

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G803		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 7004 HOLDEN DR FORT WAYNE, IN 46835			
(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 annual recertification and state licensure survey.</p> <p>Dates of Survey: February 15, 16, 17 and 20, 2012.</p> <p>Facility number: 012625 Provider number: 15G803 AIM number: 201023250</p> <p>Surveyor: Kathy Wanner, 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 2/23/12 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, facility staff failed to follow their Abuse and Neglect policy by failing to immediately report an allegation of staff abuse as indicated in 1 of 11 Bureau of Developmental Disabilities Services Reports (BDDS) reviewed to BDDS and to the administrator in accordance with State law.</p> <p>Findings include:</p> <p>Facility records were reviewed on 2/15/12 at 2:40 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 6/30/11 and 2/15/12. The BDDS reports indicated the following:</p> <p>A BDDS report dated 1/29/12 for an incident on 1/27/12 at 8:30 P.M. indicated "A staff member reported on 1/28/12 that she had witnessed a staff member strike [client # 1] on the forehead after [client #1] had head butted her." The staff member was suspended and the allegation was investigated, and found to be unsubstantiated due to the statement from the reporting staff being inconsistent with</p>	W0149	The allegation in question was unsubstantiated and was determined to be a fabricated story by the reporter of the alleged incident. That staff person had just been trained on the Abuse and Neglect Policy a few weeks before this incident and did not follow the training provided. She has since been terminated from employment with AWS for non-related policy violations. AWS has a policy for the prevention and reporting of Abuse and Neglect, which indicates that all abuse or suspicions of abuse must be reported to the administrator immediately. All staff have received a re-training on the Abuse and Neglect policy and their obligation to report. All staff have been administered a posttest to ensure their understanding of the policy and reporting requirements. The director will monitor compliance on an ongoing basis.	03/21/2012	

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	<p>the other three staff on duty. The BDDS report did not indicate why it had been submitted untimely.</p> <p>The facility Group Home Abuse and Neglect Policy dated 3/11, was reviewed on 2/15/12 at 1:19 P.M.. The policy indicated the following: "[Name of facility] does not tolerate abuse in any form by any person. This includes physical abuse, verbal abuse...if any staff witnesses, observes or suspects abuse or neglect of a client, they are to report this immediately to their supervisor and the [name of facility] RD (Residential Director.)"</p> <p>The Residential Director (RD) was interviewed on 2/20/12 at 3:05 P.M.. When asked about the BDDS report being late the RD indicated the report was made as soon as she was made aware of the allegation. The RD indicated the administrator had not been notified immediately. The RD indicated she understood the report was late and the facility had retrained the staff on reporting guidelines.</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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, facility staff failed to immediately report an allegation of staff abuse as indicated in 1 of 11 Bureau of Developmental Disabilities Services Reports (BDDS) reviewed to BDDS and to the administrator in accordance with State law.</p> <p>Findings include:</p> <p>Facility records were reviewed on 2/15/12 at 2:40 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 6/30/11 and 2/15/12. The BDDS reports indicated the following:</p> <p>A BDDS report dated 1/29/12 for an incident on 1/27/12 at 8:30 P.M. indicated "A staff member reported on 1/28/12 that she had witnessed a staff member strike [client # 1] on the forehead after [client #1] had head butted her." The staff member was suspended and the allegation was investigated, and found to be</p>	W0153	The allegation in question was unsubstantiated and was determined to be a fabricated story by the reporter of the alleged incident. That staff person had just been trained on the Abuse and Neglect Policy a few weeks before this incident and did not follow the training provided. She has since been terminated from employment with AWS for non-related policy violations. AWS has a policy for the prevention and reporting of Abuse and Neglect, which indicates that all abuse or suspicions of abuse must be reported to the administrator immediately. All staff have received a re-training on the Abuse and Neglect policy and their obligation to report. All staff have been administered a posttest to ensure their understanding of the policy and reporting requirements. The director will monitor compliance on an ongoing basis.	03/21/2012	

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	<p>unsubstantiated due to the statement from the reporting staff being inconsistent with the other three staff on duty. The BDDS report did not indicate why it had been submitted untimely.</p> <p>The Residential Director (RD) was interviewed on 2/20/12 at 3:05 P.M.. When asked about the BDDS report being late the RD indicated the report was made as soon as she was made aware of the allegation. The RD indicated the administrator had not been notified immediately. The RD indicated she understood the report was late and the facility had retrained the staff on reporting guidelines.</p> <p>9-3-2(a)</p>						