

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G798	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/26/2012
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 8424 FANTASIA WAY FORT WAYNE, IN 46809		
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: January 23, 24, 25, and 26, 2012.</p> <p>Facility number: 012577 Provider number: 15G798 AIM number: 201018530</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/2/12 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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W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based upon record review and interview, the facility failed to obtain a legally sanctioned representative for 1 of 4 sampled clients (client #1) assessed as being in need of assistance to assure his protection of rights as a citizen of the United States.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/24/12 at 1:07 PM. Client #1's records did not include evidence of an identified legally sanctioned representative to assist him in making decisions. Client #1's Behavior Support Plan (BSP) dated 12/16/11 included the use of physical blocking techniques and indicated he received medications of Terazosin (anti-hypertensive), Metoprolol Tart (anti-hypertensive), Glipizide ER (extended release) for blood glucose control, Cetrizine HCL (hydrochloride) for allergies, Simvastin (anti-hyperlipidemic) and docusate Sodium (constipation). Client #1 signed consent for the plan (undated). Client #1's comprehensive functional assessment (CFA) dated 10/24/11 indicated he was unable to understand the purpose or side effects of medication, required hand over hand assistance to know the purpose of money, to carry money, to exchange money for a purchase, make purchase based on need/resources, know the value of money, was unable to budget money for the week, and was not able to understand his civil rights.</p> <p>The Residential Director was interviewed on</p>	W0125	AWS has obtained a unassociated volunteer who is willing and appropriate to assume guardianship for client #2. A referral has been made to a lawyer, Solomon Lowenstein who will petition the court and represent the volunteer throughout the proceedings. AWS will provide financial support to volunteer so guardianship can be obtained. Due to the nature of the courts, AWS is unable to verify when this process will be complete but confirmation of this contact will be placed in the client files for review. AWS will continue to assess the clients for their need of representation and as appropriate will assist them in finding appropriate volunteers. If family or volunteers cannot be located, AWS will refer consumers to available community resources.	02/25/2012	

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	1/25/12 at 12:40 PM and indicated client #1 would benefit from receiving assistance in making decisions.  9-3-2(a)			
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W0137	<p>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 upon observation, record review and interview, the facility failed to ensure 1 of 4 sampled clients (client #4) had a plan to regain free access to his cigarettes.</p> <p>Findings include:</p> <p>During observation in the group home on 1/24/12 from 6:30 AM until 7:55 AM, client #4 asked about smoking a cigarette and was told he could have a cigarette after breakfast by staff #2.</p> <p>Staff #2 was interviewed on 1/24/12 at 7:10 AM and indicated client #4's cigarettes were locked in a lock box at all times and client #4 had a smoking schedule every 2 hours to regulate his cigarette intake.</p> <p>Client #4 was given a cigarette at 7:50 AM out of a locked box kept in the medication room and went out to smoke.</p> <p>Client #4's record was reviewed on 1/25/12 at 1:14 PM and his ISP (individualized support plan) dated 9/30/11 failed to include a plan to regain free access to his cigarettes. His Behavior Support Plan dated 11/10/11 indicated</p>	W0137	A smoking schedule was in place for client #4 upon admission and was continued. An addendum has been completed to the Behavior Support Plan (BSP) to include the reason for restriction and a plan to identify time is included in his ISP which is directly related to his more independent access to his cigarettes. This goal is monitored monthly and will be revised annually or as needed. The plan was presented and approved by the Human Rights Committee and will be monitored yearly or as needed.	02/25/2012			

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	<p>client #4 had restricted access to cigarettes, but did not indicate the reason for the restriction or a plan to regain the free access to his cigarettes.</p> <p>The Residential Director was interviewed on 1/25/12 at 2:05 PM and indicated there was no plan in the record for client #4 to regain access to his cigarettes.</p> <p>9-3-2(a)</p>				

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W0289	<p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on interview and record review for 1 of 4 sampled clients (client #2), the facility failed to ensure specific intervention strategies were written in the behavioral intervention plan.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 1/24/12 at 2:20 PM. Client #2's 11/10/11 Therapeutic Support Plan (TSP) included the use of a behavior intervention system using physical techniques to address his behavior. The TSP did not indicate which behavior intervention system techniques were to be used or a hierarchy of techniques to be used.</p> <p>The Residential Director was interviewed on 1/25/12 at 12:40 PM and indicated the plan failed to include a description of which physical techniques were to be used or a hierarchy of their use to address client #2's behavior.</p> <p>9-3-5(a)</p>	W0289	<p>The Behavior Support Plan for client #2 has been updated to include the specific Mandt techniques that are authorized for client #2. The plan has been approved through Human Rights Committee (HRC). The HRC approval form has been updated to include instructions on listing the exact techniques requiring approval. All QMRP's, Managers and nurses as well as the HRC have been trained on the use and purpose of the form and the new instructions. Compliance will be monitored by the HRC agency member.</p>	02/25/2012	

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W0460	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon observation, record review, and interview for 2 of 4 sampled clients (clients #3 and #4), the facility failed to ensure their food was prepared to the consistency as specified in physician's orders.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/24/12 from 6:30 AM until 7:55 AM. During breakfast meal, client #3 ate ham cut into 1 inch pieces and client #4 ate ham cut into 1/2 inch pieces prepared by staff.</p> <p>Staff #2 was interviewed on 1/24/12 at 9:45 AM and stated the ham served at breakfast required staff to use a sharp knife to cut it into pieces as the ham was "too tough" to be cut with the table knives provided for clients use during the meal.</p> <p>Client #3's record was reviewed on 1/24/12 at 2:31 PM. His 1/12 physician's orders indicated a mechanical soft diet.</p> <p>According to the Diet and Nutrition in Long Term Care diet manual dated 2011 Mechanical Soft diet indicated protein</p>	W0460	All staff have received re-training on the preparation of the modified diets required by clients #3 and #4. The manager, QMRP and nurse are monitoring staff to ensure their training has been successful. This will be documented on a staff observation form and reviewed by the director to ensure compliance.	02/25/2012			

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	<p>foods "must be tender, small pieces, shredded, chopped or ground, and well moistened with gravy." Foods to avoid were, dry/tough meats, whole pieces of meat, hot dogs, bacon...."</p> <p>Client #4's record was reviewed on 1/25/12 at 1:14 PM. The record indicated client #4 was edentulous and his physician's orders dated 1/12 and indicated a regular diet, "cut or chop food into small pieces as needed for tolerance." A 10/11 nutritional assessment indicated "chopped meat."</p> <p>The group home nurse was interviewed on 1/25/12 at 2:05 PM and indicated client #3 and #4's food should have been cut into smaller pieces in accordance to their dietary plans.</p> <p>9-3-8 (a)</p>			
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