

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G446	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 8532 FIESTA WAY FORT WAYNE, IN 46815
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W000000	<p>This visit was for the investigation of complaint #IN00138400.</p> <p>Complaint #IN00138400: Substantiated, Federal and state deficiencies related to the allegation are cited at W104 and W9999.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: December 19, 20, 23, 27, 2013 and January 2, 2014.</p> <p>Facility number: 000960 Provider number: 15G446 AIM number: 100244730A</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/8/14 by Ruth Shackelford, QIDP.</p>	W000000		
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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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based upon record review and interview, the governing body failed to provide oversight and operating direction over the facility to ensure implementation of their policy and procedures to ensure 2 of 4 sampled clients (clients B and C) and 2 additional clients (clients E and H) had timely redetermination requests processed in order to maintain their funding sources.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 12/19/13 at 4:55 PM. His financial records indicated he had lost medicaid eligibility as of December 9, 2009.</p> <p>The Residential Director was interviewed on 12/19/13 at 5:05 PM and indicated client B did lose his Medicaid eligibility in December, 2009 and again recently as the required form for redetermination of eligibility had not been returned. She indicated the paperwork to redetermine his eligibility</p>	W000104	<p>The AWS policy for financial management has been updated to include assigning responsibility of annual redeterminations of benefits to specific people per their department structure. This policy will clarify that is the responsibility of the manager and QDDP to complete annual redeterminations for Medicaid and complete necessary paper work in a timely manner for both Social Security and Medicaid. The QDDP for this home received disciplinary action which documented needed improvement to maintain employment with AWS in a position which has responsibility to maintain Social Security and Medicaid eligibility. In order to ensure compliance, the Director has become an authorized representative so that all notices are copied to the Director. The Director had the QDDP complete all the needed paperwork with supervision and proof of completion on receipt through fax confirmation of all Social Security and Medicaid documents. This supervision will continue</p>	02/02/2014			

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	<p>was in process. She indicated clients E and H had also lost Medicaid eligibility as their redetermination forms for eligibility had not been returned. She indicated it was the QIDP's responsibility to file the needed forms.</p> <p>Client B, E, and H's financial records for Medicaid redetermination were reviewed on 12/20/13 at 3:35 PM and indicated they had lost Medicaid funding as the forms to reapply for eligibility had not been received.</p> <p>The QIDP (Qualified Developmental Disability Professional) was interviewed on 12/20/13 at 3:40 PM and indicated the forms had not been returned to Medicaid as they had been overlooked. She indicated client B had lost funding for 3 months and clients E and H had lost eligibility since December 1, 2013.</p> <p>Client B's financial records from June 2013 to November 2013 were reviewed on 12/27/13 at 4:12 PM. The records indicated there were no Social Security or Medicaid funds posted to client B's account during the period reviewed. On June 28, 2013 a \$725 withdrawal had been made from his account to AWS.</p> <p>Client C's financial records from January, 2013 to November, 2013 were</p>		<p>indefinitely to ensure compliance. The AWS accounting department is completing a monthly spreadsheet that is monitored by the Director and the Regional Director to ensure eligibility and maintenance of benefits.</p>	

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	<p>reviewed on 12/27/13 at 4:15 PM. The records indicated there were no Social Security or Medicaid funds posted to client C's account in June or July, 2013.</p> <p>Client E's financial records from January, 2013 to November, 2013 were reviewed on 12/27/13 at 9:35 AM. The records indicated there were no Social Security or Medicaid funds posted to client E's account from January 2013-September, 2013. On 9/13/13 \$10,548.00 was posted to client E's account and \$9,000 was withdrawn to AWS on 9/26/13.</p> <p>Client H's financial records from January, 2013 to November, 2013 were reviewed on 12/27/13 at 4:41 PM. The records indicated there were no Social Security or Medicaid funds posted to client H's account from January 2013-September, 2013. On 9/13/13 \$11,073.00 was posted to client H's account and \$10,320 was withdrawn to AWS on 9/26/13.</p> <p>The Residential Director was interviewed on 1/2/14 at 12:10 PM. She indicated clients B, C, E and H had lost eligibility for Social Security and Medicaid for the months that indicated no funds for those benefits had been posted. She indicated client B had been</p>						

