

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G518	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/21/2014
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 10/14/14, 10/15/14, 10/16/14 and 10/21/14.</p> <p>Facility Number: 001032 Provider Number: 15G518 AIMS Number: 100245240</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/30/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<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 3 of 4 sampled clients (#1,</p>	W000159	<b>CORRECTION:</b>	11/20/2014

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>#2 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1 and #4's active treatment programs by failing to ensure clients #1 and #4's guardians participated in the development of their ISPs, to ensure client #2's ISP (Individual Support Plan) addressed client #2's basic training needs in regards to OH (Oral Hygiene) and to provide an aggressive and well executed OH training program regarding client #4's OH and failed to ensure staff implemented client #1's ISP objectives when formal and informal training opportunities existed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The QIDP failed to integrate, coordinate and monitor clients #1 and #4's active treatment programs by failing to ensure clients #1 and #4's guardians participated in the development of their ISPs. Please see W209.</li> <li>2. The QIDP failed to integrate, coordinate and monitor client #2's program by failing to ensure client #2's ISP addressed client #2's basic training needs in regards to OH. Please see W242.</li> <li>3. The QIDP failed to integrate,</li> </ol>		<p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</i></p> <p>Specifically for Clients #1 and #4 the QIDP and Residential Manager will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans.</p> <p>Specifically for Client #2, the QIDP will coordinate the interdisciplinary team process to facilitate development of a revised training program to aggressively address oral hygiene deficits. Direct support staff will receive training toward proper implementation of the revised training program.</p> <p>Specifically, the QIDP will assure that all direct support staff are retrained regarding the need to provide consistent and continuous active treatment for Client #1 including but not limited to offering options for appropriate activities at frequent intervals and training toward prioritized learning</p>	

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	<p>coordinate and monitor client #1's active treatment program by failing to ensure staff implemented client #1's ISP objectives when formal and informal training opportunities existed and failed to ensure an aggressive and well executed OH training program regarding client #4's OH. Please see W249.</p> <p>9-3-3(a)</p>		<p>objectives per the implementation schedule. Additionally, direct support staff will receive training toward Aggressive implementation of client #4's revised oral hygiene training program.</p> <p><b>PERVENTION:</b></p> <p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement</p>		

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W000209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure clients #1 and #4's guardians participated in the in development of their ISPs (Individual Support Plan).</p>	W000209	<p>learning objectives, train toward effective oral hygiene and provide frequent choices of activities. Additionally, members of the Operations Team will conduct active treatment observations on twice monthly basis for the next 90 days to assure staff implement learning objectives and implement behavior supports and risk plans as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b>  <i>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Specifically for</i></p>	11/20/2014

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	<p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/15/14 at 9:52 AM. Client #1's ISP dated 5/23/14 indicated client #1 had a legal guardian. Client #1's 5/23/14 ISP indicated, "I have been involved in the development of my ISP and I agree with this plan. I know I can appeal to the DDAR (Division of Disability, Aging and Rehabilitative Services) if I disagree with how this plan is put into action. Individual for whom this plan was written Signed: (blank) Date: (blank); Guardian of Individual, if applicable, Signed: (blank) Date: (blank)." Client #1's ISP PCP (Person Centered Planning) form dated 4/26/14 did not indicate documentation of client #1's guardian's participation in the development of client #1's ISP. Client #1's PIAA (Program Implementation Approval/Agreement) form dated 5/23/14 did not indicate documentation of client #1's guardian's signature or participation. Client #1's record did not indicate documentation of client #1's guardian's participation in the development of client #1's ISP.</p> <p>2. Client #4's record was reviewed on 10/15/14 at 12:48 PM. Client #4's ISP dated 5/1/14 indicated client #4 had a legal guardian. Client #4's 5/1/14 ISP indicated, "I have been involved in the</p>		<p>Clients #1 and #4 the QIDP and Residential Manager will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of support documents indicated this deficient practice did not affect any additional clients.</p> <p><b>PERVENTION:</b></p> <p>The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with focusing on support plan development and monitoring. The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W000242	<p>development of my ISP and I agree with this plan. I know I can appeal to the DDAR if I disagree with how this plan is put into action. Individual for whom this plan was written Signed: (blank) Date: (blank); Guardian of Individual, if applicable, Signed: (blank) Date: (blank)." Client #4's ISP PCP form dated 5/1/14 did not indicate documentation of client #4's guardian's participation in the development of client #4's ISP. Client #4's PIAA form dated 6/5/14 did not indicate documentation of client #4's guardian's signature or participation. Client #4's record did not indicate documentation of client #4's guardian's participation in the development of client #4's ISP.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 10/15/14 at 2:45 PM. CS #1 indicated clients #1 and #4's guardians should participate in the development of their ISPs.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to,</p>			

