #1 and facility nurse #1 on 7/26/12 at 10:45 AM indicated Wellbutrin/Bupropion was a psychotropic medication used for behavior management of depression related behaviors for client #4. BC #1 indicated Wellbutrin/Bupropion should have been included in client #4's BSP and approved by the facility's HRC. BC #1 indicated psychotropic medications needed to be included in a BSP.</p> <p>9-3-4(a)</p>		<p>recurrence Monitoring the BSP and physician orders will be added to the quarterly meeting agenda. The team including the BC, QDDP, and LPN will compare the physician orders to the BSP at each quarterly to ensure compliance. The QDDP is responsible for the meeting agenda. The LPN will update the BC with all psychotropic medication changes as they occur and the BC will update the BSP as needed and seek HRC approval. How correctiveactions will be monitoredto ensure no recurrence The QDDP will follow up to ensure the BC updates all BSPs and all staff are trained on new or updated plans. The Regional Director will be sent the agenda following each consumer meeting by the QDDP to ensure compliance. The Regional Director will sign off, and will return the agenda to the QDDP to maintain in the client file.</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.</p> <p>Based on record review and interview for 3 of 4 sampled clients (#1, #3 and #4) plus 3 additional clients (#5, #7 and #8) the facility nurse failed to ensure all drugs were administered in compliance with the clients' physicians orders.</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports was conducted on 7/24/12 at 8:25 AM. The review indicated the following:</p> <p>-BDDS report dated, 7/21/12 indicated on 7/20/12, "[Client #8] was not given his 8:00 PM does of Artificial tears (Dry Eyes) within the prescribed window of time. Staff were not able to locate them until approximately 10:00 PM when they were administered. Staff located his drops in another consumer's box where they were misplaced at his 7:00 AM administration time."</p> <p>-BDDS report dated 7/16/12 indicated on 7/14/12, "When staff attempted to give [client #5] her Clotrimazole 1% Cream (Anti-Fungal). (sic) They discovered that there was none left in the tube. This medication was ordered and received in the home on 6/29/12." The BDDS report indicated, "When the staff that discovered [client #5] was out of her ointment made the discovery she failed to notify a nurse or supervisor so that the medication could be refilled."</p> <p>-BDDS report dated 7/9/12 indicated on 7/7/12, "Test strips for [client #3's] Glucometer (Diabetes testing) were ordered on 7/6/12 but failed to come in time for his blood sugar to be read on 7/7/12</p>	W0368	<p>Corrective actionfor resident(s) found tohave been affected The Team Leader will complete weekly medication audits due to the LPN. These medication audits will notify the TL and the LPN of any medication with less than 7 days worth of medication in the home so it can be reordered from the pharmacy. The LPN will do monthly medication audits at each home ensuring compliance in medication administration and the presence of all necessary medications. All staff will be retrained on Medication Administration in a Core A Core B refresher course taught by the Group Home LPN. How facilitywill identify otherresidents potentially affectedand what measures taken All residents affected and corrective action will address the needs of all clients. Measures orsystemic changes facilityput in place toensure no recurrence The Team Leader will complete weekly medication audits due to the LPN. These medication audits will notify the TL and the LPN of any medication with less than 7 days worth of medication in the home so it can be reordered from the pharmacy. The LPN will do</p>	08/24/2012			

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	<p>and when the strips that were ordered came in they were not the correct strips for it to be read on 7/8/12. Thus (sic) [client #3's] blood sugar was not read on those two days."</p> <p>-BDDS report dated 7/7/12 indicated on 7/7/12, "When it came time for [client #6] to receive his 7:00 AM dose of Pulmacort (Asthma) because the house had run out of that medication. (sic)" The BDDS report indicated client #6 had not received his 7:00 AM dose of Pulmacort inhaler.</p> <p>-BDDS report dated 6/25/12 indicated on 6/24/12, "When staff packed [client #6's] medication for his home visit with his mother they realized that the dose being sent was his last dose of Albuterol (Asthma). At that time staff attempted to contact the nurse but contacted the nurse that was not on call and his call was not returned. Thus, [client #6] was not given his 8:00 PM dose on 6/24/12 or his 7:00 AM dose on 6/25/12."</p> <p>-BDDS report dated 4/4/12 indicated on 4/4/12, "[Team Leader] was doing weekly medication audits and noticed that [client #3] did not receive his AM medication on 4/4/12 (sic) medication was signed for but the medication was still in the bubble pack for the 4th."</p> <p>-BDDS report dated 3/20/12 indicated on 3/17/12, "On 3/20/12, at 8:00 AM staff notified [nurse] that Vitamin D 1.25 MG (Milligram) (Calcium Absorption) give one tab on Saturday and Tuesday [client #4] (sic) was not given on 3/17/12 at 7:00 AM. Medication error."