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	<p>incorrectly charged for liability for his expenses at the group home on June 28, 2013, and had just received reimbursement within the last 4 days for reimbursement for the expenses charged in June, 2013. She indicated the QDDP was responsible for filing paperwork to maintain the clients' benefits, but had not done so and had been disciplined for the oversight. She indicated the facility had implemented a new auditing system to ensure further lapses of clients' benefits would not occur and the Residential Director was now receiving all notifications regarding client benefits as a further measure to ensure paperwork was not overlooked in ensuring client benefits were maintained. She indicated the facility had absorbed the cost of medical and living expenses for the clients during the period of time they did not receive benefits.</p> <p>The facility's Financial Accountability procedures dated 7/15/13 were reviewed on 12/20/13 at 4:05 PM and indicated "AWS/Benchmark Human Services has a legal responsibility to see that individuals' benefits are used to pay for their current and foreseeable needs, consistent with needs and preferences. To ensure proper use of individuals' funds, all AWS/Benchmark Human</p>			

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	<p>Services staff must adhere to the Representative Payee Guidelines as issues by the Social Security Administration (SSA), state and local rules, regulations and guidelines...." The procedures indicated it was the QDDP (Qualified Developmental Disability Professional)'s responsibility to file the needed forms to become Representative Payee, but did not indicate the responsible staff to ensure annual redetermination of Medicaid eligibility for clients.</p> <p>This federal tag relates to complaint #IN00138400.</p> <p>9-3-1(a)</p>				

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review, and interview for 4 of 4 sampled clients (clients A, B, C, D) and for 4 additional clients (clients E, F, G and H), the facility failed to provide access to their Christmas presents.</p> <p>Findings include:</p> <p>Confidential Interview #1 stated the facility's QIDP (Qualified Intellectual Disabilities Professional) had removed all of the clients' presents (clients A, B, C, D, E, F, G and H) and placed them in her personal vehicle because the clients did not "deserve" the presents or to have a Christmas party.</p> <p>Confidential Interview #2 stated the presents were removed from the home and placed in the QIDP's personal vehicle to prevent clients from "peeking" at the presents.</p> <p>Confidential Interview #3 indicated the presents were removed from the home by the QIDP and placed in her personal vehicle to prevent clients from shaking</p>	W000137	The review of why the Christmas presents were removed from under the tree was inconclusive as all parties accounts were different and subjective. The QDDP has received additional training in relational Mandt (WHICH INCLUDES NOT RESTRICTING RIGHTS AND PROPER STRATEGIES TO REDIRECT BEHAVIOR WITHOUT RESTRICTING RIGHTS and completed a review of the Behavior Support Plans which list specific interventions to be implemented with each consumer AND INCLUDES THE ONLY RESTRICTIONS OF RIGHTS APPROVED FOR USE WITH CONSUMERS. MANDT ALSO TEACHES PROPER INTERVENTIONS THAT ARE ALLOWABLE. The director will complete weekly interviews with the QDDP, THE CLIENTS and the staff to ensure that the training and review has been effective. Once there are 6 weeks with no concerns related to staff and client interactions, the interviews will be completed monthly for the rest of the year to ensure ongoing compliance. The director will continue routine visits and quarterly compliance reviews	02/02/2014	

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	<p>the packages.</p> <p>Confidential Interview #4 indicated the facility's QIDP had removed the clients' Christmas presents on December 11, 2013 and placed them in her personal vehicle because some of the clients in the home had had behavioral issues upon return to the group home from workshop. Confidential interview #4 stated client B was "upset" because the presents had been removed and the removal of the presents had caused more behaviors from the clients. The confidential interviewee indicated the QIDP called unnamed people on the phone to "pretend" she was canceling the Christmas party for the clients due to the clients' behaviors.</p> <p>Confidential Interview #5 stated the QIDP had removed the clients' presents to teach the clients to be "respectful." Confidential Interview #5 stated client B was "sensitive" and the removal of the presents had upset him.</p> <p>Client B's December, 2013 client fund ledger was reviewed on 1/2/14 at 11:54 AM. The record indicated \$30 was withdrawn from his account on 12/1/13 for day services and \$21.06 returned from day services on 12/31/13. There were no expenses indicated for personal</p>		<p>which include on-site observations which are documented on the CQA report and turned into the Regional Director for review. The QMRP also received retraining on the revised financial management policy which indicates that consumers must have access to items they purchase unless otherwise identified by the Human Rights Committee and the consumer or their guardian as part of a Behavior Support Plan.</p>				

