

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/10/2016
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226
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W 0000  Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to a full annual recertification and state licensure survey and to the investigation of complaint #IN00175720 completed on 3/8/16.</p> <p>Complaint #IN00175720: Corrected.</p> <p>Dates of Survey: 5/2/16, 5/5/16, 5/9/16 and 5/10/16.</p> <p>Facility Number: 000913 Provider Number: 15G399 AIMS Number: 100249300</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/16/16.</p>	W 0000		
W 0149  Bldg. 00	<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. Based on record review and interview for 1 of 4 sampled clients (C), the facility failed to implement its written policy and procedures to prevent staff's mistreatment of client C.</p>	W 0149	Staff involved with the incident when Client C's rights were violated by restricting him from eating breakfast with his housemates and implementing	06/09/2016

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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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 5/2/16 at 2:54 PM. The review indicated the following:</p> <p>-BDDS report dated 3/18/16 indicated, "[Staff #4] reported to [PC (Program Coordinator) #1] that while on morning transport she saw the second staff, [staff #3], slap [client C]."</p> <p>-Investigation Summary dated 3/22/16 indicated the following:</p> <p>-Interview with PC #1 indicated, "[Staff #4] reported [staff #3] made [client C] stand in the corner by pushing his face into the corner and while on the van she 'heard' [staff #3] take off her belt as [staff #3] said, 'I'm going to hit him.'"</p> <p>-Interview with staff #4 indicated, "[Staff #3] made [client C] sit on his bed because he kept 'playing' in the water. When [client C] would not stay on his bed she made him stand in the corner with his face toward the wall. When [client C] would attempt to move away from the corner [staff #3] forced his face back into the corner." Interview with staff #4 indicated, "[Staff #3] did not allow</p>		<p>consequences for behaviors not listed in his Behavior Support Plan received corrective action.</p> <p>All direct care staff received retraining on Client C's BSP including not implementing interventions/consequences for behaviors that were not in the plan or that violated Client C's rights. The Indiana Mentor Rights and Responsibilities Statement was reviewed with all staff. All staff were asked to sign a copy to show that they had reviewed the document and understand that it needed to be followed at all times.</p> <p>Ongoing QIDP and/or Program Coordinator will complete trainings on all consumers Behavior Support Plans a minimum of annually and more often as needed if updated/changed to ensure all staff are familiar with plans and do not implement consequences/interventions that are not listed in consumers Behavior Support Plans.</p> <p>Responsible Party: QIDP, Behavior Specialist, Program Coordinator</p>	

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	<p>[client C] to eat breakfast with [peers]. [Staff #3] provided [client C] with a cookie bar and a glass of juice as he stood in the corner."</p> <p>-Interview with staff #3 indicated, "Had [client C] stand near the entrance to (the) kitchen to keep an eye on him and redirected him to stay there when he tried to leave the area. Did not force [client C] in the corner, said [client C] was turning and moving around, but she did not force his face into the corner. [Client C] hit [unknown peer]. She informed [client C] he could not sit with the others because he hit [unknown peer]. She did not allow [client C] to eat breakfast at the table because of his behaviors. She did tell [staff #4], [client C] could not sit at the table with the others. [Client C] had a cookie bar and glass of juice."</p> <p>-Evidence supports [staff #3] violated [client C's] rights by restricting him from having a nutritious breakfast."</p> <p>The 3/22/16 Investigation Summary did not substantiate the allegation of staff #3 pushing client C's face into the wall or using physical force/gestures.</p> <p>AD (Area Director) #1 was interviewed on 5/5/16 at 12:22 PM. AD #1 indicated staff #4 made an allegation of abuse</p>			

