

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G733	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2011
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 25799 ROLLING HILLS DR SOUTH BEND, IN46614
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 11 and 12, 2011.</p> <p>Facility number: 011297 Provider number: 15G733 AIM number: 200842740</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/25/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0249	<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, the facility failed for 2 of 2 clients living in the group home (clients #1 and #2) who had dining objectives, to ensure the objectives were implemented per the Individualized Support Plans</p>	W0249	W249 All staff have been retrained on the program plans including the ISP dining objectives and mealtime guidelines. The QMRP, Residential Manager, and Nurse will monitor one meal monthly for three months to ensure ISP mealtime objectives, guidelines	11/11/2011

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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	<p>(ISP).</p> <p>Findings include:</p> <p>1. On 10/11/11 from 3:50 PM until 5:30 PM observations at the group home were completed. On 10/11/11 at 4:40 PM, staff #1 was observed in the kitchen cooking supper and client #1 was observed sitting on the couch watching TV. Staff #1 was observed to cook the entire meal by herself, puree food, set the table for client #1 and take the serving dishes to the table. Client #1 was observed at the table at 5:20 PM. Staff #2 was observed to scoop food onto the plate of client #1 without client assistance. Client #1 was observed to eat independently. At 5:30 PM client #1's dishes were taken to the sink by staff #1. Client #1 was not observed to participate in any aspect of preparing, serving or cleaning up after the meal.</p> <p>Client #1's records were reviewed on 10/12/11 at 12:15 PM. Client #1's ISP dated 01/11/11 indicated client #1 had a goal to prepare one item for meal.</p> <p>On 10/12/11 at 2:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #1 should have been prompted and assisted by staff to follow his objective.</p>		<p>and diet orders are being followed. Therefater, the QMRP and Residential Manager will complete mealtime spotchecks monthly. These observations will be documented on a dining checklist and will be submitted to the Residential Director for review and to monitor compliance.</p>		

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	<p>2. On 10/11/11 from 3:50 PM until 5:30 PM observations at the group home were completed. On 10/11/11 at 4:40 PM, staff #1 was observed in the kitchen cooking supper and client #2 was observed sitting in his wheelchair in the living room. Staff #1 was observed to cook the entire meal by herself, puree food, set the table for client #2 and take the serving dishes to the table. Client #2 was observed at the table at 5:20 PM. Staff #2 was observed to scoop food onto the plate of client #2 without client assistance. Client #2 was fed by staff #2. At 5:30 PM client #2's dishes were taken to the sink by staff #2. Client #2 was not observed to participate in any aspect of preparing, serving or cleaning up after the meal.</p> <p>Client #2's records were reviewed on 10/12/11 at 1:15 PM. Client #2's ISP dated 09/09/11 indicated client #2 had a goal to place one item in dishwasher.</p> <p>On 10/12/11 at 2:15 PM, an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #2 should have been prompted and assisted by staff to follow his objective.</p> <p>9-3-4(a)</p>				

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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 1 medication dose administered at the 4:00 PM medication administration, the facility failed to ensure staff administered client medication (client #2), as ordered without error.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/11/11 from 3:50 PM until 5:30 PM. At 4:00 PM client #2 was observed to be wheeled into the medication room. On 10/11/11 at 4:05 PM client #2 received an oral medication in a green substance which was fed to him by staff #1. Staff #1 indicated the substance was pistachio pudding which contained nuts. She indicated she had approximately 1 tablespoon of pudding mixed with the medication. The medication was labeled, "Polyethylene Glycol 3350 Powder give 1 tablespoon in 8 oz (ounces) of beverage orally once a day may use on food at same dose - constipation." The bottle contained additional instructions which indicated, "use in 4-8 oz of food."</p> <p>The Residential Director/Registered Nurse (RD/RN) was interviewed on 10/11/11 at 2:15 PM. The RD/RN indicated staff #1 should have followed the medication instructions and client #2</p>	W0369	W369 All staff received re-training on the AWS medication administration policy and following physicians orders. The direct care staff will be monitored by the residential nurse, residential manager and QMRP to make sure that the training was effective. All staff will be monitored monthly for three months. Thereafter, monthly medication administration spotchecks will be completed. An observation form that includes routine medication administration checks of staff passing medication will be completed by the RM/QMRP/Nurse and turned into the Residential Director for review. Should a staff person fail to demonstrate proper technique, re-training will be completed or the staff may receive disciplinary action as determined by the supervisor.	11/11/2011

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W0460	<p>should have received the medication with 4 to 8 oz of food and not just one tablespoon.</p> <p>9-3-6(a)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 1 client (client #2) who was on a modified diet to follow diet orders.</p> <p>Findings include:</p> <p>On 10/11/11 from 3:50 PM until 5:30 PM observations at the group home were completed. On 10/11/11 at 4:05 PM client #2 received an oral medication in a green substance which was fed to him by staff #1. Staff #1 indicated the substance was pistachio pudding which contained nuts. On 10/12/11 from 6:45 AM until 8:45 AM observations were conducted at the group home. On 10/12/11 at 6:52 AM client #2 was observed to be spoon fed by staff #3. Staff #3 indicated client #2's breakfast included pistachio pudding which contained nuts. Staff #3 was observed to feed client #2 the pudding and the dish was observed to be empty at the end of his meal at 7:40 AM. On 10/12/11 at 8:00 AM staff #4 was observed to place client #2's oral medications in a green substance which was fed to him. Staff #4</p>	W0460	W460 All staff have been retrained on pureed diets and individual mealtime guidelines. This training included the preparation and proper consistency of pureed foods. Compliance with meal preparation guidelines and dietary requirements will be monitored using the dining checklist. The QMRP, Residential Manager, and Nurse will monitor one meal monthly to ensure proper consistencies of diets. The Dining checklist will be turned into the Residential Director for review and to monitor compliance.	11/11/2011	

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W0488	<p>indicated the substance was pistachio pudding which contained nuts.</p> <p>Client #2's records were reviewed on 10/12/11 at 1:15 PM. Client #2's record contained a dietary quarterly assessment review dated 08/18/11 which indicated client #2 was on a pureed diet. An undated "Dysphagia Food Groups" list was contained in client #2's record. The list contained columns of liquids and foods and two lists were crossed off, the list of "Chewy Foods" and the list of "Foods that Fall Apart." Under the list of "Foods that Fall Apart" was listed, "anything with nuts, seeds...."</p> <p>The Residential Director/Registered Nurse (RD/RN) was interviewed on 10/11/11 at 2:15 PM. The RD/RN indicated all of client #2's foods were to be pureed and he was not to be eating nuts as it posed a choking risk to him.</p> <p>9-3-8(a)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 2 clients living in the group home (clients #1 and #2) by not ensuring the client prepared their food as independently as possible.</p>	W0488	W488 All staff have been re-trained on family style dining and giving individuals the opportunity to be as independent as possible. The clients should have had the opportunity to assist with meal preparation, setting the	11/11/2011	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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