

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G797	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2012
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA RD LA FONTAINE, IN 46940
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(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 the investigation of complaint #IN00108279.</p> <p>COMPLAINT #IN00108279: SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W149.</p> <p>Dates of Survey: May 21, 22, and 23, 2012</p> <p>Facility number: 012563 Provider number: 15G797 AIM number: 201018540</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</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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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 3 of 4 clients (clients A, B, and D) who lived in the home, for 4 of 4 Bureau of Developmental Disabilities Services (BDDS) with client to client aggression, the facility failed to ensure the abuse/neglect policy was implemented.</p> <p>Findings include:</p> <p>On 5-21-12 at 1:50 p.m. a review of the facility's BDDS reports dated 4-1-12 through 5-21-12 was conducted. The reports indicated the following: -A BDDS report dated 4-20-12 for client D indicated client A threatened to "harm" client D if she did not give her money. Client D was counseled by the group home manager and reminded she was not allowed to make "threats" to her housemates. -A BDDS report dated 4-24-12 for client D indicated she threw a spoon at client A and hit her in the upper arm. There was no injury noted. -A BDDS report dated 5-8-12 for client B indicated she pushed client A into the counter then struck her in the face. Client A was taken to the Emergency Room and was diagnosed with a fractured nose.</p>	W0149	<p>W 149</p> <p>Did not prevent peer-to-peer aggression/abuse</p> <p>Corrective action for resident(s) found to have been affected</p> <p>In the past, we have provided staff training in an attempt to keep peers from becoming aggressive with one another. These trainings have been conducted in our day program, but most incidents occur in the group home. In an effort to better prevent these incidents, training will be conducted at the group home, which is the environment where aggression usually occurs.</p> <p>How facility will identify other residents potentially affected & what measures taken</p> <p>All residents potentially affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes</p>	06/22/2012			

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	<p>-A BDDS report dated 5-8-12 for client B indicated she threw a soda bottle at client D which hit her in the left knee. There was no injury noted.</p> <p>On 5-22-12 at 1:25 p.m. a review of the facility's Abuse/Neglect Policy dated 8-08 indicated physical abuse and verbal abuse would not be tolerated "in any form by any person."</p> <p>On 5-23-12 at 11:25 a.m. an interview with the Qualified Mental Retardation Professional indicated the abuse/neglect policy should be implemented.</p> <p>This federal tag relates to complaint #IN00108279.</p> <p>9-3-2(a)</p>		<p>facility put in place to ensure no recurrence</p> <p>Training on preventing peer aggression will occur within the home. There will be a focus on "zone defense" in which the home is divided into several high traffic areas, and staff will be trained on how to identify precursors and be aware of staff and client spacing within the home. For example, when a client becomes escalated, the staff in the area will ensure that other clients and staff are at a greater distance from that person to avoid aggression from the person who is struggling. In addition to focus on zones, the training will include proactive interaction, transitional behaviors, and active listening skills.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The Group Home Manager supervises staff, including ensuring that appropriate training takes place. The group home manager is supervised by the Director, and they meet on a regular basis to review staff training needs.</p>		

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