

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G372	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7631 WHEELLOCK RD FORT WAYNE, IN 46835
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 1, 2, 3, 4, 2014.</p> <p>Facility number: 000886 Provider number: 15G372 AIM number: 100244330</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 4/10/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based upon record review and interview, the facility failed to obtain a legally sanctioned representative for 2 of 4 sampled clients (clients #3 and #4) assessed as being in need of assistance to assure their protection of rights as a citizen of the United States.</p> <p>Findings include:</p>	W000125	<p>A volunteer guardian has been identified for client #3 and client #4. There is no family available to fulfill this role. A referral is being made to an attorney, Solomon Lowenstein so that he may begin to gather the needed information to prepare for filing. It is assumed that the judge will assign a guardian ad litem to represent client numbers 3 and 4 during the proceedings and to</p>	05/04/2014

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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	<p>1. Client #3's record was reviewed on 4/4/14 at 11:35 AM. A letter dated 3/17/11 indicated client #3 had been referred for guardianship services to an agency who provided guardianship. A 3/1/11 referral form indicated client #3's court appointed health care representative "has stated she no longer wants to be [client #3's] health care representative." Court documents dated 4/28/03 indicated "due to his mental incapacities, [client #3] is incapable of giving meaningful, informed consent for health care." A 9/13/13 Decision Making/Critical Skills Assessment indicated client #3 required assistance to make decisions regarding health care and civil rights. Client #3's 3/14 physician's orders indicated he was prescribed lamotrigine 100 mg (milligrams) twice daily for seizure control, lamotrigine 25 mg in the morning to treat a diagnosis of seizures, and had a history of basal cell cancer of the nose. There was no evidence a guardian had been appointed for client #3 in the record.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Residential Manager (RM) were interviewed on 4/4/14 at 11:55 AM and indicated client #3 was unable to make decisions independently.</p> <p>Client #4's record was reviewed on 4/3/14 at 1:45 PM. A letter dated 3/16/12 indicated client #4 had been referred for guardianship services to an agency who provided guardianship. A referral form indicated "Due to [client #4's] severe mental retardation, he is unable to advocate effectively for himself. He is unable to give consent for his treatment (medications) or understand risks associated with taking medications. [Client #4] is in need of someone to advocate for him and help him</p>		assist the clients while competency is determined. Once that is established, we will be dependent upon the court for the timeline for completion. All other assessments for this home have been reviewed to ensure no other clients are effected. The Director will monitor compliance and will complete all needed paperwork for the referral by 5/30/14.		

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W000322	<p>make decisions." An e-mail to an Administrative Assistant of the guardianship agency by the group home Residential Director dated 2/14/14 indicated client #4 was still in need of a guardian. A Decision Making/Critical Skills Assessment dated 9/2013 indicated client #4 required assistance to make decisions regarding health care and civil rights. Client #4's 3/14 physician's orders indicated he was prescribed benzotropine MES 2 mg for involuntary movements, escitalopram 10 mg daily for depression, lorazepam .5 mg for anxiety and olanzapine 15 mg daily for psychosis. A medical appointment form dated 2/18/14 indicated a diagnosis of "extra pyramidal symptoms due to medications (olanzapine and escitalopram)." There was no evidence a guardian had been appointed for client #4 in the record.</p> <p>The QIDP and the RM were interviewed on 4/4/14 at 12:00 PM and indicated client #4 required assistance to make decisions regarding his healthcare.</p> <p>9-3-2(a) 483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #4) to implement a recommendation to consider a reduction in psychotropic medication as recommended by his physician.</p> <p>Findings include:</p>	W000322	The AWS behavior monthly form has been updated to include the medication reduction plan and a report on the status of such plan to be discussed with the psychiatrist. All other plans have been reviewed and medication reductions related to progress on goals has been addressed.	

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	<p>Client #4's record was reviewed on 4/3/14 at 1:45 PM. Client #4's 3/14 physician's orders indicated he was prescribed benztropine MES 2 mg for involuntary movements, escitalopram 10 mg daily for depression, lorazepam .5 mg for anxiety and olanzapine 15 mg daily for psychosis. A medical appointment form completed by client #4's physician dated 2/18/14 indicated a diagnosis of "extra pyramidal symptoms due to medications (olanzapine and escitalopram)...discuss (with) psychiatry regarding changing meds (medications). Continue benztropine...." A medical form dated 11/15/13 indicated reason for visit "involuntary movements, twitches, confusion...New Diagnosis involuntary movement, possibly medication side effect (olanzapine/escitalopram)...Psychiatrist to consider adjusting psychotropic medications."</p> <p>Psychotropic Medication Reviews for client #4 by his psychiatrist indicated the following: on 2/6/14; "Date of last reduction/increase? 9/25/12 Increase Cogentin. Side Effects from Psychotropic Medications: No side effects observed from psychotropic medications. Criteria used to evaluate plan of medication reduction or changes: Criteria per Behavior Plan, Psychiatric Diagnosis, Individual Signs and Symptoms, and Physician Recommendations. Behaviors noted since last review, frequency and changes: [Client #4] is doing well. No behaviors. Some confusion observed. Continues with tics and twitching and repetitive movements...Physician Visit Notes: Stable." The form indicated client #4 had diagnoses of Major Depressive Disorder, Autism, Severe MR (mental retardation), and Psychosis, and the "risk benefit analysis</p>			

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	<p>contraindicates any reduction in psychotropic medication until this client's next psychiatric visit." A 12/19/13 visit indicated the same information with the exception of the section "Behaviors noted since last review, frequency and changes: ... [Client #4] continues to have involuntary jerky movements throughout the day...He seems to become more agitated with asked multiple questions. He does not seem to be as confused as in the past and is able to follow through with one step questions...." An attached Abnormal Involuntary Movement Scale (AIMS) dated 12/19/13 indicated client #4 had minimal to moderate facial and oral movements, and moderate extremity movements. There was no evidence in the record to indicate the recommendation by client #4's physician for the psychiatrist to review client #4's medications in regards to his involuntary movements had been considered by client #4's psychiatrist.</p> <p>A Behavior Support Plan dated 10/1/13 indicated target behaviors with objectives estimated start date 4/1/14 to decrease incidents of theft (taking items that are not his) from 1 to 0 for 6 months, eloping (leaving the group home or workshop without telling others) from 1 to 0 for each month for 6 months, self isolation (excessive time in his room) from 3 to 1 each month for 6 months, inappropriate social behaviors (completing tasks before peers and ask for money), verbal aggression (raising voice) from 3 to 1 each month for 6 months.</p> <p>Behavioral Support Meetings to review behavioral data for client #4 from 2/14-11/1/13 indicated client #4 had 0 rates of targeting behavior.</p>			

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	<p>The QIDP (Qualified Intellectual Disabilities Professional) and the Residential Manager (RM) were interviewed on 4/4/14 at 11:55 AM. The RM indicated client #4's psychiatrist had reviewed client #4's current psychotropic medications for possible cause of client #4's involuntary movement during client #4's psychotropic medication review visits (date not specified). The psychiatrist had determined client #4's involuntary movements were a permanent condition from previous long term psychotropic medication and not related to his current medications, but had not documented the results of the review of the cause of client #4's involuntary movements in the client's record.</p> <p>9-3-6(a)</p>			