STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G653	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE BELT ARC INC	1118 22ND ST BEDFORD, IN 47421

(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. Survey dates: May 23, 24, 28 and 29, 2013. Facility Number: 001094 Provider Number: 15G653 AIM Number: 100235630 Survey Team: Steven Schwing, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/5/13 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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W000149	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 23 incident reports reviewed affecting client #5, the facility neglected to implement its policies and procedures addressing client to client abuse to immediately notify the administrator, report the incident to the Bureau of Developmental Disabilities Services (BDDS) and failed to conduct an investigation. Findings include: A review of the facility's incident reports was conducted on 5/23/13 at 2:27 PM. On 2/12/13 at 3:15 PM, client #5 pushed a male peer at the facility-operated day program. The peer tripped over a cleaning cart and fell on his back. The peer indicated he was not injured. There was no documentation the administrator was notified. There was no documentation the facility submitted a BDDS report. There was no documentation the incident was investigated. A review of the facility's abuse and neglect policy, dated 10/17/11, was conducted on 5/23/13 at 2:23 PM. The	W000149	**W149 STAFF TREATMENT OF CLIENTS** Staff were retrained on Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident Reporting (Attachment #1 and 1A) at the meeting on June 14, 2013. This will include the QMRP Coordinator. QMRP Coordinator will assure that any Client to Client aggression is reviewed utilizing Stone Belt Inquiry of Client to Client Aggression Report. (Attachment # 2) **Responsible Person:**	06/28/2013

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	policy indicated, "Abuse and neglect are never acceptable. Abuse is defined as the willful/purposeful infliction of physical or emotional pain, injury, physical violation, revilement, malignment, exploitation and/or otherwise disregard of an individual. Neglect is the failure to provide appropriate care, food, medical care or supervision of an individual, whether purposeful or due to carelessness, inattentiveness, or omission of the responsible party which results in risk of physical harm and/or emotional trauma." The policy indicated, "Cases or suspected cases of mistreatment/neglect/abuse involving the implementation of behavioral intervention techniques or any incident involving the use of physical intervention, accident or injury to a Client shall be reported according to the Incident Reporting Procedure. The Executive Director will be notified in accordance with this procedure. A file of these Incident Reports shall be maintained by the appropriate agency personnel. This file is accessible to the Chairperson of the Human Rights Committee for review upon request. An investigation of any incident may be requested by a client, parent/guardian, advocate, staff member, or other involved party." An interview with the Program Coordinator (PC) was conducted on		QMRP Coordinator **Date of Completion:** June 14, 2013 **Plan of Prevention:** Stone Belt Director of Group Homes will review all incident Reports to assure any client to client aggression is being reviewed appropriately. Documentation will be kept to assure all such incidents are addressed within 5 working days. QMRP Coordinator will assure that all staff working in the home are trained on the Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident	

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	5/28/13 at 1:32 PM. The PC indicated she did not recall the incident. On 5/28/13 at 2:43 PM, the PC indicated in an email in regard to an investigation being conducted, "No, this went thru (sic) employment. I had not even signed off on it, so it missed me completely and yes, one should have been done." On 5/29/13 at 12:31 PM, the PC indicated the incident should have been reported to BDDS within 24 hours. The PC indicated the Director should have been notified. 9-3-2(a)		Reporting policy. **Quality Assurance Monitoring:** Stone Belt Director of Group Homes will review all incident reports to assure policy is being followed. Stone Belt policy on Prevention of Abuse an Neglect and Incident Reporting is trained annually as well as with new hires during initial orientation. QMRP Coordinator and other administrative staff will conduct visits to the home, both announced and unannounced to assure appropriate reporting of incidents.	

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W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 23 incident reports reviewed affecting client #5, the facility failed to immediately notify the administrator and report an incident to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law. Findings include: A review of the facility's incident reports was conducted on 5/23/13 at 2:27 PM. On 2/12/13 at 3:15 PM, client #5 pushed a male peer at the facility-operated day program. The peer tripped over a cleaning cart and fell on his back. The peer indicated he was not injured. There was no documentation the administrator was notified. There was no documentation a BDDS report was submitted. An interview with the Program Coordinator (PC) was conducted on 5/28/13 at 1:32 PM. The PC indicated she did not recall the incident. On	W000153	**W153 STAFF TREATMENT OF CLIENTS** **Plan of Correction:** Staff were retrained on Stone Belt Prevention of Abuse and Neglect/Client Rights And Incident Reporting (Attachment #1 and 1A) at the meeting on June 14, 2013. This will include the Coordinator (Attachment # 3) QMRP Coordinator will assure that any client To client aggression is reviewed utilizing the Stone Belt Inquiry of Client to Client	06/28/2013