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	<p>regarding staff #3's treatment of client C. AD #1 indicated having client C stand in the corner and not allowing him to eat breakfast with his peers was considered punitive. AD #1 indicated staff #3 implemented consequences for client C's behaviors that were not outlined in client C's behavior plan. AD #1 indicated the facility's abuse and neglect policy should be implemented and abuse, neglect and mistreatment should be prevented.</p> <p>Client C's record was reviewed on 5/5/16 at 11:00 AM. Client C's BSP (Behavior Support Plan) dated 5/20/15 did not indicate client C should be restricted from eating breakfast with his housemates during behavioral episodes.</p> <p>The facility's policy and procedures were reviewed on 5/9/16 at 6:28 PM. The facility's Quality and Risk Management policy dated April 2011 indicated the following:</p> <p>- "E. Failure to provide appropriate supervision, care or training."</p> <p>- "G. Failure to provide food and medical services as needed."</p> <p>This deficiency was cited on 3/8/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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W 0159 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients A, B, C and D's active treatment programs by failing to assess clients A and B's ambulation needs following changes in their ambulation abilities, to ensure clients A, B, C and D's training objective attempts were documented in measurable terms and to ensure staff did not use punitive techniques to address client C's behavior.</p> <p>Findings include:</p> <p>1. The QIDP failed to integrate, coordinate and monitor clients A and B's active treatment programs by failing to assess clients A and B's ambulation needs following changes in their ambulation abilities. Please see W218.</p>	W 0159	<ol style="list-style-type: none"> <li>Please refer to W218</li> <li>Please refer to W252</li> <li>Please refer to W286</li> </ol>	06/09/2016

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W 0218 Bldg. 00	<p>2. The QIDP failed to integrate, coordinate and monitor clients A, B, C and D's active treatment programs by failing to ensure clients A, B, C and D's training objective attempts were documented in measurable terms. Please see W252.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client C's active treatment program by failing to ensure staff did not use punitive techniques to address client C's behavior. Please see W286.</p> <p>This deficiency was cited on 3/8/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 2 of 4 sampled clients (A and B), the facility failed to assess clients A and B's ambulation needs following changes in their ambulation abilities.</p> <p>Findings include:</p>	W 0218	Client A is no longer a consumer of Indiana Mentor services. Client B has an OT/PT evaluation scheduled for 6/9/16. Once the PT/OT evaluation recommendations are received, and IDT will be held to review the results and recommendations and determine if any	06/09/2016

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	<p>Observations were conducted at the group home on 5/2/16 from 4:40 PM through 5:40 PM. The group home is a bi-level home with the medication administration area located in the basement area. Clients A and B were observed in the home throughout the observation period. Client A utilized a gait belt with staff assistance to walk. Client B utilized a rolling walker to walk through the home.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 5/2/16 at 2:54 PM. The review indicated the following:</p> <p>1. BDDS report dated 4/19/16 indicated, "[Client A] was escorted to the restroom by staff and given time to use the restroom privately. [Client A] is fully capable of being alone in the restroom and able to exit without the need of staff's assistance. Staff noticed that she had not come out of the restroom and went to check on her. Upon entering the restroom, staff found [client A] sitting on her bottom on the floor. Staff assisted her off the floor and into a chair. [Day Program Manager #1] assessed [client A] and noticed swelling and bruising under her right eye. Ice pack was applied to (the) injured area and [group home staff]</p>		<p>accommodations need to be made or if any adaptive equipment is needed.</p> <p>If any adaptive equipment is recommended, Program Nurse and QIDP will work with PCP to obtain orders to secure adaptive equipment. Program Nurse, Program Coordinator and QIDP will work together to address any other accommodations that are recommended for Client B in regard to his ambulation skills.</p> <p>Program Coordinator, Program Nurse and QIDP will receive retraining on ensuring that after any falls or injuries that all consumers ambulation skills are assessed to determine if any changes or adaptations need to be made. If a consumer has history of falls, unsteady gait or other ambulation issues, Program Coordinator, QIDP and Program Nurse will ensure that regular OT/PT assessments are completed to assess any changes that may occur to determine if any changes or additional accommodations need to be made.</p> <p>Ongoing, PC, Program Nurse and QIDP will ensure that after any fall or injury that all consumers ambulation skills are assessed to determine if any changes or adaptations need to be made.</p>	

