

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 02/17/2012	
NAME OF PROVIDER OR SUPPLIER AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 7631 WHEELLOCK RD FORT WAYNE, IN 46835			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 13, 14, 15, 16, 17, 2012.</p> <p>Facility number: 000886 Provider number: 15G372 AIM number: 100244330</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 2/27/2012 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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W0125	<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 1 of 4 sampled clients (client #4) assessed as being in need of assistance to assure his protection of rights as a citizen of the United States.</p> <p>Findings include:</p> <p>1. Client #4's record was reviewed on 2/15/12 at 3:00 PM. Client #4's records did not include evidence of an identified legally sanctioned representative to assist him in making decisions. Client #4's Behavior Support Plan (BSP) dated 11/12/11 included the use of psychotropic medications to address his behaviors of elopement, self isolation and taking other's property. Client #4 signed consent for the plan on 10/28/11. Client #4's comprehensive functional assessment (CFA) dated 10/22/11 indicated he was unable to understand the name or dosage of medication, required hand over hand assistance to know the side effects of medication, required physical assistance</p>	W0125	<p>Client #4 has been referred to the Mental Health Association (MHA) for guardianship services. Documentation of this referral will be placed in the main file. Client #4 does not have any appropriate family or friends who are appropriate to assume this role. If AWS locates an unassociated volunteer who is willing and appropriate, we will persue that in lieu of MHA. Monthly updates will be obtained from MHA amd AWS staff will inquire about the length of wait for services.</p>	03/18/2012			

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	<p>to know the purpose of medication, lacked the skills to provide consent for psychotropic medication, and was unable to sign off independently for financial forms and emergency medical treatment.</p> <p>The Residential Director was interviewed on 2/15/12 at 3:53 PM and indicated client #4 would benefit from receiving assistance in making decisions.</p> <p>9-3-2(a)</p>				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #4), to develop and implement policy and procedures to protect clients from theft of personal property and funds.</p> <p>Findings include:</p> <p>The facility's internal and reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 2/13/12 at 3:58 PM and included the following BDDS reports dated 1/18/12 indicating missing client money involving clients #1, #2 and #4:</p> <p>-Client #1's funds were found to be missing \$120, client #2's funds were missing \$390, and client #4's funds were missing \$250 after an audit was completed by agency staff. The reports indicated the house manager had inadvertently left money envelopes containing clients money on the couch in the group home on 1/12/12. The house manager contacted the QDDP (Qualified Developmental Disabilities Professional) and the QDDP placed the folder in a computer cabinet, and the money was</p>	W0149	<p>All staff were re-trained on the AWS Abuse and Neglect policy which includes a definition of financial exprolitation. The policy for maintaining client accounts has been updated to include that all money in the home will be stored in a locked box. This was the understood practice but was not followed in error by the manager. The managers received re-training on client finances and the money for this home continues to be dispersed by the Regional Director. The clients have access to spending money at all times and larger amounts have been given to managers and spent that same day so that larger amounts are not accessible by staff. The director will monitor finances in the home and account for them at each spot check.</p>	03/18/2012			

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	<p>retrieved by the house manager on 1/13/12. The house manager discovered the missing money on 1/18/12. The report indicated the missing client funds had been repaid to their accounts and an investigation had ensued without determinant as to cause of the missing money. The house manager had been trained on securing client funds and received disciplinary action regarding failing to verify money after it was back in her possession.</p> <p>The Residential Director was interviewed on 2/13/12 at 4:25 PM and indicated the money had been placed in an unlocked area by the QDDP and weekly audits were now being conducted to ensure an accurate accounting of client funds.</p> <p>Review of client financial records was conducted on 2/14/12 at 3:53 PM and indicated deposits on 1/20/12 to replace missing money for client #1 in the amount of \$120, for client #2 in the amount of \$390, and for client #4, \$250 to replace the missing money found on 1/18/12.</p> <p>The facility's Policy for Maintaining Client Accounts revised 3/26/10 was reviewed on 2/14/12 at 4:01 PM and included processes for opening, maintaining, and closing client accounts, preparing and submitting client</p>				

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	<p>financial's, and indicated "Balance client's savings or checking account at the end of the bank statement cycle verifying the accuracy of each transaction in the account register..." but failed to include procedures to secure or audit client personal funds maintained in the group home.</p> <p>The facility's Reporting Abuse and Neglect policy dated 4/05 was reviewed on 2/15/12 at 12:00 PM and indicated the agency "does not tolerate abuse in any form by any person; this includes...any deliberate misplacement of individual's money, wrongful use of an individual's money or belongings...."</p> <p>9-3-2(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based upon observation, record review and interview, the facility failed to ensure medications were administered without error for 1 of 16 medications administered affecting client #2.</p> <p>Findings include:</p> <p>During medication administration on 2/13/12 beginning at 6:10 PM, staff #5 indicated she was giving client #2 two teaspoons of Robafen (cough syrup) and pointed to a line at the top of the medication cup. The label on the medication indicated he was to be given 10 milliliters/2 teaspoons of the medication. Upon review of the medication cup after the medication was given, client #2 was given 2 tablespoons (30 milliliters) of Robafen.</p> <p>Review of client #2's 2/12 Medication Administration Record/MAR (2/13/12 6:11 PM and client #2's corresponding physician's order for the Robafen (2/13/12 6:15 PM) indicated client #2 was to receive Robafen 2 teaspoons orally every 4 hours as needed for cough.</p>	W0369	<p>All staff have been re-trained on the Medication Administration Policy. Spot checks are being completed by the nurse and manager to ensure that the training has been effective and that medications are being administered without error. These checks are being documented on the MAR checklist and is turned in to the director to ensure compliance.</p>	03/18/2012			

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	<p>Staff #5 was interviewed on 2/13/12 at 6:45 PM and indicated she had given client #2 two tablespoons of Robafen instead of two teaspoons.</p> <p>The Residential Director was interviewed on 2/14/12 at 2:30 PM and indicated the administration of Robafen on 2/13/12 to client #2 was a medication error.</p> <p>9-3-6(a)</p>				