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	5/29/13 at 12:31 PM, the PC indicated the incident should have been reported to BDDS within 24 hours. The PC indicated the Director should have been notified. 9-3-2(a)		Aggression Report (Attachment # 2) **Responsible Person:** QMRP Coordinator **Date of Completion:** June 28, 2013 **Plan of Prevention:** Stone Belt Director of Group Homes will review all Incident Reports to assure any client to client aggression is being reviewed appropriately. Documentation will be kept to assure all such incidents are addressed within 5 working days. QMRP Coordinator will assure that all staff working in the home are	

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			trained on the Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident Reporting policy. **Quality Assurance Monitoring:** Stone Belt Director of Group Homes will review all incident reports to assure policy Is being followed. Stone Belt staff are trained annuually on Incident Reporting. Also, all new hires review reporting during orientation training. QMRP Coordinator and other administrative staff will conduct visits to the home, both announced and unannounced to assure appropriate reporting	

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W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 23 incident reports reviewed affecting client #5, the facility failed to conduct an investigation of client to client abuse. Findings include: A review of the facility's incident reports was conducted on 5/23/13 at 2:27 PM. On 2/12/13 at 3:15 PM, client #5 pushed a male peer at the facility-operated day program. The peer tripped over a cleaning cart and fell on his back. The peer indicated he was not injured. There was no documentation the incident was investigated. An interview with the Program Coordinator (PC) was conducted on 5/28/13 at 1:32 PM. The PC indicated she did not recall the incident. On 5/28/13 at 2:43 PM, the PC indicated in an email in regard to an investigation being conducted, "No, this went thru (sic) employment. I had not even signed off on it, so it missed me completely and yes, one should have been done." 9-3-2(a)	W000154	**W154 STAFF TREATMENT OF CLIENTS** **Plan of Correction:** Stone Belt will ensure that all violations are thoroughly investigated and staff are trained accordingly. Staff will be retrained on Stone Belt Prevention of Abuse and Neglect/Client Rights Incident Reporting (Attachment #1 and 1A) at meeting on June 14, 2013. This will include the Coordinator (Attachment # 3) Stone Belt has initiated a new Client to Client Aggression Report that was reviewed and trained on May 29, 2013.	06/28/2013

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			(Attachment # 2A) QMRP Coordinator will assure that any client To client aggression is reviewed utilizing the Stone Belt Inquiry of Client to Client Aggression Report (Attachment # 2) **Responsible Person:** QMRP Coordinator **Date of Completion:** June 28, 2013 **Plan of Prevention:** Stone Belt Director of Group Homes will review all incident Reports to assure any client to client aggression is being reviewed appropriately. Documentation will be kept to	

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			assure all such incidents are addressed within 5 working days. QMRP Coordinator will assure that all staff working in the home are trained on the Stone Belt Prevention of Abuse and Neglect/Client Rights and Incident Reporting policy. **Quality Assurance Monitoring:** Stone Belt Director of Group Homes will review all incident reports to assure policy is being followed utilizing the new report tool. QMRP Coordinator and other	

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			administrative staff will conduct visits to the home, both announced and unannounced to assure appropriate reporting of incidents.	

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W000210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 1 of 3 clients in the sample (#6), the facility failed to reassess client #6's coughing during meals. Findings include: An observation was conducted at the group home on 5/24/13 from 5:49 AM to 7:52 AM. At 6:50 AM, client #6 started to eat his breakfast with supervision from staff #11. Client #6 took a drink of thickened water using a straw and then coughed several times. At 7:05 AM, client #6 took more than a sip (large mouthful) to drink and coughed several times. Client #6, while coughing, tried to grab the serving container with cereal; he was redirected by staff #11. Client #6 coughed for 1 minute and 30 seconds following the drink of the thickened juice. A review of client #6's record was conducted on 5/28/13 at 10:03 AM. Client #6's diet order, dated 3/26/13, indicated he was on a mechanical soft diet with ground meats and nectar thickened fluids using a straw with single sips.	W000210	**W210 INDIVIDUAL PROGRAM PLAN** **Plan of Correction:** House Staff were trained on Stone Belt Coughing Tracking (Attachment # 4 and 4A) and Risk PlanChanges (Attachment# 5 and 5A) at the House Meeting on June 3, 2013/ QMRP Coordinator and Nurse will assure that any coughing during meals is reviewed utilizing the Coughing Tracking Form. **Responsible Person:**	06/28/2013

