

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G718	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/11/2013
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2331 CANDLEWICK DR FORT WAYNE, IN 46804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 7, 8, 9, 10, 11, 2013.</p> <p>Facility Number: 004404 Provider Number: 15G718 AIM Number: 200510050</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 1/18/13 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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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based upon observation, record review and interview, the facility's nursing services failed to ensure medications were dispensed with the client's name on the label for for 1 of 2 sampled clients (client #2).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/8/13 from 6:09 AM until 7:32 AM. During the administration of medication for client #2 at 6:20 AM, staff #1 applied Mapirocin topical cream to client #2's G-tube area. The label on the cream indicated it was for client #4.</p> <p>The medication administration record was reviewed on 1/8/13 at 6:50 AM and indicated client #2 was to be given Mapirocin cream (antibiotic) to her G tube area three times daily.</p> <p>Staff #1 was interviewed on 1/8/13 at 6:55 AM and indicated the medication was the same for clients #2 and #4, and client #4's medication had been placed in client #2's medication box.</p> <p>The group home nurse was interviewed</p>	W0331	<p>All staff have received re-training on the AWS Medication Administration Policy including checking the label and the requirement to store clients medications seperatley. The staff will be monitored by the QMRP, Residential Manager and nurse to ensure complaince. Monitoring of these checks will be documented ont he Medication Administration Observation Form which will be turned into the Residential Director to monitor complaince and ensure proper procedures are being imeplemented.</p>	02/10/2013			

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	<p>on 1/10/13 at 10:30 AM and indicated dispensing another client's medication was in violation of the facility's medication administration procedures.</p> <p>9-3-6(a)</p>			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based upon observation, record review and interview, the facility failed to ensure medications were dispensed without error for 1 of 2 sampled clients (client #2).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/8/13 from 6:09 AM until 7:32 AM. During the administration of medication for client #2 at 6:20 AM, staff #1 gave client #2 one spray of Flonase nasal spray in each nostril (allergies).</p> <p>The medication administration record was reviewed on 1/8/13 at 6:50 AM and indicated client #2 was to be given 2 sprays of Flonase in each nostril.</p> <p>Staff #1 was interviewed on 1/8/13 at 6:55 AM and indicated client #2 was to receive 2 sprays in each nostril of Flonase.</p> <p>The Residential Director was interviewed on 1/10/13 at 10:30 AM and indicated failing to dispense 2 sprays of Flonase in each nostril was considered a medication error.</p>	W0369	All staff have been re-trained on the AWS Medication Administration Policy including the need to check the order and verify instructions prior to administration of medications and treatments. The staff will be monitored for compliance by the nurse, Residential Manager and QMRP. This monitoring will be documented on the Medication Administration Observation form which will be turned into the Residential Director so compliance and oversight can be monitored.	02/10/2013	

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