

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G794	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/25/2014
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 9110 N CR 700 W SCIPIO, IN 47273		
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Survey Dates: March 14, 17, 21 and 25, 2014.</p> <p>Facility Number: 012529 Provider Number: 15G794 AIM Number: 201017530</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 4, 2014 by Dotty Walton, QIDP.</p>	W000000	Comment: an evidence document has been uploaded with the POC.		

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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W000322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on observation, record review and interview for 1 of 2 sampled clients (client #1), the facility failed to ensure the recommendation to use mouth rinse for dry mouth was followed.</p> <p>Findings include:</p> <p>During the observation period on 3/17/14 from 6:00 AM to 9:10 AM client #1 got her hygiene products out of the closet and went to the bathroom to brush her teeth and comb her hair at 6:50 AM. Client # 1 did not take any mouthwash with her to the bathroom.</p> <p>The record review for client #1 was conducted on 3/17/14 at 1:00 PM. The dental examination dated 12/18/13 indicated the following recommendations: "Patient needs to improve her brushing. Rec. (recommend) an automatic toothbrush. Pt. (patient) to rinse with Biotene for dry mouth. (2 x/day) (2 times a day)" The MAR (Medical Administration Report) dated 3/2014 for client #1 was reviewed on 3/17/14 at 10:00 AM. The MAR did not indicate client #1 was to rinse with Biotene 2 times a day.</p>	W000322	<p>W322: Physician Services – Mouth Rinse Use (1) Corrective action for resident(s) found to have been affected: A Mouth Rinse which was recommended for a client by her dentist. It was not with other medications or on the MAR. The over-the-counter mouth rinse has been labeled by the nurse and placed with other medicine. The nurse also placed it on the MAR. (2) How facility will identify other residents potentially affected & what measures taken: This citation and correction only applies to this individual. (3) Measures or systemic changes facility put in place to ensure no recurrence: Mouth Rinse labeled, added to the MAR, and placed with other medicine (4) How corrective actions will be monitored to ensure no recurrence: The Nurse is responsible for ensuring proper labeling of medications as well as transcribing the MAR from one month to the next. The Director supervises the Nurse and meets with her regularly.</p>	04/24/2014			

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	<p>Interview with administrative staff #2 was conducted on 3/21/14 at 3:30 PM. Administrative staff #2 stated "The Biotene is an over the counter rinse and [client #1] has two mouth rinses with her hygiene items that she can use." Administrative staff #2 indicated client #1 had a regular toothbrush as well as a battery operated toothbrush and selects the one she wants to use. Administrative staff #2 indicated they did not monitor client #1 to see if she used a mouth rinse.</p> <p>9-3-6(a)</p>			
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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 clients living in the home (client #3), nursing services failed to ensure the MAR (Medication Administration Record) was correct.</p> <p>Findings include:</p> <p>The morning medication administration for client #3 was started at 8:00 AM on 3/17/14. Staff #3 started preparing the medication before client #3 came to the medication room. Staff #3 stopped in the middle of dispensing the medication and stated "The escitalopram (Lexapro for anxiety) 10 mg (milligram) is on the MAR twice." Staff #3 stopped popping the pills, locked the medicine cabinet and got another staff member (staff #4) to check how to proceed. Staff #3 indicated both places of the escitalopram had been marked as being given on the MAR, but since there was only one bubble pack of medicine he was only going to give one.</p> <p>The record review of the MAR was conducted on 3/17/14 at 9:00 AM. The MAR for client #3 had one entry where the escitalopram was printed and another entry at the bottom of the page where it had been hand written. The Mar was</p>	W000331	<p>W331: Nursing Services – MAR error. (1) Corrective action for resident(s) found to have been affected: MAR was corrected and staff were trained on implementing the correction (2) How facility will identify other residents potentially affected & what measures taken: This correction only applies to this client (3) Measures or systemic changes facility put in place to ensure no recurrence: MAR corrections and staff training (4) How corrective actions will be monitored to ensure no recurrence: The nurse checks each month to ensure that the MAR is matched to the physician order. The nurse is supervised by the director and they meet regularly.</p>	04/24/2014			

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	<p>marked with staff initials as being given on both listings for the last 16 days. The physician's orders dated 3/2014 indicated client #3 was to receive 1 tablet of escitalopram 10 mg.</p> <p>Interview with administrative staff #2 on 3/17/14 at 10:00 AM indicated, after talking with the nurse, someone must have thought the escitalopram had been left off and wrote it onto the MAR. Administrative staff #2 indicated the staff that had signed both places were going to be inserviced on correct documentation.</p> <p>9-3-6(a)</p>				

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W000441	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>Based on record review and interview for 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4), the facility failed to conduct evacuation drills at varied times.</p> <p>Findings include:</p> <p>The records of facility evacuation drills were reviewed on 3/14/14 at 4:00 PM. The record indicated the evacuation drills for the overnight shifts (11:00 PM to 7:00 AM) were done the first quarter (January, February, March) of 2014 on 2/10/14 at 1:00 AM, the second quarter (April, May, June) 2013 on 4/8/13 at 1:00 AM and the fourth quarter (October, November, December) 2013 on 10/05/13 at 1:00 AM.</p> <p>Interview with administrative staff #2 on 3/14/14 at 4:20 PM stated "This was my error. I set all the times for the evacuations." Administrative staff #2 indicated the times should be varied.</p> <p>9-3-7(a)</p>	W000441	<p>W441: Evacuation Drills – 3rd shift done at same time. (1) Corrective action for resident(s) found to have been affected: a year-long schedule has been placed in the home. (2) How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. (3) Measures or systemic changes facility put in place to ensure no recurrence: a new schedule is in place. (4) How corrective actions will be monitored to ensure no recurrence: The QIDP and managers monitor implementation of the drill schedule, including ensuring that they are conducted at different times. Additionally, a regular home audit includes a summary of evacuation drills. These are scanned and sent to the Director and to the agency's compliance department. If evacuation drills are not conducted, an action plan is required to correct the problem.</p>	04/24/2014
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