STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G709	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	55737 REEVES 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 a fundamental recertification and state licensure survey. Dates of Survey: August 6, 7, 8, and 9, 2013 Facility number: 003862 Provider number: 15G709 AIM number: 200460470 Surveyor: Tim Shebel, LSW The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 8/15/13 by Ruth Shackelford, QIDP.	W000000		

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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W000125	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. Based on observation, record review, and interview, the facility failed to assure guardianship for 1 of 2 sampled clients (client #2) who required a guardian. Findings include: Client #2 was observed at the group home on 8/6/13 from 2:37 P.M. until 5:00 P.M., on 8/7/13 from 5:39 A.M. until 8:00 A.M., and at the day program on 8/8/13 from 1:01 P.M. until 2:00 P.M.. During the observations, client #2 was non-verbal and was unable to make her wants and needs known to staff. Client #2's record was reviewed on 8/7/13 at 9:42 A.M.. Review of client #2's 8/2/13 physician orders indicated the client had diagnoses which included, but were not limited to "Profound MR (mental retardation), Cerebral palsy with spastic contractures, seizure disorder." Review of client #2's "ISP (Individual Support Plan) Assessment", dated 3/11/13, indicated the client was "non-verbal and does not respond to	W000125	Client #2's mother is an active participant in her life. Her mother has been given paperwork regarding guardianship and assistance programs which could provide a lawyer at a reduced fee. Client #2's mother has yet to follow through on obtaining guardianship and this may be due to her financial situation. AWS would not recommend pursuing a volunteer or guardianship program as her mother is capable, available and the best person to assist in the decision making for client #2. Under Indiana law a blood relative may assume Health Care Representative status for an individual who is unable to make medical decisions on their own. Since AWS is client #2's Representative Payee through Social Security, her finances are protected through regulations for representative payees and there are no placement issues to consider at this time, AWS staff will assist client #2's mother in becoming her Health Care Representative and will re-evaluate this yearly at the ISP and document the teams	09/09/2013

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NAME OF PROVIDER OR SUPPLIER AWS		STREET ADDRESS, CITY, STATE, ZIP CODE 55737 REEVES DR OSCEOLA, IN 46561	

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	pictures, signs or gestures." Review of client #2's 3/11/13 "Decision Making/Critical Skills Assessment indicated to "sign off independently" (independently give informed consent) in the areas of individual rights, financial consent, informed consent, and authorization for emergency treatment or the use of psychotropic medication the client required a minimum score of 5. Client #2's score on the 3/11/13 "Decision Making/Critical Skills Assessment was 2. Further review of client #2's record indicated client #2 did not have a guardian. Program Director #1 was interviewed on 8/8/13 at 9:03 A.M.. Program Director #1 indicated client #2 could not make informed decisions herself and the facility was working with client #2's mother to assist her in obtaining guardianship over client #2. Program Director #1 further indicated the facility had given client #2's mother information on obtaining guardianship for client #2 at the client's 11/30/12 annual case conference. 9-3-2(a)		decision. The director will work with the mother on becoming the Health Care Representative and will facilitate the re-evaluation at each IDT meeting.	