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	<p>was notified. For the next seven days staff will observed [client A] while in the restroom to assess her supervision needs."</p> <p>-BDDS report dated 4/22/16 indicated, "[Client A] had just got (sic) off the van and was walking to the door of the house. [Client A] fell down and bump (sic) her head on the ground. Staff was behind her and witnessed [client A's] fall. Staff stated she just fell to the ground. There was nothing to (sic) in the way to cause [client A's] fall. [Client A] was wearing her gait belt and staff was walking behind her. However, [client A] fell to the ground so fast staff was not able to grab the gait belt to assist her during the fall."</p> <p>Client A's record was reviewed on 5/5/16 at 9:52 AM. Client A's Post- Fall Assessment form dated 4/11/16 indicated client A had fallen at the group home on 4/11/16 at 5:30 AM when she lost her balance in the bathroom while toileting. The 4/11/16 Post-Fall Assessment form indicated client A sustained an unspecified injury which required first aid to treat.</p> <p>Client A's Medical Appointment Form dated 2/29/16 indicated, "Day program staff stated that [client A] had been 'acting weird' all day. They also stated she</p>			

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	<p>either refused to walk or was unable to."</p> <p>Client A's ISP (Individual Support Plan) dated 6/20/15 indicated, "Assessment of her ability to ambulate: Independently." Client A's ISP dated 6/20/15 indicated client A had no OT (Occupational Therapy)/PT (Physical Therapy) evaluations in the previous year.</p> <p>Client A's record did not indicate documentation of OT/PT assessment regarding client A's ambulation needs.</p> <p>RN (Registered Nurse) #1 was interviewed on 5/5/16 at 11:41 AM. RN #1 indicated client A's physical and mental health had declined during the last year. RN #1 indicated she had developed a Fall Risk Plan and Gait Belt Plan both dated 4/18/16 and client A had not previously had a Fall Risk Plan or Gait Belt Plan. RN #1 indicated client A had a doctor's order for the use of a gait belt dated 4/11/16. RN #1 indicated client A's group home was bi-level with the medication administration area located in the home's basement. RN #1 indicated client A's ambulation abilities had changed and should be evaluated regarding her ambulation needs and her ability to negotiate the home's stairs.</p> <p>2. BDDS report dated 4/17/16 indicated,</p>			

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	<p>"[Client B] fell and hit his head on the kitchen floor while walking to (sic) dining room table. [Client B] was rushing himself to eat." The 4/17/16 BDDS report indicated client B did not sustain any injury during the 4/17/16 fall.</p> <p>HM (Home Manager) #1 was interviewed on 5/2/16 at 5:15 PM. HM #1 indicated client B had fallen on 4/17/16. HM #1 indicated client B had recently attempted to crawl instead of using his walker to walk.</p> <p>Client B's record was reviewed on 5/5/16 at 11:23 AM. Client B's ISP dated 8/15/15 indicated, "Walks with unsteady gait, uses walker."</p> <p>Client B's Medical Appointment Form dated 5/2/12 indicated, "Several visits now and the PT feels the [client B] is safe with aid. [Client B] (is) able to ambulate... with distant supervision in level hallways. [Client B] (is) able to negotiate ramps/curbs but still requires caregiver assistance due to near falls when [client B] is not paying attention or is fatigued." Client B's Medical Appointment Form dated 6/25/14 indicated client B was assessed by PT with recommendations for daily exercises. Client B's record did not indicate documentation of additional PT/OT assessment regarding client B's</p>			

