

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2012
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 4225 OLD MILL RD FORT WAYNE, IN 46807
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(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
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: February 21, 22, and 23, 2012.</p> <p>Facility number: 001197 Provider number: 15G659 AIM number: 100249000</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 3/2/12 by Tim Shebel, 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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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, for 1 of 4 sampled clients (client #2) the facility failed to obtain written guardian approval for a plan that included the use of restrictive intervention prior to the facility's human rights committee (HRC) approval of the plan.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/22/12 at 1:30 PM. The record indicated client #2 had a health care representative to assist him in making decisions. Client #2's Behavior Support Plan dated 1/1/12 indicated client #2 had been diagnosed with dementia in April, 2005 and included the use of physical guidance to redirect him to a quiet area and assisting him to return extra supplies back. The plan was signed by client #2's health care representative on 12/23/11. The facility's HRC signed approval for client #2's plan on 12/19/11.</p> <p>The Regional Director was interviewed on 12/23/12 at 2:55 PM and indicated client #2's health care representative had</p>	W0263	<p>The QMRP has been re-trained on the need to obtain guardian approval prior to requesting Human Rights Committee (HRC) approval for medications. No medications had been changed prior to the guardian approval, but the consent from the guardian was signed four days after the HRC approval. In order to ensure this type of error does not occur again, the HRC Approval form has been updated to include that guardian consent has been obtained and a copy of that approval will be included in the HRC packet. This will be monitored by the directors through file review and also by the HRC agency member during meetings.</p>	03/24/2012			

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	signed consent for client #2's behavior plan after the facility's HRC had approved the plan. 9-3-4(a)				