STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G710	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	55883 RING NECK DR OSCEOLA, IN 46561

(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
W000000	This visit was for an annual recertification and state licensure survey. Dates of Survey: July 29, 30, 31 and August 1 and 11, 2014. Facility Number: 003864 Provider Number: 15G710 AIM Number: 200460480 Surveyor: Christine Colon, QIDP. The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed August 18, 2014 by Dotty Walton, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview, the governing body failed for 1 of 2 sampled clients (client #2), to exercise general operating direction in a manner to provide oversight to ensure their "Gastrointestinal (g-tube) Feeding, Medication Administration and Site	W000104	Allstaff have received additional training regarding Ct #2's medicationadministration and enteral feeding plan via gastrostomy tube as wellas the AWS policy for Gastrointestinal Feeding, MedicationAdministration and Site Care. The QDDP, Residential manager, ornurse will complete three	09/10/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Care" policy was implemented. Findings include: A morning observation at the group home on 7/29/14 from 6:30 A.M. until 9:00 A.M. was conducted. At 8:16 A.M., Group Home Trainer (GHT) #3 began administering client #2's medications. GHT #3 began popping each of client #2's oral medications into clear plastic medication cups, crushed them and added water to the medications. GHT #3 then retrieved a clear plastic syringe from a plastic baggie, opened client #2's g-tube attached the syringe and poured the liquid medications into the syringe. GHT #3 did not check for g-tube placement by placing a stethoscope 1 inch below the tube. GHT #3 did not use the syringe to administer 10 cc of air through the g-tube. GHT #3 did not check for residual (stomach contents) prior to administering client #2's medications. A review of the facility's "Gastrointestinal Feeding, Medication Administration and Site Care" policy was conducted on 8/11/14 at 12:24 P.M. A review of the policy indicated: "...Check the for g-tube placement by placing the stethoscope about one inch below the tube and slightly to the left.		medication observations of all staff toensure that proper procedures are followed according to Ct #2sphysician orders regarding gtube medication and enteral feedings. Once competency is ensured through those checks, AWS management staffwill conduct weekly observations of medication administration. Thesewill be documented on the medication administration tracking formwhich will be turned into the director monthly so compliance can bemonitored.	

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	Use the syringe to administer 10 cc of air through the g-tube. You should hear a 'whoosh' of air. If you do not hear this contact your supervisor/nurse for instructions. Check for residual prior to administrations or feedings. Use an asepto syringe and measure how much liquid remains in the stomach...." An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M.. The RD indicated staff are to follow the facility's policy at all times. The RD further indicated the staff should always check for the g-tube placement and residual as indicated the facility's policy. 9-3-1(a)			
W000192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #2), to ensure staff were trained to implement their "Gastrointestinal (g-tube) Feeding,	W000192	Allstaff have received additional training regarding Ct #2's medicationadministration and enteral feeding plan via gastrostomy tube as wellas the AWS policy for Gastrointestinal Feeding, MedicationAdministration and Site	09/10/2014

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	Medication Administration and Site Care" policy/procedure. Findings include: A morning observation at the group home on 7/29/14 from 6:30 A.M. until 9:00 A.M. was conducted. At 8:16 A.M., Group Home Trainer (GHT) #3 began administering client #2's medications. GHT #3 began popping each of client #2's oral medications into clear plastic medication cups, crushed them and added water to the medications. GHT #3 then retrieved a clear plastic syringe from a plastic baggie, opened client #2's g-tube attached the syringe and poured the liquid medications into the syringe. GHT #3 did not check for g-tube placement by placing a stethoscope 1 inch below the tube. GHT #3 did not use the syringe to administer 10 cc of air through the g-tube. GHT #3 did not check for residual (stomach contents) prior to administering client #2's medications. A review of the facility's "Gastrointestinal Feeding, Medication Administration and Site Care" policy was conducted on 8/11/14 at 12:24 P.M. A review of the policy indicated: "...Check the for g-tube placement by placing the stethoscope about one inch		Care. The QDDP, Residential manager, ornurse will complete three medication observations of all staff toensure that proper procedures are followed according to Ct #2sphysician orders regarding gtube medication and enteral feedings. Once competency is ensured through those checks, AWS management staffwill conduct weekly observations of medication administration. Thesewill be documented on the medication administration tracking formwhich will be turned into the director monthly so compliance can bemonitored.	