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W 0252 Bldg. 00	<p>ambulation skills.</p> <p>RN #1 was interviewed on 5/5/16 at 11:41 AM. RN #1 indicated client B had fallen on 4/17/16. RN #1 indicated client B's ambulation needs should be evaluated.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure clients A, B, C and D's training objective attempts were documented in measurable terms.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 5/5/16 at 9:52 AM. Client A's ISP (Individual Support Plan) dated 6/20/15 indicated client A had the following training objectives:</p> <p>-"[Client A] will identify her medication tote daily in the AM using 3 VPs (Verbal Prompts) or less in 50% of trials."</p>	W 0252	<p>All direct care staff will receive retraining to include ensuring that all consumers goals are documented in measurable terms as described in each goals criteria and documentation is available for review.</p> <p>Program Coordinator and QIDP will receive retraining to include doing a minimum of weekly checks to ensure that staff are documenting all consumers goals in measurable terms.</p> <p>Program Coordinator and/or QIDP will complete documentation checks a minimum of 3 times weekly for 4 weeks to ensure that all staff are documenting all consumers goals</p>	06/09/2016

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	<p>-"[Client A] will sweep the floor around her chair after eating in the AM and PM using 3 VPs or less in 30% of trials."</p> <p>-"[Client A] will choose a healthy snack at the store of her choice once weekly in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client A] will take her laundry to the laundry room once weekly in the PM using 3 VPs or less in 50% of trials."</p> <p>-"[Client A] will brush her teeth for 2 minutes and floss her teeth 3 times daily in the AM, after dinner and at bedtime using 3 VPs or less in 60% of trials."</p> <p>Client A's Action Plan Summaries (APSs) dated from 3/1/16 through 3/31/16 indicated client A's goals had been completed. The APSs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives.</p> <p>2. Client B's record was reviewed on 5/5/16 at 11:23 AM. Client B's ISP dated 8/15/15 indicated client B had the following training objectives:</p> <p>-"[Client B] will get on the scale to be weighed weekly on Saturday in the AM</p>		<p>in measurable terms. If documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to correct documentation errors.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete documentation checks a minimum of weekly to ensure that all staff are documenting all consumers goals in measurable terms. If documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to correct documentation errors.</p>	

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	<p>(using) 3 VPs or less in 50% of trials."</p> <p>-"[Client B] will wipe down the table after dinner daily in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client B] will hand the cashier his money once weekly in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client B] will make his bed daily in the AM before medication pass with 3 VPs or less in 50% of trials."</p> <p>-"[Client B] will use his sign language to tell staff good morning in the AM using 3 VPs or less in 50% of trials."</p> <p>Client B's APSs dated from 3/1/16 through 3/31/16 indicated client B's goals had been completed. The APSs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives.</p> <p>3. Client C's record was reviewed on 5/5/16 at 11:00 AM. Client C's ISP dated 5/20/15 indicated client C had the following training objectives:</p> <p>-"Daily in the AM, [client C] will swish his mouth rinse for 30 seconds before spitting it out with 3 VPs or less in 40%</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226
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	<p>of trials."</p> <p>-"[Client C] will take a drink of water or juice between bites of his breakfast in the AM and his dinner in the PM using 3 VPs or less in 50% of trials."</p> <p>-"[Client C] will brush and floss his teeth 3 times daily (sic) AM, after dinner and at bedtime with 3 VPs or less in 50% of trials."</p> <p>-"[Client C] will choose a healthy snack from the newspaper once per week with 3 VPs or less in 50% of trials."</p> <p>-"[Client C] will make sure he has re-locked his window in his room daily before leaving on transport with 3 VPs or less in 50% of trials."</p> <p>Client C's APSs dated from 3/1/16 through 3/31/16 indicated client C's goals had been completed. The APSs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives.</p> <p>4. Client D's record was reviewed on 5/5/16 at 11:15 AM. Client D's ISP dated 10/9/15 indicated client D had the following training objectives:</p>			

