

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G408		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2013	
NAME OF PROVIDER OR SUPPLIER AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 8419 COVINGTON RD 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 recertification and state licensure survey.</p> <p>Dates of Survey: February 27 and 28, 2013.</p> <p>Facility number: 000922 Provider number: 15G408 AIM number: 100244500</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 7, 2013 by Dotty Walton, Medical Surveyor III.</p>			W000000	<p>A volunteer guardian has been identified for client #3. There is no family available to fulfill this role. A referral is being made to an attorney, Solomon Lowenstein so that he may begin to gather the needed information to prepare for filing. It is assumed that the judge will assign a guardian ad litem to represent client number 3 during the proceedings and to assist the consumer while competency is determined. Once that is established, we will be dependent on the court for the timeline for completion. All other assessments for this home have been reviewed to ensure no other consumers are affected. The director will monitor compliance and will complete all needed paperwork for the referral by 3/30/13.</p>		

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 #3), assessed as being in need of assistance to assure her protection of rights as a citizen of the United States.</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to BDDS (Bureau of Developmental Disabilities Services) were reviewed on 2/27/13 at 5:05 PM. A report dated 10/5/12 indicated client #3 was evaluated at the ER (emergency room) after a nursing assessment indicated a change in her physical strength after receiving treatment for a uti (urinary tract infection) and flu like symptoms. After arriving at the hospital, client #3 began vomiting and having loose stools and was admitted to the CCU (critical care unit) for possible early sepsis treatment. Client #3 was diagnosed with a gastro-intestinal bleed. On 10/6/12, an endoscopy indicated an ulcerated esophagus. Client #3 was given</p>	W000125	<p>A volunteer guardian has been identified for client #3. There is no family available to fulfill this role. A referral is being made to an attorney, Solomon Lowenstein so that he may begin to gather the needed information to prepare for filing. It is assumed that the judge will assign a guardian ad litem to represent client number 3 during the proceedings and to assist the consumer while competency is determined. Once that is established, we will be dependent on the court for the timeline for completion.</p> <p>All other assessments for this home have been reviewed to ensure no other consumers are affected. The director will monitor compliance and will complete all needed paperwork for the referral by 3/30/13.</p>	03/30/2013			

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	<p>a central line (thin flexible tube inserted in the chest or arm) to receive multiple antibiotics. Client #3 was moved to a regular hospital room on 10/12/12 and released from the hospital on 10/13/12. Client #3 was given a G-tube (flexible tube inserted into the stomach) on 10/19/12 to aid in healing of her esophagus and to provide adequate nutrition.</p> <p>Client #3's record was reviewed on 2/28/13 at 1:10 PM. Client #3's ISP (individual support plan) dated 11/14/12 was blank in the section indicating legal status. The ISP indicated client #3 required assistance with medication administration and could not administer her medication independently. Client #3 signed for her ISP and also for a behavior support plan (BSP) dated 12/1/12. The BSP included the use of Paxil to address anxiety, perseveration and tearfulness. Client #3's Group Home Individual Support Plan Assessment dated 11/1/12 indicated a score of 10 in the area of Human Rights Committee (section IV). This included an inability to understand the use of psychotropic medication, the risk of psychotropic medication, and understanding mental illness (e.g. schizophrenia, depression, neuroses, etc.). The guidelines for the assessment indicated "To sign off independently on</p>				

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	<p>the Authorization for Emergency Treatment form and give informed consent for psychotropic medication trials or changes, the client must score at least...12 in section IV." Hospital records for client #3's 10/5/12-10/13/12 visit indicated informed consent had been obtained for client #3's treatment and client #3's POA (power of attorney) had given consent for client #3's treatment. There was no evidence of a POA or of a guardian in client #3's record to assist her with making informed decisions.</p> <p>The Residential Director (RD) and group home nurse were interviewed on 2/28/13 at 2:09 PM. The RD indicated client #3 had been referred for need of guardianship, but did not have a guardian as yet. She indicated client #3 would benefit from a guardian to assist her in making decisions. The group home nurse indicated the hospital staff may have assumed the group home staff was a POA for client #3.</p> <p>9-3-2(a)</p>				