

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G796	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/22/2013
NAME OF PROVIDER OR SUPPLIER AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 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	
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: January 15, 16, 17, 18, 22, 2013.</p> <p>Facility number: 012549 Provider number: 15G796 AIM number: 201019420</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/29/13 by Ruth Shackelford, 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 #2) 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>1. Client #2's record was reviewed on 1/16/13 at 4:25 PM. Client #2's records included court documents dated 3/23/05 indicating client #2 had been assigned a guardian and was "unable to execute necessary personal documents and medical consents for his own benefit." A letter dated 3/17/11 indicated client #2 had been referred for guardianship services. A referral form dated 3/11/11 indicated client #2 was being referred for guardianship services as client #2's foster mother/guardian had "passed. No known relatives." A consent form for client #2's Behavior Support Plan (BSP) for the period of 2012-2013 included client #2's undated signature, and included</p>	W0125	A referral had been made to the Mental Health Association guardianship program. Client #2 had been placed on their waiting list. There are no other family members but AWS has secured a friend who is willing to assume this responsibility for client #2. A lawyer has been secured and preparation has begun to submit court paperwork however AWS is not aware of the specific timeframe until the lawyer has completed the petition and the judge schedules a hearing. AWS will have all necessary paperwork submitted no later than 2/21/13.	02/21/2013			

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	<p>signatures for the facility's human rights committee dated 3/19/12 for the BSP which indicated it was in effect for 3/20/12. The plan included the use of psychotropic medication to address his behavior and the possible side effects of taking the medication. Client #2's comprehensive functional assessment (CFA) dated 3/12 indicated he was "seldom" able to understand the purpose of taking his medication and was unable to provide consent for his BSP.</p> <p>The Residential Director was interviewed on 1/17/13 at 4:45 PM. She indicated client #2 was in need of a guardian, and no progress had been made since the referral to obtain a guardian for client #2.</p> <p>9-3-2(a)</p>				

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review, and interview for 4 of 4 sampled clients (clients #1, #2, #3, #4) and for 3 additional clients (clients #5, #6, #7) the facility failed to provide free access to their electric shavers.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 1/16/13 from 6:19 AM until 7:40 AM. At 7:15 AM, client #6 brought an electric razor to the medication administration area and staff #1 placed it in a plastic container.</p> <p>Staff #1 was interviewed on 1/16/13 at 7:16 AM. When asked about keeping client #6's razor in the medication area, she indicated the razors for all the clients were locked in separate containers with each client's name and locked in a cabinet. She indicated she was uncertain as to why the razors were locked and said clients had access through staff to obtain use of the razors. Staff #1 then removed clients #1, #2, #3, #4, #5, #6 and #7's</p>	W0137	<p>The razors for the consumers should not have been locked. The director addressed this problem as soon as she became aware of it. All staff have been trained on the AWS Rights Policy which states that consumers rights cannot be restricted without justification and approval from the individual, their guardian and the Human Rights Committee. The director is completeing home visits which will be documented on a Home Visit Form to monitor compliance.</p>	02/21/2013			

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	<p>containers holding their shavers from a cabinet to demonstrate their location, returned them to the cabinet and locked it.</p> <p>Client #1's record was reviewed on 1/16/13 at 3:30 PM. Client #1's record did not include an identified need for locking his shaver, or a plan to regain the access to his locked shaver.</p> <p>Client #2's record was reviewed on 1/16/13 at 4:25 PM. Client #2's record did not include an identified need for locking his shaver, or a plan to regain the access to his locked shaver.</p> <p>Client #3's record was reviewed on 1/16/13 at 12:55 PM. Client #3's record did not include an identified need for locking his shaver, or a plan to regain access to his locked shaver.</p> <p>Client #4's record was reviewed on 1/16/13 at 4:10 PM. Client #4's record did not include an identified need for locking his shaver, or a plan to regain access to his locked shaver.</p> <p>The Residential Director was interviewed on 1/17/13 at 4:45 PM and indicated the clients' razors should not have been locked and they now had access to them.</p> <p>9-3-2(a)</p>						

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