

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G795		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/06/2012	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 9228 W CR 950 N ELIZABETHTOWN, IN 47232			
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: February 1, 2, 3, and 6, 2012.</p> <p>Facility number: 0012547 Provider number: 15G795 AIM number: 201017690</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 2/10/12 by Tim Shebel, 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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the governing body failed to exercise operating direction over the facility by not addressing standing water in the front yard.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/1/12 from 4:06 PM to 5:23 PM and 2/2/12 from 7:14 AM to 9:03 AM. During the observations, the front yard (on both sides of the driveway) and the one-fourth of the driveway was covered in water. To enter the driveway, vehicles had to drive through standing water. This affected clients #1, #2, #3 and #4.</p> <p>An interview with the Program Coordinator (PC) was conducted on 2/3/12 at 12:19 PM. The PC indicated the standing water in the front yard and driveway was an on-going issue for the past 4 months. The PC indicated the issue started when a neighbor had yard work completed to address drainage issues on his property. The PC indicated the group home needed to address the</p>	W0104	<p><b>W 104</b> Water in Driveway <b>Corrective action for resident(s) found to have been affected</b> The drainage problem is related to the road having very little drainage infrastructure. Three contractors have been to the home to examine the water problem and to recommend corrective action with cost estimates. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents affected and corrective action will address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> Estimates of cost will be collected. A decision will be made with contract signed by March 7 for implementing improvements. <b>How corrective actions will be monitored to ensure no recurrence</b> Residential manager monitors all maintenance and upkeep at the home. The director meets regularly with the management team. An ongoing item on the meeting agenda is maintenance needs.</p>	03/07/2012			

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	issue.  9-3-1(a)				

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 3 clients observed to receive their medications (#1, #3 and #4), the facility failed to ensure the clients received medication administration training during the morning med pass.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/2/12 from 7:14 AM to 9:03 AM.</p> <p>-On 2/2/12 at 7:29 AM, client #3 received his medications from staff #4 in his bedroom. Client #3 was not present in the med room while staff #4 prepared his medications. Staff #4 prompted client #3 to wash his hands prior to the med pass; client #3 washed his hands. Staff #4 did not prompt client #3 to name his medications, purpose or side effects. Staff #4 did not provide this information to client #3. Client #3 was not prompted to get a drink or med cup for the med pass.</p>			W0249	<p><b>W 249</b> Medication administration training during medication pass <b>Corrective action for resident(s) found to have been affected</b> The staff members responsible for conducting training during medication pass will be trained. The training will include integrating "teachable moments" such as informing the client what the medication is for and discussion of new medications when prescribed. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents affected and corrective action will address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> In addition to training the staff members responsible for the lack of training during the survey observation, all staff members across shifts will be trained. An informal goal also will be added to each client's ISP to emphasize on-going training during medication passes. This informal goal will require staff to make at least one instructive interaction (e.g., to ask the client to name a medication and it's purpose or</p>		03/07/2012

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	<p>An interview with staff #4 was conducted on 2/2/12 at 7:34 AM. Staff #4 indicated client #3's med training objective was, "tries to name his meds."</p> <p>A review of client #3's record was conducted on 2/3/12 at 12:45 PM. His Individual Support Plan (ISP), dated 7/1/11, indicated he had medication administration training objectives to state the name of his seizure medication in the evening and gather needed supplies to take his medications such as a drink or med cup.</p> <p>-On 2/2/12 at 7:41 AM, client #1 received his medications from staff #4 in his bedroom. Client #1 was not present in the med room while staff #4 prepared his medications. Staff #4 took a drink and hand sanitizer to client #1's bedroom. Staff #4 did not prompt client #1 to name his medications, purpose or side effects. Staff #4 did not provide this information to client #1. Staff #4 did not prompt client #1 to pop his medications or wash his hands (staff #4 took hand sanitizer to client #1).</p> <p>An interview with staff #4 was conducted on 2/2/12 at 7:46 AM. Staff #4 indicated client #1's med training objective was to pop Abilify (mood stabilizer) at the evening med pass.</p>		<p>side effects, etc.) at each medication pass for every client.</p> <p><b>How corrective actions will be monitored to ensure no recurrence</b> These informal goals will be tracked using a checklist in the medication room. The program coordinator is responsible for initiating this intervention and for monitoring its progress. The program coordinator reports to the team and is supervised by the director.</p>				

