

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 02/20/2012
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 9285 W CR 950 N ELIZABETHTOWN, IN 47232		
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: February 7, 8, 9 and 20, 2012</p> <p>Facility Number: 012528 Provider Number: 15G792 Aim Number: 20107060</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/2/12 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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (client #2) and 2 additional clients (clients #3 and #4), the facility failed to ensure free access to their clothing.</p> <p>Findings include:</p> <p>During the observation period on 2/8/12 from 6.30 AM to 9:15 AM, staff #2 unlocked the garage door from the smaller living room into the garage. Staff indicated at 6:45 AM she was getting clothes for client #3. Staff locked the door again after getting the clothes. This process happened two more times during the morning observation with staff unlocking the garage door, getting clothes for clients #2 and #4, and taking them to client #2 and #4's room. Staff #2 indicated on 2/8/12 at 6:45 AM the clothes were kept in the garage for all the clients. Staff #2 indicated they kept them in the garage to keep client #2 from shredding the clothes.</p> <p>The record review for client #2 was conducted on 2/8/12 at 12:54 PM. The</p>	W0137	<p>W 137 Clients did not have Free Access to Clothing Corrective action for resident(s) found to have been affected Two of the home's residents have restrictions on access to clothing because they destroy them. Their restriction was reduced to having three day's supply of clothing in their private rooms. The other two residents do not have a clothing restriction and have free access to their clothes. Each has a chest of drawers as well as hanging storage in unlocked closets in their private bedrooms. How facility will identify other residents potentially affected & what measures taken All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Enhanced or full access to personal clothing has been implemented for all residents in the home depending upon their level of BSP restriction. There also is a new procedure incorporated in the BSPs of the residents who have clothing restrictions to further</p>	03/21/2012			

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	<p>Individualized Support Plan (ISP) dated 10/25/11 indicated client #2 did not have any goals relating to the care of her clothing. The BSP for client #2, dated 2/15/12 (currently being used) indicated the maladaptive behaviors were as follows:</p> <ol style="list-style-type: none"> 1. Physical Aggression - Defined as any instance of [client #2] physically pushing hitting kicking, biting, scratching, or pulling the hair of another person with the potential to cause harm to that person. 2. Pica - Defined as [client #2] eating or chewing on inedible objects within and around her environment. 3. Property Destruction - The intentional misuse of items and property belonging to [client #2] or others which results in damage especially tearing of clothing, bed linens, etc. 4. Inappropriate Toileting - Urinating or defecating in a location other than the toilet, except instances of overnight incontinence. <p>Interview with staff #2 on 2/8/12 at 6:45 AM indicated they kept the clothes locked for clients #1, #2, #3 and #4 because other clients in the home would shred them when they got upset.</p> <p>Interview with staff #1, Program Coordinator (PC) on 2/8/12 at 3:30 PM indicated clients #2 and #3 shredded</p>		<p>reduce the restriction based on behavior. How corrective actions will be monitored to ensure no recurrence All programs are monitored by the Program Coordinator who is supervised by the Director. The BSP and all restrictions are monitored by the Behavior Clinician. The Professional Staff will monitor implementation of the corrections listed above with documented home visits forms. The Professional Staff are supervised by the Director who checks these home-visit forms at regular meetings.</p>				

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	clothes and it was necessary to keep everyone's clothes locked. 9-3-2(a)				

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (clients #1 and #2), the facility failed to provide opportunities for choosing clothing to wear.</p> <p>Findings include:</p> <p>During the observation period on 2/8/12 from 6.30 AM to 9:15 AM, staff #2 unlocked the garage door from the smaller living room into the garage. Staff #2 indicated at 6:45 AM she was getting the clothes for client #3. Staff locked the door again after getting the clothes. This process happened two more times during the morning observation with staff unlocking the garage door, getting clothes, and taking to a different client's room (clients #2 and #4. Staff #2 indicated on 2/8/12 at 6:45 AM the clothes were kept in the garage for all the clients. Staff #2 indicated they kept the clothes in the garage to keep clients #2 and #3 from shredding the clothes.</p> <p>The record review for client #1 was conducted on 2/8/12 at 12:54 PM. The Individual Support Plan (ISP) for client #1, dated 10/1/11, indicated the goals to</p>	W0247	<p>W 247 Clients did not have Free Choice of Clothing Corrective action for resident(s) found to have been affected Two of the home's residents have restrictions on access to clothing because they destroy them. They now have three day's supply of clothing from which to choose. The other two residents do not have a clothing restriction and have free access to their clothes. Each has a chest of drawers as well as hanging storage in unlocked closets in their private bedrooms. How facility will identify other residents potentially affected & what measures taken All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence ISP goals were added to teach clients clothing choice. How corrective actions will be monitored to ensure no recurrenceAll programs are monitored by the Program Coordinator who is supervised by the Director. The Professional Staff will monitor implementation of the corrections listed above with documented home visits forms. The</p>	03/21/2012			

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	<p>increase independence through developing and enhancing her personal care skills and overall quality of life and communication skills were to brush her teeth after breakfast daily, assist with home cleaning daily and exit the home during safety drills. There was no documentation in the ISP indicating client #1 was allowed to make choices in clothing to wear.</p> <p>The record review for client #2 was conducted on 2/9/12 at 10:45 AM. The ISP revised 10/1/11 indicated the goals to increase independence through developing and enhancing her personal care skills and overall quality of life were to wear appropriate clothing daily, assist with home cleaning daily, exit the home during all safety drills and assist with toileting by allowing staff to clean her after each toileting session daily. The December, 2011 monthly review indicated client #1 was at 100% success rate on wearing appropriate clothing daily.</p> <p>The Behavior Support Plan (BSP) for client #2 had a planned implementation date of 2/15/12 (plan was in place before implementation date). The BSP indicated client #2 had the following maladaptive behaviors:</p> <p>1. Physical Aggression - "Defined as</p>		Professional Staff are supervised by the Director who checks these home-visit forms at regular meetings.				

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	<p>any instance of [client #2] physically pushing, hitting, kicking, biting, scratching, or pulling the hair of another person with the potential to cause harm to that person."</p> <p>2. Pica - "Defined as [client #2] eating or chewing on inedible objects within and around her environment.</p> <p>3. Property Destruction - "The intentional misuse of items and property belonging to [client #1] or others which results in damage especially tearing of clothing, bed linens etc."</p> <p>4. Inappropriate Toileting - "Urinating or defecating in a location other than the toilet."</p> <p>Interview with staff #2 on 2/8/12 at 6:45 AM indicated all the clothes for clients #1 and #2 were kept locked in the garage to ensure they didn't get destroyed. Staff #2 indicated the staff selected the clothes daily for the clients to wear.</p> <p>Interview with staff #1, Program Coordinator (PC) on 2/8/12 at 3:30 PM indicated clients #2 and #3 shredded clothes and it was necessary to keep everyone's clothes locked.</p> <p>9-3-4(a)</p>						

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