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	Client #6's most recent swallow study, conducted on 5/7/10, indicated he was on a mechanical soft diet with ground meat with gravy. The swallow study indicated he was at high risk for aspiration of thin liquids and mild risk for aspiration on solids. The study indicated nectar thickened liquids with straw, single sips. Client #6's risk plan for choking, dated 5/23/13, indicated he was at risk for choking due to his fast rate of food intake with minimal chewing. There was no documentation in client #6's record indicating his food and fluid intake had been assessed since 5/7/10. There was no documentation in his record indicating the nurse or administrative staff assessed his mealtime intake of food and fluids. An interview with the Home Manager (HM) was conducted on 5/29/13 at 12:58 PM. The HM indicated client #6 coughed 2-3 times during every meal, usually after taking a drink. The HM indicated client #6 had not been assessed for 3 years since he choked on ham. The HM indicated client #6 may benefit from having another assessment. An interview with the Program Coordinator (PC) was conducted on 5/28/13 at 1:32 PM. The PC indicated she was not aware of client #6 choking during the past year. The PC indicated		QMRP Coordinator **Date of Completion:** June 3, 2013 **Plan of Prevention:** Stone Belt Nurse will review all Coughing Tracking forms and that all episodes are reviewed and addressed appropriately. QMRP Coordinator will assure that all staff working in the home are trained on the Coughing tracking protocol. **Quality Assurance Monitoring:** Stone Belt Director of Group	

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	client #6's swallowing had not been assessed recently. The PC indicated his choking plan had not been discussed recently. The PC indicated there was no documentation or tracking of signs of aspiration. The PC indicated client #6 should be reassessed. An interview with the nurse was conducted on 5/28/13 at 2:27 PM. The nurse stated client #6 "usually eats okay." The nurse indicated the current plan was in place when she started over a year ago. The nurse indicated client #6 ate too fast and needed prompts to slow down. The nurse indicated she had never observed him coughing during a meal. The nurse indicated there have been no reported choking incidents in the past year. The nurse indicated client #6 may need another swallow study. The nurse stated, "Wouldn't hurt to have another swallow study." 9-3-4(a)		Homes will review all coughing episodes to assure the protocol is being followed. Support Team will continue to monitor for coughing episodes and follow up with primary care physician as necessary.	

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W000240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 3 clients in the sample (#6), the facility failed to ensure his risk plan for choking included notifying the nurse of signs/symptoms of dysphagia (difficulty in swallowing), on-going monitoring of meals by administrative staff and the nurse, and instructions for staff to document signs/symptoms of dysphagia. Findings include: An observation was conducted at the group home on 5/24/13 from 5:49 AM to 7:52 AM. At 6:50 AM, client #6 started to eat his breakfast with supervision from staff #11. Client #6 took a drink of thickened water using a straw and then coughed several times. At 7:05 AM, client #6 took more than a sip (large mouthful) to drink and coughed several times. Client #6, while coughing, tried to grab the serving container with cereal; he was redirected by staff #11. Client #6 coughed for 1 minute and 30 seconds following the drink of the thickened juice. A review of client #6's record was conducted on 5/28/13 at 10:03 AM.	W000240	**W240 INDIVIDUAL PROGRAM PLAN** **Plan of Correction:** House Staff were retrained on Stone Belt Coughing Tracking (Attachment # 4) and Risk PlanChanges (Attachment# 5) at the House Meeting on 6-3-13. QMRP Coordinator and Nurse will assure that any coughing during meals is reviewed utilizing the Coughing Tracking Form. **Responsible Person:**	06/28/2013