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	<p>-"[Client D] will come to the med area to take his med's in the AM and PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will cook a side dish in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will use deodorant once in the AM and PM during med pass with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will choose an Ensure to drink with breakfast and dinner daily with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will straighten his closet once weekly in the PM on Fridays with 3 VPs or less in 50% of trials."</p> <p>Client D's APSs dated from 3/1/16 through 3/31/16 indicated client D's goals had been completed. The APSs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives.</p> <p>AD (Area Director) #1 was interviewed on 5/5/16 at 12:22 PM. AD #1 indicated clients A, B, C and D's formal training objective trials should be documented in measurable terms as described in each goal's criteria.</p>			

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W 0286 Bldg. 00	<p>This deficiency was cited on 3/8/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used for disciplinary purposes.</p> <p>Based on record review and interview for 1 of 4 sampled clients (C), the facility failed to ensure staff did not use punitive techniques to address client C's behavior.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 5/2/16 at 2:54 PM. The review indicated the following:</p> <p>-BDDS report dated 3/18/16 indicated, "[Staff #4] reported to [PC (Program Coordinator) #1] that while on morning transport she saw the second staff, [staff #3], slap [client C]."</p> <p>-Investigation Summary dated 3/22/16 indicated the following:</p> <p>-Interview with PC #1 indicated, "[Staff</p>	W 0286	<p>Staff involved with the incident when Client C's rights were violated by restricting him from eating breakfast with his housemates and implementing consequences for behaviors not listed in his Behavior Support Plan received corrective action.</p> <p>All direct care staff received retraining on Client C's BSP including not implementing interventions/consequences for behaviors that were not in the plan or that violated Client C's rights. The Indiana Mentor Rights and Responsibilities Statement was reviewed with all staff. All staff were asked to sign a copy to show that they had reviewed the document and understand that it needed to be followed at all times.</p> <p>Ongoing QIDP and/or Program Coordinator will complete trainings on all consumers Behavior Support Plans a</p>	06/09/2016

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	<p>#4] reported [staff #3] made [client C] stand in the corner by pushing his face into the corner and while on the van she 'heard' [staff #3] take off her belt as [staff #3] said, 'I'm going to hit him.'</p> <p>-Interview with staff #4 indicated, "[Staff #3] made [client C] sit on his bed because he kept 'playing' in the water. When [client C] would not stay on his bed she made him stand in the corner with his face toward the wall. When [client C] would attempt to move away from the corner [staff #3] forced his face back into the corner." Interview with staff #4 indicated, "[Staff #3] did not allow [client C] to eat breakfast with [peers]. [Staff #3] provided [client C] with a cookie bar and a glass of juice as he stood in the corner."</p> <p>-Interview with staff #3 indicated, "Had [client C] stand near the entrance to (the) kitchen to keep an eye on him and redirected him to stay there when he tried to leave the area. Did not force [client C] in the corner, said [client C] was turning and moving around, but she did not force his face into the corner. [Client C] hit [unknown peer]. She informed [client C] he could not sit with the others because he hit [unknown peer]. She did not allow [client C] to eat breakfast at the table because of his behaviors. She did tell</p>		<p>minimum of annually and more often as needed if updated/changed to ensure all staff are familiar with plans and do not implement consequences/interventions that are not listed in consumers Behavior Support Plans.</p> <p>Responsible Party: QIDP, Behavior Specialist, Program Coordinator</p>	

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	<p>[staff #4], [client C] could not sit at the table with the others. [Client C] had a cookie bar and glass of juice."</p> <p>-Evidence supports [staff #3] violated [client C's] rights by restricting him from having a nutritious breakfast."</p> <p>AD (Area Director) #1 was interviewed on 5/5/16 at 12:22 PM. AD #1 indicated staff #3 implemented consequences for client B's behaviors that were not outline in client C's behavior plan.</p> <p>Client C's record was reviewed on 5/5/16 at 11:00 AM. Client C's BSP (Behavior Support Plan) dated 5/20/15 did not indicate client C should be restricted from eating breakfast with his housemates during behavioral episodes.</p> <p>9-3-5(a)</p>			