

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G707		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 1105 N HILL ST SOUTH BEND, IN 46617			
(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: May 14, 15, 16 and 17, 2012.</p> <p>Facility Number: 003833 Provider Number: 15G707 AIMS Number: 200453450</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/23/12 by Ruth Shackelford, 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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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 18 medications observed for 1 of 2 sampled clients (client #2) and 1 additional client (client #3), by not ensuring the MAR (Medication Administration Record) and the instructions on the medication cards/bottle matched.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 05/15/12 from 7:15 AM to 9:15 AM. The observation included a medication administration with client #3 and staff #2 at 8:10 AM. Client #3's 05/2012 MAR was reviewed on 05/15/12 at 8:40 AM. The MAR indicated client #3 was to receive, Flovent 110 mcg (microgram) Inhaler; inhale 1 puff by mouth 2 times a day. The bag containing the Flovent Inhaler was labeled: "Flovent 110 mcg Inhaler; inhale 2 puffs by mouth 2 times a day. Staff #2 was interviewed on 05/15/12 at 8:40 AM and stated, "The bag is incorrect, but the staff know to only give one puff."</p> <p>2. Observations were conducted in the</p>	W0331	The nurse completed a review of all medications and all labels match the MAR and this was verified by the Residential Director. All staff have been re-trained on the AWS Medication Administration Policy and the Core A and B curriculum for their responsibility to contact their on-call if there are discrepancies from the MAR to the medication label. The Nurse also received training on her responsibility to review the MAR against the medication label. The Medication Administration Tracking form will be utilized by management staff (Nurse, QMRP, Residential Manager) weekly to ensure proper monitoring of the MAR's and medication labels. The form will be turned into the Residential Director so that implementation can be monitored.	06/16/2012			

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	<p>group home on 05/15/12 from 7:15 AM to 9:15 AM. The observation included a medication administration with client #2 and staff #2 at 8:45 AM. Client #2's 05/2012 MAR was reviewed on 05/15/12 at 9:10 AM. The MAR indicated client #2 was to receive, Cosopt Eye Drops: Instill 1 drop into each eye 2 times a day and Hydrochlorothiazide 25 mg (milligram) tablet; 1 tablet orally daily at 6 AM for hypertension. The MAR scheduled dose time was 8:00 AM. Staff #2 was interviewed on 05/15/12 at 9:10 AM and indicated the order for the Hydrochlorothiazide said at 6:00 AM, but the staff knew to give it at 8:00 AM since that was the scheduled dose time. The bag containing the Cosopt Eye Drops was labeled with the instructions: "Instill 1 drop in left eye twice daily."</p> <p>On 05/16/12 at 1:55 PM an interview was conducted with the Residential Director (RD)/Registered Nurse. The RD/RN indicated the MAR and the labels should match.</p> <p>9-3-6(a)</p>				