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	<p>items.</p> <p>Client C's December, 2013 client fund ledger was reviewed on 1/2/14 at 12:04 PM. The record indicated \$40.00 was withdrawn for safe keeping at the facility's office on 12/5/13 and \$36.00 was returned to the fund on 12/26/13. \$20.00 was withdrawn on 12/26/13 for safe keeping at the facility's offices and \$20.00 was returned on 12/31/13. There were no expenses indicated for personal items.</p> <p>Client D's December, 2013 client fund ledger was reviewed on 1/2/14 at 11:54 AM. On 12/3/13 \$80.25 was spent for slippers, 2 gowns and a cross. On 12/5/13 \$81.34 was spent for a pearl necklace, clothes and a pillow. On 12/15/13 \$25.15 was spent for a bracelet.</p> <p>Client H's December, 2013 client fund ledger was reviewed on 1/2/14 at 11:54 AM. On 12/3/13 \$92.00 was spent for slippers, robe and hats. On 12/5/13 \$12.83 was spent for a fleece jacket. On 12/17/13 \$8.56 was spent for a fleece jacket and on 12/11/13 \$46.01 was spent for a winter coat.</p> <p>Client E's December, 2013 client fund ledger was reviewed on 1/2/14 at 11:56</p>			

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	<p>AM. On 12/3/13 \$32.10 was spent for a cross necklace. On 12/9/13 \$3.21 was spent for Christmas items. On 12/5/13 \$96.59 was spent on clothes (not otherwise specified). On 12/11/13 \$32.09 was spent on a razor.</p> <p>Client G's December, 2013 client fund ledger was reviewed on 1/2/14 at 11:58 AM. On 12/3/13 \$90.38 was spent for a coat, socks and shirts. On 12/7/13 \$9.63 was spent for slippers and on 12/11/13 \$60.98 was spent on a razor, hat and gloves.</p> <p>Client F's December, 2013 client fund ledger was reviewed on 1/2/14 at 12:00 PM. On 12/3/13 \$40.44 was spent on socks, underwear, and pajamas. On 12/5/13 \$21.39 was spent on a pillow. On 12/10/13 \$75.47 was spent on an audio system and headphones, and on 12/11/13 \$10.69 was spent on an apron.</p> <p>The Residential Director was interviewed on 1/2/14 at 12:10 PM. She indicated she was uncertain if the client's purchases were Christmas gifts or if the gifts were provided by AWS. She indicated the Christmas presents were intended to be the personal property of the clients.</p> <p>The Residential Director was</p>			

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W000268	<p>interviewed on 1/2/14 at 3:48 PM and indicated the removal of the clients' presents was not in keeping with facility positive behavior supports or in client behavior plans.</p> <p>9-3-2(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on record review and interview for 4 of 4 sampled clients (clients A, B, C, D) and for 4 additional clients (clients E, F, G and H), the facility failed to provide access to Christmas presents.</p> <p>Findings include:</p> <p>Confidential Interview #1 stated the facility's QIDP (Qualified Intellectual Disabilities Professional) had removed all of the clients' presents (clients A, B,</p>	W000268	The review of why the Christmas presents were removed from under the tree was inconclusive as all parties accounts were different and subjective. The QDDP has received additional training in relational Mandt and completed a review of the Behavior Support Plans which list specific interventions to be implemented with each consumer. The director will complete weekly interviews with the QDDP and the staff to ensure that the training and review has	02/02/2014

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	<p>C, D, E, F, G and H) and placed them in her personal vehicle because the clients did not "deserve" the presents or to have a Christmas party.</p> <p>Confidential Interview #2 stated the presents were removed from the home and placed in the QIDP's personal vehicle to prevent clients from "peeking" at the presents.</p> <p>Confidential Interview #3 indicated the presents were removed from the home by the QIDP and placed in her personal vehicle to prevent clients from shaking the packages.</p> <p>Confidential Interview #4 indicated the facility's QIDP had removed the clients' Christmas presents on December 11, 2013 and placed them in her personal vehicle because some of the clients in the home had had behavioral issues upon return to the group home from workshop. Confidential interview #4 stated client B was "upset" because the presents had been removed and the removal of the presents had caused more behaviors from the clients. Confidential #4 indicated the QIDP called unnamed people on the phone to "pretend" she was canceling the Christmas party for the clients due to the clients' behaviors.</p>		<p>been effective. Once there are 6 weeks with no concerns related to staff and client interactions, the interviews will be completed monthly for the rest of the year to ensure ongoing compliance. The director will continue routine visits and quarterly compliance reviews which include on-site observations which are documented on the CQA report and turned into the Regional Director for review. The QMRP also received retraining on the revised financial management policy which indicates that consumers must have access to items they purchase unless otherwise identified by the Human Rights Committee and the consumer or their guardian as part of a Behavior Support Plan.</p>		

