

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G727	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/21/2013
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NAME OF PROVIDER OR SUPPLIER  AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1228 BRANDON WAY FORT WAYNE, IN 46809
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(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
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: March 18, 19, 20 and 21, 2013.</p> <p>Facility Number: 011138 Provider Number: 15G727 AIM Number: 200824450</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 3/28/2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		
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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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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2), to ensure all instructions regarding medications administered were recorded on the medication administration record (MAR).</p> <p>Findings include:</p> <p>Observations were completed in the group home on 3/19/13 from 6:03 AM until 7:55 AM. Client #2 ate his breakfast of cereal, milk, eggs and toast at 6:20 AM. During the administration of medication at 7:05 AM, staff #2 gave client #2 Dicloxacillin (antibiotic) 250 mg (milligrams). The label on the medication indicated, "Take on an empty stomach."</p> <p>Staff #2 was interviewed on 3/19/13 at 7:15 AM. When asked about the instruction on the label to take Dicloxacillin on an empty stomach, she stated, "It depends upon how early he takes it in the morning," and indicated client #2 normally ate breakfast earlier than 6:20 AM. She stated, "It's important to take it like it says."</p> <p>Client #2's MAR for March, 2013 was reviewed on 3/19/13 at 7:30 AM. The</p>	W000331	The medication punch card came from the pharmacy with a warning sticker that indicated that the medication should be taken on an empty stomach. The physicians order, however indicated that for this client the medication could be taken with or without food. The staff passed the medication per the physicians order and their instructions on the MAR. The staff have received retraining that they should notify their on call should a medication be delivered directly to the home and contain a warning sticker which contradicts the physicians order. MAR checklists will be completed to monitor that all pharmacy warning stickers match the physicians order and if not, this will be reported to a supervisor for investigation. The MAR checklists will be turned into the director so compliance can be monitored.	04/20/2013			

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	<p>MAR indicated "Give 1 capsule orally once a day," and did not include documentation regarding client #2's administration of Dicloxacillin in regards to food.</p> <p>A physician's order for Dicloxacillin 250 mg dated 3/21/13 was reviewed on 3/21/13 at 11:35 AM and indicated "one PO (by mouth) daily with or without food."</p> <p>The facility nurse was interviewed on 3/21/13 at 11:50 AM. She indicated labels should match the physician's orders and the MAR; and the pharmacy sometimes printed medication labels without verifying the physician's order.</p> <p>9-3-6(a)</p>				