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	<p>A review of client #1's record was conducted on 2/3/12 at 12:35 PM. His ISP, dated 10/1/11, indicated he had medication administration training objectives to wash his hands prior to 8:00 AM med pass and pop his medications from the bubble packs, with staff assistance, at the 8:00 PM med pass.</p> <p>-On 2/2/12 at 7:47 AM, client #4 received his medications from staff #4 in his bedroom. Client #4 was not present in the med room when staff #4 prepared his medications for administration. Staff #4 did not prompt client #4 to state the name of his medications, purpose or side effects. Staff #4 did not provide this information to client #4. Staff #4 took hand sanitizer to client #4's room for him to use prior to the med pass.</p> <p>An interview with staff #4 was conducted on 2/2/12 at 7:53 AM. Staff #4 indicated client #4's med training objective was to name 2 medications in the evening.</p> <p>A review of client #4's record was conducted on 2/3/12 at 11:38 AM. His ISP, dated 1/1/12, indicated he had the following med training objectives: wash hands prior to 8:00 AM med pass, administer his meds with staff assistance at 8:00 PM, and state the name of Lithium</p>			
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	<p>at 8:00 PM.</p> <p>An interview with the Program Coordinator (PC) was conducted on 2/3/12 at 12:19 PM. The PC indicated the clients' medication training objectives should be implemented at each med pass.</p> <p>9-3-4(a)</p>			
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W0362	<p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for 2 of 2 clients in the sample (#2 and #4), the facility failed to ensure quarterly pharmacy reviews were conducted.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 2/3/12 at 10:12 AM. Client #2's record had quarterly pharmacy reviews conducted on 4/28/11, 10/27/11 and 1/27/12. There was no documentation a quarterly pharmacy review was conducted in July 2011.</p> <p>A review of client #4's record was conducted on 2/3/12 at 11:38 AM. Client #4's record had quarterly pharmacy reviews conducted on 4/28/11, 10/27/11 and 1/27/12. There was no documentation a quarterly pharmacy review was conducted in July 2011.</p> <p>An interview with the nurse was conducted on 2/6/12 at 12:21 PM. The nurse indicated pharmacy reviews should be conducted every 3 months (quarterly).</p> <p>9-3-6(a)</p>	W0362	<p><b>W 362</b> Pharmacy reviews not available <b>Corrective action for resident(s) found to have been affected</b> When the surveyor requested documentation of pharmacy reviews, they were not readily available. The reviews were conducted and eventually were found, but it was not presented in a timely manner. These pharmacy reviews are now available. Required pharmacy reviews will continue. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents affected and corrective action will address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> The pharmacy review reports were not provided in a timely manner. A new filing system will be implemented by the nurse to prevent recurrence. These review reports will be kept in a separate binder to ensure that they are available for future surveyors. Additionally, the binder will include any recommendations made at the review and documentation of follow-up actions as appropriate. This will facilitate better compliance with any actions that are uncovered by the reviews. <b>How corrective actions will be</b></p>	03/07/2012	

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			<p><b>monitored to ensure no recurrence</b> The group home nurse is responsible for maintaining the pharmacy reviews and for following up on any recommendations uncovered from the review. The nurse is supervised by the director.</p>		

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W0368	<p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, interview and record review for 2 of 3 clients observed to receive medication (#1 and #3), the facility failed to ensure their medications were administered in accordance with physician's orders.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/2/12 from 7:14 AM to 9:03 AM.</p> <p>-On 2/2/12 at 7:29 AM, client #3 received his medications from staff #4. Staff #4 administered Levothyroxine (thyroid hormone) with his other medications. The Medication Administration Record (MAR), dated February 2012, indicated to administer the medication on an empty stomach before other meds.</p> <p>A review of client #3's record was conducted on 2/3/12 at 12:45 PM. Client #3's Physician's Orders, dated 11/3/11, indicated for Levothyroxine, "Give on empty stomach before other meds."</p> <p>An interview with staff #4 was conducted on 2/2/12 at 7:37 AM. Staff #4 indicated she "always" administered client #3's Levothyroxine with his other medications.</p>	W0368	<p><b>W 368 Medication Administration &amp; Physician Orders Corrective action for resident(s) found to have been affected</b> Staff members responsible for not following physician orders will be retrained. The training will include emphasizing the need to properly administer medication on an empty stomach when so ordered, to spray the ordered number of squirts from a nasal inhaler, to take heart rate measurements prior to administering medication according to the physician order and so on. In other words, the physician orders need to be followed precisely. Additionally, the group home nurse will conduct a medication pass observation with these staff members to ensure compliance with the physician orders. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents affected and corrective action will address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> All staff across shifts in the home will be trained on following physician orders. The training will include specific examples (e.g., those listed above) as well as general guidance that physician orders need to be followed</p>	03/07/2012			

