

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G766		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  05/23/2012	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 10036 CROWN POINT 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			
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 21, 22 and 23, 2012.</p> <p>Facility number: 012402 Provider number: 15G766 AIM number: 200993410</p> <p>Surveyors: Susan Reichert, Medical Surveyor III, Team Leader Amber Bloss, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on June 1, 2012 by Dotty Walton, 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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W0249	<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 upon observation, interview and record review for 1 of 4 sampled clients (client #3), the facility failed to ensure her individual support plan objectives were implemented as written.</p> <p>Findings include:</p> <p>Observations were completed at the group home on May 21, 2012 from 5:06 PM until 6:50 PM. At 5:25 PM, client #3 was offered a second portion of beef stew without prompting from staff to sign for more food. At 5:40 PM, staff #1 wiped client #3's face and hands with a washcloth without prompting her to assist.</p> <p>Client #3's records were reviewed on 5/22/12 at 10:10 AM. Her individual support plan (ISP) dated 11/18/11 included objectives "with hand-over-hand assistance, will sign for more food at meal times," and "will grasp her washcloth for 5 seconds and wash an</p>	W0249	All staff have received additional training on ISP objectives and their responsibility to implement the clients ISP goals. The manager and QMRP are completing dining observation checklists to ensure that their training has been effective and that the goals are being implemented correctly. The manager and QMRP will turn their checklists in to the director so that compliance may be effective.	06/22/2012			

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	<p>upper body part."</p> <p>The Residential Director was interviewed on 5/23/12 at 11:35 AM and indicated staff should have implemented client #3's objectives.</p> <p>9-3-4(a)</p>			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based upon observation and interview, the facility failed to ensure proper hand washing and infection control procedures were implemented during the administration of medication for 1 of 4 sampled clients (client #3), and 3 additional clients (clients #5, #6, and #8).</p> <p>Findings include:</p> <p>Observations were completed on 5/21/12 from 5:06 PM until 6:50 PM. During the administration of medications beginning at 5:35 PM for clients #5, #3, #6, and #8, staff #4 opened the waste can using her left hand during the preparation of medications. Staff #4 then dispensed medications for each client without washing her hands.</p> <p>The group home nurse was interviewed on 5/21/12 at 6:40 PM. She indicated staff should not have touched the trash can and passed medications without washing their hands.</p> <p>9-3-7(a)</p>	W0455	All staff have received additional training on the medication administration policy and the handwashing policy. The manager and QMRP are completing medication pass observation checklists to ensure that their training has been effective and that the staff are passing medication and washing their hands appropriately. The manager and QMRP will turn their checklists in to the director so that compliance may be effective.	06/22/2012	

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