

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 02/28/2013
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 7631 WHEELLOCK RD FORT WAYNE, IN 46835		
(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 recertification and state licensure survey.</p> <p>Dates of Survey: February 25, 26, 27, and 28, 2013.</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 March 7, 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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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 1 of 4 sampled clients (client #7), 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> <p>The facility's reportable incidents to BDDS (Bureau of Developmental Disabilities Services) were reviewed on 2/25/13 at 3:45 PM.</p> <p>A report dated 4/20/12 indicated client #7 was found with blood coming from his ear. He was taken for medical treatment at the ER (emergency room) and found to have an ear infection. A follow up report dated 5/7/12 indicated follow up with client #7's primary care physician on 5/2/12 indicated client #7 did not have an infection, but had a "vascular lesion" of unknown cause. The report was marked N/A (not applicable) for notifying the guardian of the incident.</p>	W000125	<p>A volunteer guardian has been identified for client #7. 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 number 7's during the proceedings and to assist the consumer while competency is determined. Once that is established, we will be dependent on the court for the timeline for completion.</p> <p>All other assessments for this home have been reviewed to ensure no other consumers are effected. The director will monitor compliance and will complete all needed paperwork for the referral by 3/30/13.</p>	03/30/2013			

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	<p>A BDDS report dated 2/3/13 indicated client #7 had overturned a dresser on his right toe/foot and was taken to the ER for evaluation and treatment. Client #7 was diagnosed with a fracture of his 3rd middle toe. The report indicated a behavior support plan was being developed to address turning over furniture and large objects. The report was marked N/A (not applicable) for notifying the guardian of the incident.</p> <p>The Residential Director (RD) was interviewed on 2/26/13 at 2:58 PM. She indicated client #7 had not been assigned a guardian as yet, though he had been referred for need of guardianship to an organization which provided guardianship services.</p> <p>The RD was interviewed again on 2/27/13 at 4:45 PM and indicated client #7 was in need of a guardian to assist him in making decisions regarding medical treatment.</p> <p>Client #7's record was reviewed on 2/27/13 at 4:50 PM. Court documents dated 4/28/03 indicated client #7 was "incapable of giving meaningful informed consent" for health care and had been appointed a health care representative (HCR). A referral for guardianship dated 3/1/11 indicated client #7 was in need of a</p>			

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	guardian as his court appointed HCR no longer wanted to serve as his HCR. A Group Home Individual Support Plan Assessment dated 9/12/12 indicated client #7 was in need of assistance in making informed decisions. 9-3-2(a)				

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon observation, record review, and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure his beverage was prepared to the consistency as specified in his diet plan.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 2/26/13 from 5:55 AM until 7:20 AM. At 6:30 AM, client #1 was served orange juice by staff #6 without altering the consistency. During his breakfast meal, client #1 also had milk at his place setting as he ate his eggs, toast and hash browns. At 6:35 AM, client #7 was assisted to pour a powder to thicken beverages into his coffee cup by the QMRP (qualified mental retardation professional) who indicated it was his goal to spoon the powder into his coffee.</p> <p>The group home manager was interviewed on 2/26/13 at 6:36 AM. When asked what consistency client #1's beverages were to be prepared, she indicated they were to be prepared to nectar thick consistency. When asked if client #1's milk and orange juice were checked for consistency, the house</p>	W000460	<p>All staff have received retraining on the diet plan for client #6. Staff have completed post-tests of demonstration to ensure that the training has been effective. The manager and QMRP will complete spot checks to ensure that staff have implemented their training. These checks will be documented on the Dining Skills Checklist and will be turned into the director for review and to monitor compliance.</p>	03/30/2013			

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	<p>manager used a spoon to check the consistency. She indicated the beverages were not prepared to nectar thick consistency.</p> <p>The Residential Manager, QMRP and group home manager were interviewed on 2/26/13 at 2:58 PM and indicated client #1's beverages were to be prepared to nectar thick consistency.</p> <p>Client #1's record was reviewed on 2/27/13 at 4:00 PM. His annual physical dated 10/12/12 and 12/12 nutritional review indicated he was to receive a mechanical soft diet with nectar thickened liquids.</p> <p>9-3-8 (a)</p>			