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	below the tube and slightly to the left. Use the syringe to administer 10 cc of air through the g-tube. You should hear a 'whoosh' of air. If you do not hear this contact your supervisor/nurse for instructions. Check for residual prior to administrations or feedings. Use an asepto syringe and measure how much liquid remains in the stomach...." An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M.. The RD indicated staff were trained to follow the facility's policy at all times. The RD further indicated the staff should always check for the g-tube placement and residual as indicated in the facility's policy. 9-3-3(a)			
W000240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview, the governing body failed for 1 of 2 sampled clients (client #2), to ensure there was "Gastrointestinal (g-tube) Feeding, Medication Administration and Site Care" procedure methodology was included in the client's Individual Support	W000240	Ct#2 has a risk plan as part of his ISP that addresses medicationadministration and enteral feedings via gastrostomy tube includingchecking for placement prior to medication administration. His ISPwill be updated to include a dysphagia plan that further identifiesgastrostomy tube	09/10/2014

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	Plan/ISP. Findings include: A morning observation at the group home on 7/29/14 from 6:30 A.M. until 9:00 A.M. was conducted. At 8:16 A.M., Group Home Trainer (GHT) #3 began administering client #2's medications. GHT #3 began popping each of client #2's oral medications into clear plastic medication cups, crushed them and added water to the medications. GHT #3 then retrieved a clear plastic syringe from a plastic baggie, opened client #2's g-tube attached the syringe and poured the liquid medications into the syringe. GHT #3 did not check for g-tube placement by placing a stethoscope 1 inch below the tube. GHT #3 did not use the syringe to administer 10 cc of air through the g-tube. GHT #3 did not check for residual (stomach contents) prior to administering client #2's medications. A review of the facility's "Gastrointestinal Feeding, Medication Administration and Site Care" policy was conducted on 8/11/14 at 12:24 P.M. A review of the policy indicated: "...Check the for g-tube placement by placing the stethoscope about one inch below the tube and slightly to the left.		procedures. All staff will be trained on revisionsto Ct#2s ISP. The QDDP, Residential manager, or nurse will completethree medication observations of all staff to ensure that properprocedures are followed according to Ct #2s individualized plan forg-tube procedures. Once competency is ensured through those checks,AWS management staff will conduct weekly observations of medicationadministration. These will be documented on the medicationadministration tracking form which will be turned into the directormonthly so compliance can be monitored.	

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	Use the syringe to administer 10 cc of air through the g-tube. You should hear a 'whoosh' of air. If you do not hear this contact your supervisor/nurse for instructions. Check for residual prior to administrations or feedings. Use an asepto syringe and measure how much liquid remains in the stomach...." Client #2's record was reviewed on 8/1/14 at 4:30 PM and indicated an Individual Support Plan/ISP dated 5/3/14. The ISP contained no procedure addressing client #2's G-tube. An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated client #2's ISP did not contain methodology for client #2's G-tube. 9-3-4(a)			
W000268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 2 sampled clients (client #2), to promote his dignity by not ensuring his eyebrows and ear hairs were trimmed. Findings include:	W000268	Allstaff have been re-trained on completing grooming and personalhygiene needs for all individuals. Ct#2's ISP has been updated toinclude a daily goal for trimming eyebrows and ear hair. Theresidential manager and QDDP will complete weekly observations toensure effectiveness of training and	09/10/2014

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	A morning observation was conducted at the group home on 7/29/14 from 6:30 A.M. until 9:00 A.M. During the entire observation period, client #2 was observed to have his eyebrow hairs growing towards the middle of his forehead and had hair growing out of his ears and around the outside of his ears. An evening observation was conducted at the group home on 7/29/14 from 5:00 P.M. until 6:00 P.M. During the entire observation period, client #2 was observed to have his eyebrow hairs growing towards the middle of his forehead and had hair growing out of his ears and around the outside of his ears. An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated clients should be groomed at all times. The RD further indicated staff should have trimmed client #2's eyebrows and ear hairs because he is unable to do so independently. 9-3-5(a)		progress on goal. Theseobservations will be documented on the ISP data sheet and will beturned in monthly to the director to ensure compliance.	

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W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients, (client #1), to ensure client #1's wheelchair foot rests were available for use. Findings include: A morning observation was conducted at the group home on 7/29/14 from 6:30 A.M. until 9:00 A.M. During the entire observation period client #1 was observed sitting in his personal wheelchair with his legs dangling. Client #1's wheelchair did not have any footrests. An evening observation was conducted at the group home on 7/29/14 from 5:00 P.M. until 6:00 P.M. During the entire observation client #1 was observed sitting in his personal wheelchair with his legs dangling. Client #1's wheelchair did not have any footrests. An interview with Group Home Trainer (GHT) #2 was conducted on 7/29/14 at	W000436	Ct#1 was admitted on 4/29/14 with a customized wheelchair without footrests. A wheelchair evaluation was completed on 5/9/14 andmeasurements were taken and an order was placed for foot rests. Thewheelchair vendor has been contacted and an estimated delivery dateof 9/12/14 has been given. Ct #1 is able to foot propel hiswheelchair. When the modifications are completed to his currentseating system the IDT will evaluate times for removing his footrests so he can independently propel his wheelchair throughout thehome. The director will follow up with the wheelchair vendor toensure timely completion of wheelchair modifications.	09/10/2014