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	Client #6's diet order, dated 3/26/13, indicated he was on a mechanical soft diet with ground meats and nectar thickened fluids using a straw with single sips. Client #6's most recent swallow study, conducted on 5/7/10, indicated he was on a mechanical soft diet with ground meat with gravy. The swallow study indicated he was at high risk for aspiration of thin liquids and mild risk for aspiration on solids. The study indicated nectar thickened liquids with straw, single sips. Client #6's risk plan for choking, dated 5/23/13, indicated he was at risk for choking due to his fast rate of food intake with minimal chewing. There was no documentation in client #6's record indicating his food and fluid intake had been assessed since 5/7/10. There was no documentation in his record indicating the nurse or administrative staff assessed his mealtime intake of food and fluids. There was no plan for administrative staff and the nurse to conduct on-going monitoring of client #6's intake. There was no plan for direct care staff to contact the nurse to notify of issues observed during a meal. There was no plan for staff to document issues and concerns noted during meals for client #6. An interview with client #6's guardian was conducted on 5/24/13 at 10:52 AM. The guardian indicated he was worried		QMRP Coordinator **Date of Completion:** June 28, 2013 **Plan of Prevention:** Stone Belt Nurse will review all Coughing Tracking forms and that all episodes are reviewed and addressed appropriately. QMRP Coordinator will assure that all staff working in the home are trained on the Coughing tracking protocol. **Quality Assurance Monitoring:** Stone Belt Director of Group	

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	about client #6 choking. The guardian indicated choking was a long term issue of concern to him. The guardian indicated client #6 did not swallow well, would take two or three bites and get clogged up. The guardian stated the group home was "vigilant" with their supervision of client #6 but choking was a concern. An interview with the Home Manager (HM) was conducted on 5/29/13 at 12:58 PM. The HM indicated client #6 coughed 2-3 times during every meal, usually after taking a drink. An interview with the Program Coordinator (PC) was conducted on 5/28/13 at 1:32 PM. The PC indicated she was not aware of client #6 choking during the past year. The PC indicated client #6's swallowing had not been assessed recently. The PC indicated his choking plan had not been discussed recently. The PC indicated there was no documentation or tracking of signs of aspiration. An interview with the nurse was conducted on 5/28/13 at 2:27 PM. The nurse stated client #6's "usually eats okay." The nurse indicated the current plan was in place when she started over a year ago. The nurse indicated client #6		Homes will review all coughing episodes to assure the protocol is being followed. Support Team will continue to monitor and address any changes with the primary care physician. QMRP Coordinator and other administrative staff will conduct visits to the home, both announced and unannounced to assure appropriate reporting of incidents.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G653	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/29/2013

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	ate too fast and needed prompts to slow down. The nurse indicated she had never observed him coughing during a meal. The nurse indicated there have been no reported choking incidents in the past year. The nurse indicated client #6 may need another swallow study. The nurse stated, "Wouldn't hurt to have another swallow study." A follow-up interview with the nurse was conducted on 5/29/13 at 9:52 AM. The nurse indicated the plan should contain information for when to document signs/symptoms of dysphagia, when to contact the Coordinator or nurse, and monitoring by administrative staff of client #6's meals. The nurse indicated if there was a problem, the direct care staff would email her. The nurse indicated the email notifications were not part of client #6's record. 9-3-4(a)			

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	15G653		05/29/2013

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W000440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 6 of 6 clients living at the group home (#1, #2, #3, #4, #5 and #6), the facility failed to conduct quarterly evacuation drills for each shift. Findings include: A review of the facility's evacuation drills was conducted on 5/24/13 at 7:22 AM. The day shift (6:00 AM to 2:00 PM) did not have drills conducted from 8/3/12 to 1/29/13. The evening shift (2:00 PM to 10:00 PM) had one drill from 5/24/12 to 5/24/13 on 11/29/12. The night shift (10:00 PM to 6:00 AM) did not have drills conducted from 6/15/12 to 12/20/12. This affected clients #1, #2, #3, #4, #5 and #6. An interview with the Program Coordinator (PC) was conducted on 5/28/13 at 1:32 PM. The PC indicated there should be one drill per shift per quarter. An interview with the Director was conducted on 5/28/13 at 12:05 PM. The Director indicated there should be one drill per shift per quarter.	W000440	**W440 EVACUATION DRILLS** **Plan of Correction:** House Staff will be retrained on Evacuation Drills (Attachment # 6) QMRP Coordinator and Director will assure that all Evacuation Drills are completed as they are scheduled. (Attachement # 7) **Responsible Person:** QMRP Coordinator	06/14/2013

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	9-3-7(a)		**Date of Completion:** June 14, 2013 **Plan of Prevention:** Stone Belt QMRP will review all Evacuation Drills as they are completed. Drills will be entered into the tracking system to ensure all drills are completed QMRP Coordinator will assure that all staff working in the home are trained on Evacuation Drills. **Quality Assurance Monitoring:** Stone Belt Director of Group Homes will review all Evacuation Drills to assure the protocol is being	

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			followed. QMRP Coordinator and other administrative staff will review monthly drill implementation to assure appropriate Evacuation Drills are being conducted.	