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	<p>toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's ISP (Individual Support Plan) addressed client #2's basic training needs in regards to OH (Oral Hygiene).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/15/14 at 11:39 AM. Client #2's DSPR (Dental Summary Progress Report) dated 10/1/13 indicated, "Poor OH (Oral Hygiene)." Client #2's DSPR dated 1/15/14 indicated, "Severe periodontal." Client #2's DSPR dated 4/16/14 indicated, "Moderate -Severe periodontal disease.... New decay detected." Client #2's DSPR dated 7/23/14 indicated, "OH poor. Decay detected. Recommendations and/or further dental procedures indicated: Recommend restorative, 3 month periodontal maintenance. Please assist patient with brushing." Client #2's ISP dated 7/3/14 did not indicate training or objectives to address client #2's dental hygiene needs.</p> <p>CS (Clinical Supervisor) #1 was</p>	W000242	<p><i>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Specifically for Client #2, the team will develop a revised training program to aggressively address oral hygiene deficits. Direct support staff will receive training toward proper implementation of the revised training program. A review of facility support documents indicated this deficient practice did not affect other clients.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment</p>	11/20/2014

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W000249	<p>interviewed on 10/15/14 at 2:45 PM. CS #1 indicated there was not additional documentation regarding an OH training objective for client #2.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>		<p>sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement learning objectives and provide oral hygiene training. Additionally, members of the Operations Team will conduct active treatment observations on twice monthly basis for the next 90 days to assure staff implement learning objectives and implement behavior supports and risk plans as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to implement client #1's ISP (Individual Support Plan) objectives when formal and informal training opportunities existed. The facility failed to ensure an aggressive implementation of client #4's oral hygiene (OH) training program.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 10/14/14 from 4:54 PM through 6:30 PM. At 5:30 PM, staff #2 encouraged client #1 to come to the dining room area to sit down while the evening meal was being prepared. Client #1 was not encouraged to participate in the preparation of the evening meal. Client #1 sat on a couch in the dining room area with a sensory rope twirling and manipulating the string with his hands. At 5:50 PM, staff #2 approached client #1 and asked him if he was okay and then returned to the evening meal preparations with clients #2 and #6. Client #1 was not encouraged to assist with the evening meal preparation and</p>	W000249	<p><b>CORRECTION:</b></p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Specifically, all direct support staff will be retrained regarding the need to provide consistent and continuous active treatment for Client #1 including but not limited to offering options for appropriate activities at frequent intervals and training toward prioritized learning objectives per the implementation schedule. Additionally, direct support staff will receive training toward Aggressive implementation of client #4's revised oral hygiene training program. Administrative Team observation of active treatment determined that this deficient practice did not affect additional clients.</i></p>	11/20/2014

