

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G708	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 25565 FAST FOX TR SOUTH BEND, IN 46628
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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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 2, 3, 4, 5, and 6, 2014.</p> <p>Facility number: 003834 Provider number: 15G708 AIM number: 200453440</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 6/16/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to assure psychotropic drug usage was addressed in the Individual Program Plan of 1 of 2 sampled clients (client #2) with a Behavior Support Plan.</p>	W000312	The behavior support plan for Client #2 will be updated to include the current medication. All other support plans have been reviewed to make sure that current medications are included in the plans. The QDDP will receive training to ensure all	07/06/2014

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>Findings include:</p> <p>Client #2's records were reviewed on 6/5/14 at 9:15 A.M. The review of a 4/7/14 psychotropic medication review indicated the following: "A. Current Psychotropic Orders: 9/18/14 Risperdone 0.5 mg (milligram) - {0.25mg bid (twice a day) for mood disorder} - 1/13/2014 Trazodone 50 mg daily at bedtime for sleep." Further review of the client's record failed to indicate the use of Trazodone was addressed in client #2's active treatment program.</p> <p>Residential Director #1 was interviewed on 6/5/14 at 10:55 A.M. Residential Director #1 stated, "[Client #2's] Trazodone is not addressed."</p> <p>9-3-5(a)</p>		<p>psychotropic medications are included in the behavior support plan. The residential director will monitor psychotropic medication reviews quarterly and monthly behavior reports to ensure compliance with addressing psychotropic medications.</p>		