

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G333	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/02/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4208 W GARVER ST MUNCIE, IN 47305
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W 000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 3/26, 3/27, 3/30, 3/31, 4/1 and 4/2/2015.</p> <p>Facility Number: 000851 Provider Number: 15G333 AIMS Number: 100243880</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 4 of 4 clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7) who lived in the group home, the governing body failed to exercise operating direction over the facility to complete maintenance and repairs.</p> <p>Findings include:</p>	W 104	<p><b>W104</b> –Thegoverning body will exercise general policy, budget, and operating directionover the facility. A new living roomcouch and chair have been ordered to replace the worn items in the home. The table will be refinished. The Residential Manager or designee willcomplete the group home environmental checklist on a monthly basis to includethe condition of the furniture. Workorders will be generated for any item that requires one. TheQIDP and RM will complete</p>	05/02/2015

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>During observations on 3/26/15 from 6:10am until 8:20am, and from 2:55pm until 5:45pm at the group home, clients #1, #2, #3, #4, #5, #6, and #7 walked throughout the group home and accessed each room. The following was observed with the RM (Residential Manager), Group Home Staff (GHS) #1, GHS #2, GHS, #3, and GHS #7:</p> <p>-On 3/26/15 at 3:20pm, GHS #7 and the RM both indicated one of two chairs and one of two sofas in the living room had the vinyl fabric worn and the inside padding of the chair and sofa could be seen.</p> <p>-On 3/26/15 at 3:40pm, the RM, GHS #2, and GHS #3 indicated the dining room table wood finish was worn. The RM stated items such as napkins, plates, and paper products "stuck" to the table where the worn wood finish had "become sticky."</p> <p>The RM and GHS #2 indicated clients #1, #2, #3, #4, #5, #6, and #7 used the dining room table for activities and eating meals. The RM indicated the wood grain on the table was exposed.</p> <p>On 3/27/15 at 10:30am, the facility's maintenance items to be repaired and/or replaced were requested from the Clinical</p>		<p>active habilitation observations twice weekly to include environmental/maintenance issues. A member of the Operations team comprised of Clinical Supervisors, Program Manager, Nurse Manager, Executive Director and the QIDP will complete a quarterly check for the next 6 months. At the end of this period the team will determine the level of support needed.</p>	

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W 149 Bldg. 00	<p>Supervisor (CS). There was none available for review.</p> <p>An interview with the CS was conducted on 3/30/15 at 6:49pm. At 6:49pm, CS indicated clients #1, #2, #3, #4, #5, #6, and #7's group home had identified maintenance needs and needed repairs. The CS indicated the dining room table, living room sofa, and living room chair had maintenance/repair needs and the items had not been repaired. The CS indicated there were no maintenance records.</p> <p>9-3-1(a)</p> <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 observation, record review, and interview, for 2 of 4 sampled clients (clients #2 and #3) for 6 of 22 BDDS (Bureau of Developmental Disabilities Services) reports reviewed for client to client physical aggression, the facility neglected to implement its Abuse, Neglect, and/or Mistreatment policy and procedure to protect clients #2 and #3 from the potential of further abuse, neglect, and/or mistreatment and to ensure staff</p>	W 149	<p><b>W149</b> – The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The QIDP will receive training on fully completing the IDT Review of Behavior document to include the date of the review, as well as training to include documenting approval of all uses of physical restraint in the ISP Modifications/QIDP Notes and/or Monthly Summaries. Clients #2 and #3 behavioral support plans will be</p>	05/02/2015

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	<p>supervised clients according to their identified needs.</p> <p>Findings include:</p> <p>1. On 3/26/15 at 11:20am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 9/2014 through 3/26/15 were reviewed and indicated the following for client #2:</p> <p>-A 2/8/15 BDDS report for an incident on 2/7/15 at 8:45pm indicated "an approved two person standing to supine YSIS (You're Safe / I'm Safe) techniques (sic) was used to restrain [client #2]. [Client #2] came out of his room and appeared agitated for no reason. He lunged at a peer and staff were able to block him from getting to his peer. He then became physically aggressive with the staff and a two person standing YSIS technique was implemented. He began to kick staff so they implemented the standing to supine restraint."</p> <p>-The 2/7/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 2/7/15 when staff used a YSIS two person standing to lying supine on the floor restraint and that was reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The report</p>		<p>revised to include the "You're Safe, I'm Safe" techniques required to provide a safe environment to themselves and others. The Clinical supervisor will review the IDT review of behavior to assure that the form is completed correctly. The skin assessment form has been changed for client #2, and staff will be retrained on the form. Client #2's gloves will be inspected daily and replaced immediately when needed. Staff will document that client #2's gloves were inspected/ replaced. The RM will complete active habilitation observations twice weekly to include ensuring client #2's gloves are in place and in good repair. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly to include the condition of Client 2's gloves. The nurse will complete habilitation observations twice monthly to include the condition of Client 2's gloves.</p>	