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	<p>remained seated on the couch with his sensory rope. At 6:11 PM, staff #1 entered the kitchen area and stated, "[Client #1] is a mechanical soft. We put his in the food processor." Staff #1 then placed client #1's meal which consisted of baked fish and tossed salad in the food processor. Client #1 was not encouraged to participate in preparing his food in the food processor. At 6:13 PM, staff #1 encouraged client #1 to join his housemates at the dining room table. Staff #1 then placed portions of pureed food on client #1's divided plate, placed his salad in a bowl, added condiments to his salad and fish and pour juice in his cup. Client #1 was not encouraged to serve himself portions of food, pour his drink or put condiments on his fish or salad.</p> <p>Client #1's record was reviewed on 10/15/14 at 9:52 AM. Client #1's ISP (Individual Support Plan) dated 5/23/14 indicated, "[Client #1] will participate in meal preparation. [Client #1] will participate in preparing his meals at meal times. Direct observation from staff at the group home indicates that [client #1] needs reminders to participate in his meal preparation." Client #1's 5/23/14 ISP indicated, "Given skills training and 3 verbal prompts, [client #1] will prepare his meals 50% of the time for 3</p>		<p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement learning objectives and provide frequent choices of activities. Additionally, members of the Operations Team will conduct active treatment observations on twice monthly basis for the next 90 days to assure staff implement learning objectives and implement behavior supports and risk plans as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support</p>	

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	<p>consecutive months."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 10/15/14 at 2:45 PM. CS #1 indicated staff should implement client #1's meal objective during formal and informal opportunities.</p> <p>2. Client #4's record was reviewed on 10/15/14 at 12:48 PM. Client #4's Dental Summary Progress Report (DSPR) dated 10/9/13 indicated, "Lip lesion. OH poor; moderate to severe periodontal disease. Tooth mobility present." Client #4's DSPR dated 6/17/14 indicated, "OH: extremely poor. OH: Brushing gingival tissue red and inflamed. Moderate to severe periodontal disease. Recommend spinbrush. Heavy plaque and interproximal (sic) food impaction." Client #4's DSPR dated 7/14/14 indicated, "Recommend: extraction of tooth #5." Client #4's DSPR dated 7/23/14 indicated, "Severe periodontal disease. Teeth and gums very sensitive. OH extremely poor (and) red gums. Very heavy plaque. Several mobile teeth." The 7/23/14 DSPR indicated, "Recommend extraction including #3, #4, #5. Future extraction to periodontal disease #23 and #32." Client #4's DSPR dated 8/5/14 indicated, "Extraction of three teeth."</p> <p>Client #4's ISP dated 5/1/14 indicated</p>		Staff, Operations Team				

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W000351	<p>client #4 had an OH training objective. Client #4's DSPR's dated 10/9/13, 6/17/14, 7/14/14, 7/23/14 and 8/5/14 did not indicate aggressive implementation of client #4's OH training objective.</p> <p>CS #1 was interviewed on 10/15/14 at 2:45 PM. CS #1 indicated client #4's OH training programs should be aggressively implemented.</p> <p>9-3-4(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 received a dental examination within 30 days of his admission.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/15/14 at 9:52 AM. Client #1's ISP</p>	W000351	<p><b>CORRECTION:</b></p> <p><i>Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed</i></p>	11/20/2014

