STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G709	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	55737 REEVES DR OSCEOLA, IN 46561

(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
W000000	This visit was for an annual recertification and state licensure survey. Dates of Survey: July 30, 31 and August 1 and 11, 2014. Facility Number: 003862 Provider Number: 15G709 AIM Number: 200460470 Surveyor: Christine Colon, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed August 15, 2014 by Dotty Walton, QIDP.	W000000		
W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 clients observed during the morning medication administration, (client #3), the facility's nursing services failed to reconcile medication labels and Medication Administration Records (MAR). Findings include:	W000331	Thenurse and the staff have received additional training on the AWSMedication Administration Policy including checking the label and MARto ensure they coincide with the physician's order. The MAR andmedication labels have been reconciled to indicate the correctadministration time of the medication per the physician's orders. The MARs	09/10/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	A morning observation was conducted at the group home on 8/1/14 from 7:15 A.M. until 9:30 A.M. At 8:11 A.M., Group Home Trainer (GHT) #5 administered client #3's prescribed medications. Review of the medication label indicated: "Montelukast 10 mg (milligram) tablet (asthma)...1 tablet every evening." Written on the medication packet was the word morning. A review of the Medication Administration Record (MAR) dated August 1, 2014 to August 31, 2014 at 8:16 A.M. indicated the medication was to be taken in the evening. An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The PD indicated the nurse was responsible for reconciling the MAR and label. The PD further indicated staff should follow the MAR when administering client #3's medication. 9-3-6(a)		and medication labels will be monitored weekly by the QDDP,Residential Manager, or Nurse to ensure that medication labels areconsistent with MARs and physicians orders. These observations willbe documented on a MAR tracking form and will be turned into thedirector to monitor compliance.	
W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.			

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	Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients and 1 additional client, observed during the morning medication administration (clients #2 and #3), to ensure staff administered 4 of 16 of the clients' medications, as ordered without error. Findings include: A morning observation was conducted at the group home on 8/1/14 from 7:15 A.M. until 9:30 A.M. At 7:10 A.M., Group Home Trainer (GHT) #5 began administering client #2's prescribed oral medications. GHT #5 began administering client #2's "Klor Con 20 meq (milliequivalent) (hypokalemia) and Loratadine (allergies) with no water. Review of the medication label and the Medication Administration Record (MAR) dated 8/1/14 to 8/31/14 was conducted on 8/1/14 at 7:15 A.M. and indicated: "Klor Con 20 meq tablet...1 tablet once a day...Take with a full glass of water...Loratadine tablet...1 tablet once a day...Take with plenty of water." At 8:11 A.M., GHT #5 administered client #3's Dulera inhaler (asthma) and her Qvar inhaler (asthma). GHT #5 did not rinse client #3's mouth after inhaling each inhaler. Review of the medication label and MAR dated	W000369	Allstaff received re-training on the AWS Medication AdministrationPolicy including following physicians orders and pharmacyrecommendations for medication administration. All staff will bemonitored by the QDDP, residential manager, or nurse to ensure thetraining has been effective. For 30 days, unannounced medicationobservations will be completed three times on first shift, threetimes on second shift and three times on third shift. Once competencyis ensured through those checks, AWS management staff will conductweekly checks of medication administration. These will be documentedon the medication administration tracking form which will be turnedinto the director monthly so compliance can be monitored.	09/10/2014

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	8/1/14 to 8/31/14 was conducted on 8/1/14 at 8:16 A.M. and indicated: "Dulera...inhale 1 puff twice daily...after use rinse mouth and spit...Qvar...1 puff twice daily...after use rinse mouth and spit." An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated clients #2 and #3's medications should have been administered as directed on the label and MAR. The RD further indicated client #2 should have taken her medications with at least 8 ounces of water and staff should have rinsed client #3's mouth after inhaling her inhalers. 9-3-6(a)			
W000488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the facility failed to assure 4 of 4 clients, residing at the group home (clients #1, #2, #3 and #4), were involved in meal preparation. Findings include: An evening observation was conducted at the group home on 7/30/14 from 4:30	W000488	Allstaff have been re-trained on family style dining and givingindividuals the opportunity to assist with meal preparation. Theclients should have had the opportunity to assist with mealpreparation, setting the table, and serving the food as they areable. The clients can/will have additional opportunities for mealpreparation as identified by their functional assessment. For 30days, the QDDP	09/10/2014

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	P.M. until 6:10 P.M. At 4:50 P.M., Group Home Trainer (GHT) #1 took 6 plastic containers out of the refrigerator and placed them in the microwave as clients #1, #2, #3 and #4 sat in their wheelchairs with no activity. At 5:20 P.M., GHT #1 and #2 began serving clients #1, #2, #3 and #4's food onto their plates. At 5:30 P.M., clients #1 and #2 began feeding themselves independently and GHTs #1 and #2 assisted clients #3 and #4 with their meals which consisted of beef and noodles, asparagus and mixed fruit. A morning observation was conducted at the group on 8/1/14 from 7:15 A.M. until 9:30 A.M. At 7:20 A.M., clients #1, #2, #3 and #4 sat at the dining table with no activity as GHT #4 took containers out of the microwave and placed them on the table. The containers were labeled and indicated the meal consisted of cream of wheat and toast. At 7:25 A.M., clients #1, #2, #3 and #4 began eating their breakfast. Clients #1, #2, #3 and #4 did not assist in meal preparation. An interview with GHT #2 was conducted on 7/30/14 at 5:50 P.M. GHT #2 indicated the labeled, clear plastic containers were clients #1, #2, #3 and #4's already prepared food for the evening. GHT #2 indicated the overnight		and Residential Manager will observe three breakfasttimes, three lunch times, and three dinner times to ensure that staffare implementing proper procedures. Once competency is ensuredthrough those checks, AWS management staff will conduct weeklyobservations of meals. These will be documented on the diningchecklist which will be turned into the director monthly socompliance can be monitored.	

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	staff prepares all meals for all clients. An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated clients were capable assisting in meal preparation with assistance and further indicated they should be assisting in preparation. 9-3-8(a)			