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	<p>An interview with the nurse was conducted on 2/2/12 at 11:05 AM. The nurse indicated client #3 should receive his Levothyroxine 1 hour before his other medications.</p> <p>-On 2/2/12 at 7:41 AM, client #1 received Metoprolol (high blood pressure). Staff #4 took client #1's pulse after administering the medication. The MAR, dated February 2012, indicated to take his pulse before giving the medication and hold the medication if his heart rate was below 50. Staff #4 took client #1's pulse (73) after administering the medication.</p> <p>A review of client #1's record was conducted on 2/3/12 at 12:35 PM. His Physician's Orders, dated 1/31/12, indicated for Metoprolol, "Take pulse before giving *Hold and call nurse if HR (heart rate) (less than) 50*".</p> <p>An interview with staff #4 was conducted on 2/2/12 at 7:49 AM. Staff #4 indicated she "always" administered Metoprolol and then took client #1's pulse.</p> <p>An interview with the nurse was conducted on 2/2/12 at 11:05 AM. The nurse indicated the staff should take client #1's pulse before administering Metoprolol.</p>		<p>precisely in all cases. <b>How corrective actions will be monitored to ensure no recurrence</b> Professional staff and/or nurse will conduct all training. Additionally, professional staff will monitor implementation during documented home visits. The professional staff are supervised by the director who checks these home-visit forms at regular meetings with the staff.</p>				

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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 2 of 4 clients living in the group home (#1 and #4), the facility failed to ensure the clients served themselves during dinner.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/1/12 from 4:06 PM to 5:23 PM. At 4:44 PM, dinner started. Staff #4 served client #1 broccoli, corn bread, potatoes and ham and beans. At 4:47 PM, staff #4 held client #4's plate so staff #6 could place two pieces of corn bread on client #4's plate. Staff #4 then gave client #4 his plate. At 4:49 PM, client #4 asked for more corn bread; staff #4 served client #4 another piece of cornbread. At 4:52 PM, client #1 held up his empty glass to staff #4 without verbally saying anything. Staff #4 stood up, got the pitcher of tea, poured client #1's tea and then handed it back to him. At 4:58 PM, staff #6 served client #4 another piece or cornbread. The staff did not promote family-style dining during the meal.</p> <p>An interview with the Program Coordinator (PC) was conducted on 2/6/12 at 1:19 PM. The PC indicated the</p>	W0488	<p><b>W 488</b> Clients serving themselves at dinner <b>Corrective action for resident(s) found to have been affected</b> The staff members responsible for providing servings to the individuals living in the home will be retrained on appropriate family-style dining procedures. This will include guiding clients to serve their own food when appropriate. <b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents affected and corrective action will address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> All staff across shifts will be trained on appropriate family style dining procedures. In this home, that includes specific instruction on how to facilitate having the clients serve themselves. <b>How corrective actions will be monitored to ensure no recurrence</b> Direct-care staff are supervised by the residential manager. The residential manager and other professional staff will monitor progress on these corrections with documented home visits forms. The professional staff are supervised by the director who checks these home-visit forms at regular meetings with the staff.</p>	03/07/2012			

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	clients who were observed to eat dinner (#1, #3 and #4) were capable of serving themselves. The PC indicated the staff should be promoting family-style dining.  9-3-8(a)			
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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to ensure an annual</p>	W9999	<p><b>W 9999</b> TB test for sampled staff member <b>Corrective action for resident(s) found to have been affected</b> The proper documentation of TB test or chest x-ray was unavailable at the time of survey. The staff member has a history of positive test result, so x-ray or physician TB questionnaire is needed on an annual basis. The staff member reports that the x-ray was conducted in January, 2011. This will be made available by March 7. If the record is not found, a new x-ray will be conducted.</p> <p><b>How facility will identify other residents potentially affected &amp; what measures taken</b> All residents affected and corrective action will address the needs of all clients. <b>Measures or systemic changes facility put in place to ensure no recurrence</b> January x-ray record will be provided or another x-ray screening will be conducted.</p> <p><b>How corrective actions will be monitored to ensure no recurrence</b> All TB test reports - including Mantoux tests, x-rays, etc. - are provided to the agency's HR department. The results are entered electronically into a system that provides "expiration reports." These expiration reports can be obtained at any time. At a minimum of each quarter, staff members receive performance reviews from the</p>	03/07/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G795	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/06/2012
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 9228 W CR 950 N ELIZABETHTOWN, IN 47232		
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	<p>Mantoux (5TU, PPD) tuberculosis screening was conducted for Direct Care Staff #10.</p> <p>Findings include:</p> <p>A review of the facility's employee files was conducted on 2/3/12 at 9:55 AM. Direct Care Staff #10 had a negative chest x-ray on 1/27/10. On 11/5/10, a Tuberculosis Questionnaire was completed. There was no documentation in staff #10's employee file to indicate a PPD screening was conducted since 11/5/10.</p> <p>An interview was conducted with the Program Coordinator (PC) on 2/3/12 at 12:19 PM. The PC indicated she was attempting to locate a more recent questionnaire for direct care staff #10; she indicated she was unable to locate the information in the documentation received from the group home's main office where the employee files were located.</p> <p>9-3-3(e)</p>		residential manager. Part of the review includes examination of the expiration report to ensure that staff member is up-to-date on all training requirements as well as TB test requirements.		