</p> <p>-BDDS report dated 1/21/12 indicated on 1/21/12, " Staff notified [nurse] that [client #1] received his Cetirizine 10 MG (Allergies) 8:00 PM dose at 7:00 AM on the morning of 1/21/12."</p>		<p>monthly medication audits at each home ensuring compliance in medication administration and the presence of all necessary medications.</p> <p>All staff will be retrained on Medication Administration in a Core A Core B refresher course taught by the Group Home LPN.</p> <p>How correctiveactions will be monitoredto ensure no recurrence</p> <p>The LPN will monitor weekly to ensure all medication audits are completed. The LPN will order all medication needed based on the medication audits.</p> <p>The Regional Director will sign off on all records of training ensuring all staff are trained on Core A Core B Medication Administration.</p>				

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	<p>Client #1's record was reviewed on 7/24/12 at 2:44 PM. Client #1's PO (Physician Orders) dated 6/19/12 indicated client #1 had an order for Cetirizine 10 MG.</p> <p>Client #3's record was reviewed on 7/25/12 at 10:04 AM. Client #3's PO dated 6/21/12 indicated client #3 had an order for daily glucose testing. Client #3's PO indicated an AM order for Ranitidine 150 MG (Gerd), Triamterene 37.5 MG (Edema), Allopurinol 300 MG (Gout), Fluoxetine 40 MG (Depression), Lovaza 1 gram (Cholesterol) and Meloxicam 7.5 grams (Arthritis)</p> <p>Client #4's record was reviewed on 7/25/12 at 8:33 AM. Client #4's PO dated 6/21/12 indicated client #4 had an order for Vitamin D 1.25 MG.</p> <p>Client #5's PO dated 6/29/12 was reviewed on 7/30/12 at 5:40 PM. Client #5's PO indicated client #5 had an order for Clotrimazole Cream.</p> <p>Client #6's PO dated 6/29/12 was reviewed on 7/30/12 at 5:43 PM. Client #6's PO indicated client #6 had an order for Pulmacort and Albuterol.</p> <p>Client #8's PO dated 6/29/12 was reviewed on 7/30/12 at 5:48 PM. Client #8's PO indicated client #8 had an order for Artificial tears eye drops.</p> <p>Interview with nurse #1 on 7/30/12 at 12: 15 PM indicated clients' should receive medication as ordered by the physician.</p> <p>9-3-6(a)</p>			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division.</p> <p>This rule was not met as evidenced by:</p> <p>Based on record review and interview for 3 of 17 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to immediately notify the administrator and the Bureau of Developmental Disabilities Services (BDDS) within 24 hours in accordance with state law regarding 3 instances of medication administration errors for 2 of 4 sampled clients (#3 and #4) plus one additional client (#5).</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports was conducted on 7/24/12 at 8:25 AM. The review indicated the following:</p> <p>-BDDS report dated 7/16/12 indicated on 7/14/12, "When staff attempted to give [client #5] her Clotrimazole 1% Cream (Anti-Fungal). (sic) They discovered that there was none left in the tube. This medication was ordered and received in the home on 6/29/12." The BDDS report indicated, "When the staff that discovered [client #5] was out of her ointment made the discovery she failed to</p>	W9999	<p>Corrective action for resident(s) found to have been affected</p> <p>Training will be provided for all staff on reporting reportable incidents. This training will include training on reporting immediately to the QDDP or the LPN. The QDDP will notify the Regional Director and BDDS within 24 hours.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>All staff will be trained on reporting reportable incidents to the QDDP or LPN. The QDDP will notify the Regional Director and BDDS within 24 hours.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The QDDP is responsible for ensuring the Regional Director and BDDS are notified of reportable incidents within 24 hours. The QDDP is supervised by the Regional Director. The Regional Director will sign off on all records of training ensuring all staff are trained.</p>	08/24/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/01/2012
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	<p>notify a nurse or supervisor so that the medication could be refilled."</p> <p>-BDDS report dated 7/9/12 indicated on 7/7/12, "Test strips for [client #3's] Glucometer (Diabetes testing) were ordered on 7/6/12 but failed to come in time for his blood sugar to be read on 7/7/12 and when the strips that were ordered came in they were not the correct strips for it to be read on 7/8/12. Thus (sic) [client #3's] blood sugar was not read on those two days."</p> <p>-BDDS report dated 3/20/12 indicated on 3/17/12, "On 3/20/12, at 8:00 AM staff notified [nurse] that Vitamin D 1.25 MG (Milligram) (Calcium Absorption) give one tab on Saturday and Tuesday [client #4] (sic) was not given on 3/17/12 at 7:00 AM. Medication error."</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 7/26/12 at 10:45 AM indicated medication administration errors are to be reported to BDDS within 24 hours of the error.</p> <p>9-3-1(b)</p>				