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	7:00 A.M. GHT #2 indicated client #1 was admitted to the group home with no footrest on his wheelchair. A review of client #1's record was conducted on 8/1/14 at 4:00 P.M. Review of client #1's Individual Support Plan (ISP) dated 5/29/14 indicated he used a wheelchair for mobility at all times. Further review of the record indicated his date of admission to the group home was 4/29/14. An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated client #1 was admitted to the facility with no footrests on his wheelchair. The RD further indicated client #1 needed footrests on his wheelchair. 9-3-7(a)			
W000460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 2 sampled clients (client #1), the facility failed to assure the staff provided liquids in accordance with the client's diet order.	W000460	Allstaff have been re-trained on modifieddiets, consistency of liquids andindividualized dining plans.Areturn demonstration of preparing thickened liquids has beencompleted to ensure their	09/10/2014

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	Findings include: A morning observation was conducted at the group on 7/29/14 from 6:30 A.M. until 9:00 A.M.. At 7:25 A.M., Group Home Trainer (GHT) #3 prepared client #1's chocolate milk and juice. Client #1 drank his milk and juice from his cup. Client #1 was observed to cough after he took sips of his drinks. Client #1's drinks were not of a pudding thick consistency. An evening observation was conducted at the group on 7/29/14 from 5:00 P.M. until 6:00 P.M. At 5:40 P.M., GHT #6 prepared client #1's chocolate milk and juice. Client #1 drank his milk and juice from his cup. Client #1 was observed to cough after he took sips of his drinks. Client #1's drinks were not of a pudding thick consistency. A review of client #1's record was conducted on 8/1/14 at 4:00 P.M. Review of client #1's most current Nutritional Assessment dated 5/28/14 indicated: "Pudding thick liquids." An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated staff should have followed each client's prescribed diet.		understanding. Allstaff will be monitored by the QDDP, residential manager, or nurse toensure that liquid consistencies are being offered according to dietorders. Mealtimeobservations will be completed atthree breakfast times, three lunch times, and three dinner times toensure that staff are implementing proper procedures. Oncecompetency is ensured through those checks, AWS management staff willconduct weekly observations of meals. These will be documented on thedining checklist which will be turned into the director monthly socompliance can be monitored.	

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	9-3-8(a)			
W000488	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. Based on observation and interview, the facility failed to assure 4 of 4 clients residing at the group home, (clients #1, #2, #3 and #4), were involved in meal preparation and served themselves at meal times as independently as possible. Findings include: A morning observation was conducted at the group on 7/29/14 from 6:30 A.M. until 9:00 A.M.. At 7:00 A.M., clients #1, #2, #3 and #4 sat at the dining table with no activity as Group Home Trainer (GHT) #4 took containers out of the refrigerator and placed them on the table. The containers were labeled and indicated the meal consisted of eggs, toast and ham. At 7:05 A.M., clients #1, #2, #3 and #4 began eating their breakfast. Clients #1, #2, #3 and #4 did not assist in meal preparation. At 7:30 A.M., labeled, plastic containers of prepared food were	W000488	Allstaff have been re-trained on family style dining and givingindividuals the opportunity to assist with meal preparation. Theclients should have had the opportunity to assist with mealpreparation, setting the table, and serving the food as they areable. The clients can/will have additional opportunities for mealpreparation as identified by their functional assessment. For 30days, the QDDP and Residential Manager will observe three breakfasttimes, three lunch times, and three dinner times to ensure that staffare implementing proper procedures. Once competency is ensuredthrough those checks, AWS management staff will conduct weeklyobservations of meals. These will be documented on the diningchecklist which will be turned into the director monthly socompliance can be monitored.	09/10/2014

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	observed in the refrigerator which indicated: "Lunch: cold meat and cheese sandwich, pasta salad and pears, Dinner: Tuna casserole, spinach and dinner roll." An interview with GHT #4 was conducted on 7/29/14 at 7:35 A.M. GHT #4 indicated the labeled, clear plastic containers were clients #1, #2, #3 and #4's already prepared food for the day. GHT #4 indicated the overnight staff prepares all meals for all clients. An evening observation was conducted at the group on 7/29/14 from 5:00 P.M. until 6:00 P.M. During the observation period, clients #1, #2, #3 and #4 sat in the living room with no activity. At 5:30 P.M., GHT #6 took several containers filled with prepared blended food out of the refrigerator and placed them into the microwave oven. The containers were labeled and indicated the meal consisted of Tuna casserole, spinach and dinner roll. At 5:40 P.M., clients #1, #2, #2 and #4 ate their already prepared dinner. Clients #1, #2, #3 and #4 did not assist in meal preparation. An interview with the Residential Director (RD) was conducted on 8/11/14 at 11:30 A.M. The RD indicated clients were capable of assisting in meal preparation with assistance and further			

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	indicated they should be assisting in preparation. 9-3-8(a)			