

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G728		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2012	
NAME OF PROVIDER OR SUPPLIER AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 2325 PERRY TR FORT WAYNE, IN 46825			
(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: April 10 and 11, 2012.</p> <p>Facility Number: 011213 Provider Number: 15G728 AIMS Number: 200833320</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on April 20, 2012 by Dotty Walton, 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 1 of 2 sampled clients (client #2), and 1 additional client (client #4), by not ensuring client medications were labeled (client #4) and by not obtaining client #2's mammogram as ordered.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 04/10/12 from 3:30 PM to 5:45 PM. The observation included a medication administration with client #4 and staff #2 at 4:15 PM. Staff #2 obtained client 4's bottle of Calcium Carbonate (supplement) and Ergocalciferol Oral Solution (for bone health) and administered both to client #4 at 4:20 PM. The bottles had no date to indicate when the bottles had been opened for use or when they should be discarded.</p> <p>An interview with the LPN (Licensed Practical Nurse) on 04/11/12 at 12:30 PM indicated any medications were to be dated when opened.</p> <p>2. Client #2's records were reviewed on 04/11/12 at 11:30 AM. Client #2's record review included 03/2011 Physician Orders which indicated, "Mammogram every 2 years." Client #2's records did not contain a mammogram.</p> <p>An interview with the LPN (Licensed Practical Nurse) on 04/11/12 at 12:30 PM indicated had not had the mammogram in 2011.</p> <p>9-3-6(a)</p>	W0331	<p>All the medications have been checked by the nurse and are labeled appropriately. All staff received additional training on the AWS Medication Administration Policy and the Medication labeling policy. The Medication Administration Checklist has been updated to include a check that all medications are labeled appropriately including the date that they were opened. The MAR checklist is completed by the management staff weekly and is turned into the director so that compliance can be monitored.</p> <p>The nurse called and scheduled Client #4's mammogram on 4/12/11 and she received her mammogram on 5/1/12. This appointment should have been completed by 3/31/12. All client files have been reviewed to ensure that no other consumers have missed any maintenance appointments and all other consumers have had appointments as recommended. All files are reviewed by the director every 90 days to ensure compliance.</p>	05/11/2012			

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W0389	<p>483.460(m)(1)(ii) DRUG LABELING Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable.</p> <p>Based on observation, record review and interview for 4 of 4 medications observed for 1 additional client (#4), the facility failed to ensure the client's liquid medications were labeled with an expiration date.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 04/10/12 from 3:30 PM to 5:45 PM. The observation included a medication administration with client #4 and staff #2 at 4:15 PM. Staff #2 obtained client 4's bottle of Calcium Carbonate (supplement) and Ergocalciferol Oral Solution (for bone health) and administered both to client #4 at 4:20 PM. The bottles had no date to indicate when the bottles had been opened for use or when they should be discarded.</p> <p>An interview with the LPN (Licensed Practical Nurse) on 04/11/12 at 12:30 PM indicated any medications were to be dated when opened.</p> <p>9-3-6(a)</p>	W0389	All the medications have been checked by the nurse and are labeled appropriately. All staff received additional training on the AWS Medication Administration Policy and the Medication labeling policy. The Medication Administration Checklist has been updated to include a check that all medications are labeled appropriately including the date that they were opened. The MAR checklist is completed by the management staff weekly and is turned into the director so that compliance can be monitored.	05/11/2012			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 2 sampled clients living in the group home (clients #1 and #2) by not ensuring the clients prepared their food as independently as possible.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 04/10/12 from 3:30 PM to 5:45 PM. At 5:24 PM staff #1 was observed to spoon food onto client #1 and #2's plates and to pour their drinks without their assistance. Clients # 1 and #2 were observed to eat independently.</p> <p>Client #1's records were reviewed on 04/11/12 at 10:30 AM. Client #1's Comprehensive Functional Assessment (CFA) dated 10/01/11 indicated client #1 was able to assist with serving and pouring the drinks.</p> <p>Client #2's records were reviewed on 04/11/12 at 11:15 AM. Client #2's CFA dated 10/28/11 indicated client #2 was able to assist with serving and pouring the drinks.</p> <p>On 04/11/12 at 12:30 PM an interview with the Residential Director (RD) was conducted. The RD indicated staff should have assisted clients #1 and #2 to prepare their own food as independently as they could.</p> <p>9-3-8(a)</p>	W0488	All staff received additional training on 4/13/12 on the clients ability to participate in meal preparation as determined by their assessments and to teach and allow independence. Spot checks are being completed by the management staff to ensure that this training has been effective. The management staff are completing Dining Observation Checklist at various meals to document their observations, note areas of retraining if needed and these checklist are monitored by the director to ensure compliance.	05/11/2012	

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