STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G521	A. BUILDING 00 B. WING	05/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	7614 LAMLIE RD FORT WAYNE, IN 46818

(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: May 7, 8 and 9, 2014 Facility number: 001035 Provider number: 15G521 AIM number: 100239820 Surveyor: Susan Reichert, QIDP The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/16/14 by Ruth Shackelford, QIDP.	W000000		
W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 1 of 3 clients (client #4) who received medications, to administer medications per physician's orders. Findings include:	W000369	On June 8, 2014 all staff will have received additional training on the medication administration policies and procedures. This includes reading each and every instruction for the medication on the MAR's has been reviewed to ensure all special instructions from the	06/08/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	Observations were completed in the group home on 5/8/14 from 6:13 AM until 7:31 AM. At 6:13 AM, client #4 ate her breakfast. During medication administration on 5/8/14 at 6:30 AM, staff #1 gave client #4 Linzess 145 mcg (micrograms) for constipation. The label indicated client #4 was to receive the medication 30 minutes prior to the first meal of the day. Client #4 left the medication administration area and went back to the table to finish her breakfast. Client #4's MAR (medication administration record) and physician's orders for 5/14 were reviewed on 5/8/14 at 6:34 AM and indicated client #4 was to receive Linzess 30 minutes prior to the first meal of the day. Staff #1 was interviewed on 5/8/14 at 6:35 AM. She indicated she was uncertain about the instructions on the label indicating client #4 was to receive Linzess 30 minutes prior to the first meal of the day and stated, "She's eating now." The Residential Director (RD) was interviewed on 5/9/14 at 2:41 PM and indicated client #4's doctor had been asked about the necessity of client #4 receiving Linzess prior to breakfast. During the interview, she provided a		physician are being implemented as prescribed. The manager and residential nurse will also review all new MAR's to ensure that all special instructions are implemented as prescribed by the physician. The manager and nurse will continue to complete weekly checks on an ongoing basis of medication administration, which is documented on the medication administration tracking form. This includes checking the medication cabinet, MAR and completing medication passing observations. This form is turned into the director monthly and is monitored for compliance to ensure the effectiveness of the training.	

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	copy of a note signed by client #4's physician which stated it would not be harmful for client #4 "occasionally" not to wait to eat breakfast 30 minutes after receiving her medication. The RD indicated staff should follow the instructions on the medication label and the MAR. 9-3-6(a)			