

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G787		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/16/2013	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 5515 TOMAHAWK TR FORT WAYNE, IN 46804			
(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	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: September 9, 10, 11, 12, 13, and 16, 2013.</p> <p>Facility number: 012483 Provider number: 15G787 AIM number: 201011380A</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 27, 2013 by Dotty Walton, QIDP.</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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 protection of rights as a citizen of the United States.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/12/13 at 2:08 PM. A Behavior Support Plan dated 9/1/13 included the use of Cogentin 1 mg (milligrams) twice daily (side effects of medication), Tegretol 400 mg (anti-convulsant/reason for medication unspecified as related to behavior), and Zyprexa 15 mg (anti-psychotic). A Decision Making/Critical Skills Assessment dated 8/3/13 indicated client #4 was unable to understand the reason for her prescribed medication, the value of money, was unable to spend money according to priority, unable to understand the purpose of saving or budgeting money, and was unable to understand her civil rights.</p>	W000125	<p>A referral has been made to the Mental Health Association guardianship program and the Volunteer Lawyer Program for assistance. Client#4 has been placed on their waiting list. There are no other family members or friends that AWS is aware of that are available or willing to assume this responsibility for Client #4 All other consumer's abilities have been reviewed through an audit of their assessments by the director and have representation as needed.</p>	10/16/2013			

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	The Residential Director was interviewed on 9/12/13 at 2:48 PM. She indicated client #1 was in need of assistance in making informed decisions.  9-3-2(a)			
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W000231	<p>483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>Based on record review and interview, the facility failed to ensure individual support plan (ISP) objectives were written in measurable terms for 2 of 4 sampled clients (clients #1 and #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 9/12/13 at 12:50 PM. An ISP dated 7/3/13 indicated an objective to "spend her money wisely with unlimited verbal prompts for 75% of trials for 4 months."</p> <p>Client #1's record was reviewed on 9/12/13 at 2:08 PM. An ISP dated 8/3/13 indicated an objective to "spend her money wisely on items she chooses to purchase when given unlimited verbal prompts for 75% of trials for four months."</p> <p>The Residential Director was interviewed on 9/12/13 at 2:48 PM and indicated the objectives for clients #1 and #3 to spend money wisely were not able to be measured to determine progress in obtaining budgeting skills.</p>	W000231	All ISP's have been reviewed by the Residential Director and all other ISP's and goals provide measurable performance indicators. Addendums have been completed for the Money Management goals for Client's #1 and #3 and staff have been trained on their implementation. The director will review all ISP's prior to implementation to ensure compliance for measurable goals.	10/16/2013	

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	9-3-4(a)			

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, for 1 of 4 sampled clients (client #1) who received psychotropic medications, the facility failed to evaluate client #1's status for an annual decrease (or contraindication for reduction) of psychotropic medication.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/12/13 at 2:08 PM. A Behavior Support Plan dated 9/1/13 included the target behaviors of refusal, physical aggression, self injurious behavior, excessive worry and perseveration. The plan included use of Cogentin 1 mg (milligrams) twice daily (side effects of medication), Tegretol 400 mg (anti-convulsant/reason for medication unspecified as related to behavior), and Zyprexa 15 mg (anti-psychotic). The plan indicated an objective to reduce her targeted behavior of excessive worry to no more than 15 incidents per month for 6 consecutive months and reduce incidents of perseveration to no more than 10 incidents per month for 6 consecutive months. The plan indicated "If criteria for the above objectives are met, the</p>	W000316	The AWS behavior monthly form has been updated to include the medication reduction plan and a report on the status of such plan to be discussed with the psychiatrist. All other plans have been reviewed and medication reductions related to progress on goals has been addressed. Client #1 will be seen in Novemener by the psychiatrist where the team will disuss medication reduction with the psychiatrist and client #1 for review and consideration. The director will monitor Psychotropic Medication Reviews and the Monthly Behavior reports to ensure complaince and discussion of the IDT related to medication reductions.	10/16/2013			

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	<p>psychiatrist, Interdisciplinary Team (IDT), and the Human Rights Committee will attempt a reduction in Cogentin, Tegretol, or Zyprexa." The plan did not indicate which medication would be decreased first. Client #1's visits to the psychiatrist on 8/9/13, 5/13/13, and 11/16/12 indicated client #1's medications had not been reduced. The 11/16/12 visit indicated client #1's last medication reduction (unspecified) was on 5/28/11. Client #1's Behavior Support meeting notes dated 8/1/12, 9/1/12, 10/1/12, 2/1/13, 3/1/13, and 6/1/13 indicated zero rates of targeted behaviors.</p> <p>The Residential Director was interviewed on 9/12/13 at 2:48 PM and indicated she would look for additional documentation that a decrease in psychotropic medication was considered for client #1. The Residential Director did not provide evidence of a contraindication to attempt a decrease of behavior medication.</p> <p>9-3-5(a)</p>						

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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