STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G741	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	9824 TRENTMAN RD FORT WAYNE, IN 46816

(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: November 6, 7, and 8, 2013. Facility number: 011504 Provider number: 15G741 AIM number: 200898050 Surveyor: Susan Reichert, QIDP The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/14/13 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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W000312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 sampled clients (client #1), the facility failed to develop a plan to reduce the need for medication to address maladaptive behaviors. Findings include: Client #1's record was reviewed on 11/6/13 at 12:50 PM. A Behavior Support Meeting dated 10/1/13 indicated client #1 was prescribed Celexa (depression) 20 mg (milligrams) daily and Depakote 500 mg for mood disorder, Zyprexa (anti-psychotic) 35 mg, and Celexa (depression) 20 mg daily. Client #1's physician's orders dated November, 2013 indicated he was prescribed Celexa 20 mg daily for OCD (obsessive compulsive disorder). A Therapeutic Support Plan (TSP) dated 3/22/13 indicated client #1 was prescribed Depakene (Depakote) 1500 mg and	W000312	The clinician responsible for the therapeutic support plan was contacted and the plan was updated to include the current medication. All other support plans have been audited to make sure that current medications are included in the plans. The residential director will provide retraining to the behavior clinician and complete a monthly review of the support plans to ensure that medication changes are reflected appropriately.	12/08/2013

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	Zyprexa 35 mg to manage symptoms related to his Axis I diagnosis of Bipolar Disorder NOS (not otherwise specified). Target behaviors included SIB (self injurious behavior, physical aggression and property destruction. The plan did not include the use of Celexa. The Residential Director was interviewed on 11/8/13 at 1:57 PM. She indicated Celexa was not in client #1's behavior plan, and the behavior clinician would be updating his plan. 9-3-5(a)			