

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 03/14/2013
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7004 HOLDEN DR FORT WAYNE, IN 46835
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit to the investigation of complaint #IN00117587 completed on 10/26/12.</p> <p>Dates of survey: March 4, 5, 6, 7, 8, 13, and 14, 2013.</p> <p>Facility number: 012625 Provider number: 15G803 AIM number: 201023250</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 3/21/13 by Ruth Shackelford, Medical Surveyor III.</p>	W000000		

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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview for 2 of 4 sampled clients (clients A and D), and for 1 additional client (client F), the facility failed to implement their goals to increase medication administration skills as indicated in their ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>Observations were completed in the group home on 3/4/13 from 5:28 PM until 7:10 PM. During the administration of medication at 6:15 PM, staff #5 gave client D calcium 500 mg (milligrams) with vitamin D and 9 other medications. Client D did not name his calcium medication during the administration of his medication. Client A was given her medications without being prompted to push the medications out of the pill pack. Client F was given his medications without being prompted to point to the medicine cabinet.</p>	W000249	All staff have received additional training on the proper implementation of medication goals. All clients in the home have a medication goal included in their ISP. The manager will complete routine spot checks to ensure that the training has been effective and that staff are implementing medication administration goals. The manager will document these checks on the Medication Administration Checklist and this will be turned into the director to monitor compliance.	04/13/2013	

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	<p>Client A's record was reviewed on 3/5/13 at 12:25 PM. Client A's 10/2/12 ISP included an objective to punch out medication given hand over hand assistance.</p> <p>Client D's record was reviewed on 3/6/13 at 3:45 PM. Client D's ISP dated 9/17/12 indicated an objective to name his calcium medication.</p> <p>Client F's record was reviewed on 3/6/13 at 3:40 PM. Client F's ISP dated 10/19/12 indicated a goal to increase his medication skills with an objective to point to the medicine cabinet.</p> <p>The Residential Director and House Manager (HM) were interviewed on 3/6/13 at 3:55 PM. The HM indicated the self administration of medication goals for clients A, D, and F were to be implemented in the morning. When asked if clients should be prompted to implement goals at informal and formal opportunities, she indicated they should be implemented at all opportunities.</p> <p>9-3-4(a)</p>				

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 1 additional client (client F) to ensure all medication labels matched physician orders and the medication administration record (MAR).</p> <p>Findings include:</p> <p>Observations were completed in the group home on 3/4/13 from 5:28 PM until 7:10 PM. During the administration of medication at 6:15 PM, staff #5 gave client F omeprazole DR (delayed release) 20 mg (milligrams) after he had eaten his evening meal. The label indicated "take before meal/food," and was labeled to be taken at 7:00 PM.</p> <p>Client F's MAR for March, 2013 was reviewed on 3/4/13 at 6:40 PM and did not indicate instructions regarding food and the administration of omeprazole.</p> <p>Staff #7 was interviewed on 3/4/13 at 6:40 PM. When asked about the instructions for meals in regards to the administration of omeprazole for client F, she stated, "The nurse puts the times on the medication."</p>	W000331	All staff have received additional training on the AWS Medication Administration policy. This includes making sure that the Medication Administration Record (MAR) matches the label on the medication. All MAR's have been reviewed and all orders are listed correctly on the MAR. The manager will be completeing routine spot checks to ensure that the staff training has been effective and these will be turned into the director to monitor compliance. The manager and nurse will also review all new MAR's to ensure that all orders are listed correctly and match the medication.	04/13/2013			

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	<p>Client F's physician's orders for 3/13 were reviewed on 3/6/13 at 3:45 PM and did not include instructions for meals in regard to the administration of client F's omeprazole.</p> <p>The Residential Director was interviewed on 3/6/13 at 3:55 PM and indicated the label that the pharmacy had placed on client F's omeprazole was in error and it would be corrected by ensuring the label did not include instructions regarding meals.</p> <p>9-3-6(a)</p>				

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES 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 1 of 4 sampled clients (client B), and for 1 additional client (client F), the facility failed to ensure their food was prepared to the consistency as specified in their diet plans.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 3/14/13 from 5:28 PM until 7:10 PM. During the evening meal, clients B and F were served a mixture of carrots that was prepared with the texture of 1/8 inch chunks.</p> <p>The Residential Director (RD) and House Manager (HM) were interviewed on 3/4/13 at 5:30 PM. The RD indicated the carrots were soft in texture. The HM indicated the consistency of the carrots served was pureed.</p> <p>The facility's guidelines for preparing food textures was reviewed on 3/5/13 at 10:00 AM. A Southeast Indiana Regional Outreach General Description for Diet Textures dated 11/18/05 indicated pureed foods were to have a "smooth pudding like consistency."</p>	W000460	All staff have received retraining on the appropriate texture of pureed food. Staff have demonstrated their skills to ensure that the training was effective. Additionally the manager is completing meal observations which includes verifying that the food has been prepared and modified correctly. The dining checklists will be submitted to the director to monitor compliance.	04/13/2013			

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	<p>Client F's physician's orders for 3/13 were reviewed on 3/6/13 at 3:45 PM and indicated he was to receive a pureed diet.</p> <p>Client B's record was reviewed on 3/8/13 at 1:15 PM. A nutritional review dated 2/13 indicated client B was to receive a pureed diet.</p> <p>The Residential Director (RD) and House Manager (HM) were interviewed on 3/6/13 at 3:55 PM. When asked if the carrots clients B and F were served were smooth in consistency, the RD indicated the carrots were not smooth with a pudding like texture.</p> <p>9-3-8 (a)</p>						