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	<p>(Individual Support Plan) dated 5/23/14 indicated client #1 had been admitted to the group home on 4/26/14. Client #1's record indicated client #1 was edentulous (no teeth). Client #1's record did not indicate documentation of a gum assessment for client #1.</p> <p>RN (Registered Nurse) #1 was interviewed on 10/15/14 at 2:30 PM. RN #1 indicated client #1 should have a gum screening assessment.</p> <p>9-3-6(a)</p>		<p><i>within twelve months before admission</i>). Specifically, the facility has scheduled and will obtain a dental examination for Client #1. An audit of facility medical charts indicated this deficient practice did not affect any additional clients.</p> <p><b>PERVENTION:</b></p> <p>The facility nurse will maintain a tracking grid for all clients, including new admission, to assure that routine and initial medical assessments, including but not limited to dental examinations, occur within required time frames. Supervisory staff will review medical charts and remain in communication with nursing staff throughout the 30-day assessment period to assure initial medical assessments occur as required. Members of the Operations Team and nursing staff will incorporate medical chart reviews for all new admissions to provide follow-up with facility supervisors to assure initial medical assessments occur as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Health Services Team, Operations Team</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G518	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/21/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8217 LIEBER RD INDIANAPOLIS, IN 46260
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W000474	<p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to implement client #1's dietary orders.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/14/14 from 4:54 PM through 6:30 PM. At 6:11 PM, staff #1 entered the kitchen area and stated, "[Client #1] is a mechanical soft. We put his in the food processor." Staff #1 then placed client #1's meal which consisted of baked fish and tossed salad in the food processor. At 6:13 PM, staff #1 encouraged client #1 to join his housemates at the dining room table. Staff #1 then placed portions of pureed food on client #1's divided plate, placed his salad in a bowl, added condiments to his salad and fish and pour juice in his cup.</p> <p>Client #1's record was reviewed on 10/15/14 at 9:52 AM. Client #1's Physician's Orders form dated 9/19/14 indicated, "Dietary Orders: Mechanical soft with ground meats... food cut into small pieces, soaked bread/cookies/crackers." Client #1's</p>	W000474	<p><b>CORRECTION:</b></p> <p><i>Food must be served in a form consistent with the developmental level of the client. Specifically, all facility staff have been formally retrained regarding preparation of modified texture diets, including but not limited to Client #1's mechanical soft diet.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement diets and dining plans as ordered. Additionally, members of the Operations Team will conduct active treatment observations on</p>	11/20/2014

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W000488	<p>record did not indicate client #1's food should be pureed.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 10/15/14 at 2:45 PM. CS #1 indicated dietary orders should be implemented.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 participated in all aspects of meal preparation to the extent of his capabilities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/14/14 from 4:54 PM through 6:30 PM. At 5:30 PM, staff #2 encouraged client #1 to come to the dining room area to sit down while the evening meal was being prepared. Client</p>	W000488	<p>twice monthly basis for the next 90 days to assure staff implement diets and dining plans as ordered. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b> <i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained regarding the need to assure Client #1 is encouraged to participate in meal preparation and family style dining. Administrative Team observation of active treatment determined that this deficient practice did not affect additional clients.</i></p> <p><b>PREVENTION:</b> The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe</p>	11/20/2014

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	<p>#1 was not encouraged to participate in the preparation of the evening meal. Client #1 sat on a couch in the dining room area with a sensory rope twirling and manipulating the string with his hands. At 5:50 PM, staff #2 approached client #1 and asked him if he was okay and then returned to the evening meal preparations with clients #2 and #6. Client #1 was not encouraged to assist with the evening meal preparation and remained seated on the couch with his sensory rope. At 6:11 PM, staff #1 entered the kitchen area and stated, "[Client #1] is a mechanical soft. We put his in the food processor." Staff #1 then placed client #1's meal which consisted of baked fish and tossed salad in the food processor. Client #1 was not encouraged to participate in preparing his food in the food processor. At 6:13 PM, staff #1 encouraged client #1 to join his housemates at the dining room table. Staff #1 then placed portions of pureed food on client #1's divided plate, placed his salad in a bowl, added condiments to his salad and fish and pour juice in his cup. Client #1 was not encouraged to serve himself portions of food, pour his drink or put condiments on his fish or salad.</p> <p>Client #1's record was reviewed on 10/15/14 at 9:52 AM. Client #1's ISP</p>		<p>and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring clients participate in all stages of the meal preparation process as well as family style dining. Additionally, members of the Operations Team will conduct active treatment observations on twice monthly basis for the next 90 days to assure clients participate in all stages of the meal preparation process as well as family style dining. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>(Individual Support Plan) dated 5/23/14 indicated, "[Client #1] will participate in meal preparation. [Client #1] will participate in preparing his meals at meal times. Direct observation from staff at the group home indicates that [client #1] needs reminders to participate in his meal preparation."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 10/15/14 at 2:45 PM. CS #1 indicated client #1 should participate in all aspects of his meal preparation.</p> <p>9-3-8(a)</p>				