

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G764		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2013	
NAME OF PROVIDER OR SUPPLIER AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 1726 OLD LANTERN TR FORT WAYNE, IN 46845			
(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	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: March 6, 7, and 8, and 14, 2013.</p> <p>Facility number: 012371 Provider number: 15G764 AIM number: 200986870</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 19, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000					

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 additional client (client #5) to ensure all medications administered were recorded on the medication administration record (MAR).</p> <p>Findings include:</p> <p>Observations were completed in the group home on 3/6/13 from 5:15 PM until 7:15 PM. During the administration of medication at 7:00 PM, staff #3 gave client #5 Risperidone 2 mg (milligrams).</p> <p>Client #5's MAR for March, 2013 was reviewed on 3/6/13 at 7:16 PM and did not indicate documentation client #5 had received Risperidone at 7:00 PM in the month of March 2013.</p> <p>Staff #5 was interviewed on 3/6/13 at 7:16 PM. When asked where the Risperidone was recorded, she was unable to find where it was to be recorded and stated, "We've been giving it to her all month (March 2013) in the PM."</p> <p>The QDDP (Qualified Developmental 3/6/13 at 7:16 PM. She indicated the Risperidone at 7:00 PM was not listed on the MAR.</p>	W000331	All staff have recieved retraining on the AWS Medication Administration Policy which includes checking the Medication Administration Record (MAR) against the label on the medication prior to administration. In order to ensure htis training was effective, the manager and QMRP will be conducting regular spot checks of the staff passing medications. This monitoring will be documented on the MAR checklist and will be turned into the director to monitor compliance. The nurse will be reviewing the MAR's with the management team to ensure that all orders have been properley documented on the MAR by the pharmacy. All MAR's have been reviewed and include all physicans orders.	04/13/2013			

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	9-3-6(a)				