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	<p>indicated "How could this have been prevented? Staff could have redirected him earlier."</p> <p>-A 2/2/15 BDDS report for an incident on 2/1/15 at 2:30pm indicated client #2 "became upset when a peer touched him. He raised his fist in a threatening manner to the peer, and when staff blocked [client #2] from striking others, he became aggressive towards staff so an approved YSIS two person standing restraint was implemented. When [client #2] began kicking staff, he was lowered to the ground and an approved YSIS two person supine restraint was done." The report indicated the restraint lasted 45 seconds.</p> <p>-The 2/1/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 2/1/15 when staff used a YSIS two person standing to lying supine on the floor restraint and reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The report indicated "How could this have been prevented? Staff could have redirected him earlier."</p> <p>-A 1/21/15 BDDS report for an incident on 1/20/15 at 2:45pm indicated client #2 was "asleep on his table," staff prompted</p>			

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	<p>client #2 to sit up, client #2 became "mad and raised his fist and started spitting." The report indicated client #2 "quickly turned around and hit [client #3] in the chest and spit on him."</p> <p>-A 1/20/15 BDDS report for an incident on 1/19/15 at 5:30pm indicated an "approved YSIS technique was implemented with [client #2] in attempt to block him from hurting himself or others (sic). [Client #2] was in his room, became upset for unknown reasons. When staff attempted to block him from throwing objects in his room, he became physically aggressive toward them. When staff was unable to redirect [client #2], the approved two person YSIS standing to lying supine technique was implemented."</p> <p>-The 1/19/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 1/19/15 when staff used a YSIS two person standing to lying supine on the floor restraint and it was reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The report indicated "How could this have been prevented? Staff could have redirected him earlier."</p> <p>-A 1/8/15 BDDS report for an incident on</p>			

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	<p>1/7/15 at 8:45am indicated client #2 "was upset at a housemate and attempted to hit them. Staff blocked, and [client #2] became aggressive to staff. An approved two person YSIS standing to supine technique was implemented. The YSIS technique lasted 20 seconds...."</p> <p>-The 1/8/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 1/7/15 when staff used a YSIS two person standing to lying supine on the floor restraint and it was reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The review indicated "Recommendations: Staff will be retrained on BSP steps at staff meeting." The report indicated "How could this have been prevented? Staff could have prompted him to blow up a balloon which is the first step" to client #2's BSP.</p> <p>-A 11/23/14 BDDS report for an incident on 11/21/14 at 10:00pm indicated client #2 was "obsessing about his family," staff redirected multiple times, and client #2 "threatened another housemate with a closed fist and staff physically redirected him to a different area...Staff initiated two person seated restraint for approx. (approximately) five minutes and then [client #2] calmed enough to be let up."</p>			

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	<p>-The 11/27/14 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 11/21/14 when staff used a YSIS two person seated restraint and "physical aggression and use of YSIS approved restraints will be added to BSP when implemented." The report did not indicate the date of when the review occurred.</p> <p>On 3/27/15 at 11:52am, a review of client #2's records was conducted. Client #2's 12/19/14 ISP (Individual Support Plan), 12/19/14 BSP, and 12/19/14 FA (Functional Assessment) indicated targeted behaviors of SIB (Self Injurious Behaviors), non Compliance, Isolating, Physical Aggression, and Property Destruction. Client #2's plans indicated "Reactive Strategies: For Inappropriate Communication: 1. Prompt him to blow up a balloon. 2. Redirect by offering options. 3. Non physical escort to a quiet area...For Physical Aggression: 1. Block. 2. Redirect by offering options. 3. Non physical escort to a quiet area. 4. Physical redirect Q (Qualified Intellectual Disabilities Professional) order required. 5. Physical restraint YSIS approved, Q order required...History...3/10/14 Added Physical restraint YSIS approved to physical aggression techniques." Client #2's plans did not include specific guidelines or definitions regarding YSIS</p>			