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	<p>Confidential Interview #5 stated the QIDP had removed the clients' presents to teach the clients to be "respectful." Confidential Interview #5 stated client B was "sensitive" and the removal of the presents had upset him.</p> <p>The Residential Director was interviewed on 1/2/14 at 12:10 PM. She stated she was unaware of the removal of the Christmas presents as a result of client behaviors other than an awareness they had been removed for a period of about 3 hours because client A had an issue with "obsessing" over the packages. She was unaware of clients becoming upset at the incident or of the QDDP removing the packages because clients didn't deserve them, and would have looked into the situation had she been made aware.</p> <p>The facility's Positive Behavior Support (PBSP) policy dated 2/11 was reviewed on 12/19/13 at 3:55 PM and indicated, "...The PBSP couples the science of behavior analysis with person-centered values that respect the individual...These values include, but are not limited to:...Having respect for the person's desire to follow his or her dreams to live life as normally as possible while being supported to overcome the challenging behavior; respect of his or her dignity,</p>				

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W009999	<p>the right to make choices, and the right to live as independently as possible...A positive behavior support plan shall use non-aversive methods for teaching functional and useful replacement behaviors. Aversive techniques intended to cause harm or other unpleasant sensations will not be used...."</p> <p>The Residential Director was interviewed on 1/2/14 at 3:48 PM and indicated the removal of the clients' presents was not in keeping with facility positive behavior supports or in client behavior plans.</p> <p>9-3-5(a)</p> <p>State Findings:</p> <p>460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p>	W009999	Appeal- AWS would like to formally appeal this citation. The BDDS Incident Reporting Policy indicates economic deprivation which does not apply in this case. Medicaid dollars are paid to the agency and do not touch the hands of clients at any time. An all-inclusive rate paid by	02/02/2014			

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	<p>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidence by:</p> <p>Based on record review and interview, the facility failed for 3 of 3 reportable incidents for 1 sampled client (client B) and 2 additional clients (clients E and H), to report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 12/19/13 at 4:55 PM. His financial records indicated he had lost medicaid eligibility as of December 9, 2009.</p> <p>The Residential Director was interviewed on 12/19/13 at 5:05 PM and indicated client B did lose his Medicaid eligibility in December, 2009 and again recently as the required form for redetermination of eligibility had not been returned. She indicated the paperwork to redetermine his eligibility was in process. She indicated clients E and H had also lost Medicaid eligibility as their redetermination forms for</p>		<p>Medicaid is paid to the agency providing services. The lack of Medicaid funding solely effected the company's payment but never affected the staff provided, housing, utilities, food, medications, medical care or coverage or transportation. Medicaid provided back pay for the lapse in coverage once eligibility was re-established. THIS POC WAS INCLUDED AT THE TIME OF THE AUBMISSION> ADDENDUM LETTET INDICATES TO SUBMIT AN ACCEPTABLE POC. IS THIS NOT ACCEPTED? POC- All managers and QMRP's will receive re-training on the events that meet the reporting requirements as defined in the Bureau of Developmental Disabilities Policy. In order to ensure that training was effective, the QDDP for the effected group home will send all reports to the Residential Director for review to ensure that AWS is monitoring the reporting of incidents for this facility. This monitoring will be ongoing to ensure compliance</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G446	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2014
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	<p>eligibility had not been returned. She indicated it was the QIDP's responsibility to file the needed forms.</p> <p>Client B, E, and H's financial records for Medicaid redetermination were reviewed on 12/20/13 at 3:35 PM and indicated they had lost Medicaid funding as the forms to reapply for eligibility had not been received.</p> <p>The QIDP (Qualified Developmental Disability Professional) was interviewed on 12/20/13 at 3:40 PM and indicated the forms had not been returned to Medicaid as they had been overlooked. She indicated client B had lost funding for 3 months and clients E and H had lost eligibility since December 1, 2013.</p> <p>The Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was reviewed on 12/27/13 at 2:48 PM. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS...Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty</p>			

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	<p>resulting in of having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>...v. economic deprivation..."</p> <p>The Residential Director was interviewed again on 1/2/14 at 12:10 PM and indicated the loss of client funding had not been reported as the facility had provided for the clients' needs.</p> <p>This federal tag relates to complaint #IN00138400.</p> <p>9-3-1(b)</p>				