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W000488	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 and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the clients served themselves during meals and participated in meal preparation. Findings include: Observations were conducted at the group home on 5/23/13 from 4:10 PM to 5:51 PM and 5/24/13 from 5:49 AM to 7:52 AM. On 5/23/13 at 4:33 PM, staff #10 made a pitcher of juice and put it in the fridge. Staff #10 put placemats on the table with client #1 following him. At 4:55 PM, staff #10 stirred baked beans warming up on the stove. At 5:00 PM, staff #10 used the food processor to puree food. Staff #10 washed the food processor. At 5:08 PM, staff #10 rearranged the food cooking in the oven. At 5:14 PM, staff #10 used the food processor and then emptied it onto plates. At 5:18 PM, staff #10 took french fries off the cooking sheet and pureed some of them. At 5:29 PM, client #5 was given his plate with pureed food. At 5:34 PM, staff #10 put thickener in client #6's juice and staff #10 stirred it. Staff #3 poured	W000488	**W488 DINING AREAS AND SERVICE** **Plan of Correction:** House Staff will be retrained on Active Treatment during meals. (Attachment # 8) QMRP Coordinator and Director will assure that Active Treatment is taking place during everyl meal. **Responsible Person:** QMRP Coordinator **Date of Completion: June 1**,	06/01/2013

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	client #4's milk. Staff #10 served client #3 chicken nuggets and french fries. Staff #10 served client #6's fries. Staff #10 used client #6's rocker knife to cut client #6's chicken. At 5:39 PM, staff #10 cut up client #3's nuggets and fries. Staff #10 poured client #3's milk. Staff #10 put catsup on client #3 and #6's fries. At 5:41 PM, staff #3 served client #4's catsup. On 5/24/13 at 5:58 AM, staff #6 put client #2's toaster strudels in the toaster. At 6:50 AM, staff #11 poured client #6's juice. At 6:52 AM, staff #11 put thickener in client #6's juice and stirred. Staff #11 poured Silk milk into client #6's cereal. At 6:58 AM, staff #11 cut up client #3's toaster strudel with client #3's rocker knife. At 7:00 AM, staff #11 poured client #6 more juice. Staff #11 put thickener into client #6's juice and stirred. At 7:09 AM, staff #6 carried client #1's oatmeal and toaster strudel to the table where client #1 was sitting. At 7:16 AM, staff #3 poured client #3 more milk. At 7:33 AM, staff #3 pulled client #1, #2, #3, #4, #5 and #6's lunches from the refrigerator. Staff #3 put the food from the refrigerator into the clients' lunchboxes. An interview with the Program Coordinator (PC) was conducted on 5/28/13 at 1:32 PM. The PC indicated the staff should be prompting the clients to do		2013 **Plan of Prevention:** QMRP Coordinator will monitor during house visits to assure Active Treatment is taking place during each meal to promote independence consistent with his or her Developmental level. **Quality Assurance Monitoring:** Stone Belt Director of Group Homes will review all house visits to assure any problems are noted during QMRP Coordinator house visits.	

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	as much meal preparation and serving themselves as possible. The PC indicated if the client was unable to serve themselves independently, the staff should use hand over hand prompting. The PC indicated the staff should not be serving the clients. The PC indicated the clients should be involved with preparing their lunches and using the food processor. An interview with the Director was conducted on 5/28/13 at 12:05 PM. The Director indicated the clients were able to serve themselves to some extent. The Director indicated the clients should receive prompting from the staff to serve themselves and receive assistance as needed to complete the task. The Director indicated the staff should not be serving the clients. The Director indicated the clients should be involved in meal preparation and using the food processor. The Director stated the clients should be "actively engaged." The Director stated the clients should be involved with lunch preparation and "We're doing too much for them." 9-3-8(a)		QMRP Coordinator and other administrative staff will conduct visits to the home, both announced and unannounced to assure Active Treatment is taking place.	