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	<p>techniques.</p> <p>Client #2's "ISP (Individual Support Plan) Modifications/QMRP (Qualified Mental Retardation Professional) Notes" did not include documentation or approvals for the staffs' implementation of physical restraints on client #2 on 2/7/15, 2/1/15, 1/21/15, 1/19/15, 1/7/15, and 11/21/14.</p> <p>On 3/27/15 at 1:45pm, an interview was conducted with the Clinical Supervisor (CS). The CS indicated the specific restraint holds used on client #2 were not defined or written guidelines for YSIS were in client #2's plans. The CS indicated no documented approvals were available for review to determine if the QIDP approved the staffs' implementation of YSIS on client #2 on 2/7/15, 2/1/15, 1/21/15, 1/9/15, 1/7/15, and 11/21/14. The CS indicated client #2 client to client physical aggression continued after the YSIS physical restraints were amended into his plans. The CS indicated clients #1, #3, #4, #5, #6, and #7 continued to be at risk to be the targets of client #2's physical aggressive behaviors. The CS indicated the agency followed the BDDS policy and procedure for incidents. The CS indicated the facility neglected to ensure clients #1, #2, #3, #4, #5, #6, and #7 were</p>			
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	<p>protected from client #2's continued physical aggression.</p> <p>On 3/26/15 at 11:30am, a record review was conducted of the 10/2005 "Bureau of Developmental Disabilities Services Policy and Guidelines." The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse or exploitation by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual."</p> <p>On 3/26/15 at 11:30am, the facility's 10/13 "Preventing Abuse and Neglect" policy and procedure indicated "Abuse means the following: 1. Intentional or willful infliction of physical injury...3. Punishment with resulting physical harm or pain...7. Corporal Punishment which includes forced physical (sic), hitting, pinching, application of painful or noxious stimuli, use of electric shock,</p>			

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	<p>and the infliction of physical pain...9. Violation of individual rights....Neglect means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual."</p> <p>2. During observations on 3/26/15 from 6:10am until 8:20am, and from 3:32pm until 5:45pm at the group home, client #2 was observed at the group home. Client #2 watched television, completed medication administration, took out the trash, sat in the living room, participated to set the table, and rubbed his face and head with his gloved fingers on his left and right hands. At 6:10am, client #2 had "over ten (10)" finger tip sized red scabbed areas which covered his face from his mouth to his forehead hairline. Client #2 had a full beard and his skin under the hair of the beard could not be viewed. From 6:10am until 8:20am, client #2 wore lime green colored gloves with black palms on each glove. From 6:10am until 8:20am, client #2 repeatedly pulled on the tips of each finger of the gloves on his left and right hands. At 8:20am, client #2 did not have a scabbed area on his left temple area of his face. During both observation periods, client #2 rubbed his face with his gloved hands. At 4:15pm, GHS #7 asked client #2 to come into the medication room. Client</p>			

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	<p>#2 had a bright red colored area on his left temple the size of his finger tip. At 4:15pm, GHS #7 indicated client #2's open scabbed areas on his face were not documented, monitored for healing, and were not assessed or treated by the group home staff because the areas were caused by client #2's behaviors. GHS #7 indicated client #2's gloves were washed once a week and no tracking of client #2's glove use was available for review. From 4:15pm until 5:45pm, client #2 wore the same lime green colored gloves with the black palms. Client #2 rubbed and picked at his face and no staff at the group home looked at client #2's gloves. At 4:25pm, client #2 showed the surveyor his right and left black palms of the lime green gloves client #2 wore. Client #2 showed that his white skin on the pads of client #2's fingers were visible through two of five (2 of 5) finger coverings on the right gloved hand and three of five (3 of 5) finger coverings on client #2's left gloved hand. Client #2 stated he "had holes" in the fingers of the gloves. Client #2 indicated he rubbed and picked at his face until his face bled.</p> <p>On 3/27/15 at 11:52am, client #2's record was reviewed. Client #2's 12/19/14 ISP (Individual Support Plan), 12/19/14 BSP (Behavior Support Plan), and 12/19/14 FA (Functional Assessment) indicated</p>			

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W 249 Bldg. 00	<p>client #2 had the targeted behavior of SIB (Self Injurious Behavior) which included picking/rubbing his face "til it bleeds." Client #2's ISP indicated he wore protective gloves to prevent his picking of his skin. Client #2's 2/23/15, 6/30/14, and 5/12/14 Nursing Assessments did not include open areas on client #2's skin. Client #2's records did not include monitoring of his skin for areas caused by his SIB. Client #2's records did not include documentation of his open skin areas on his face.</p> <p>On 3/27/15 at 1:45pm, an interview was conducted with the Clinical Supervisor (CS). The CS indicated she had called the agency nurse to inquire regarding client #2's skin. The CS indicated client #2's open skin areas were not recorded and should have been. The CS indicated the facility neglected to monitor client #2's gloves to ensure the gloves were in good repair.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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</p>			

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	<p>achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview, and record review, for 1 of 4 sampled clients (client #3), the facility failed to ensure client #3's ISP (Individual Support Plan) and BSP (Behavior Support Plan) were implemented and failed to provide staff supervision for client #3 for known maladaptive behaviors when opportunities existed.</p> <p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am at the group home client #3 walked throughout the group home and accessed each room. At 7:30am, GHS (Group Home Staff) #3 finished client #3's breakfast and carried his dishes to the kitchen sink. From 7:30am until 8:00am, client #3 was redirected from the kitchen to the living room sofa. At 8:00am, client #3 walked away from GHS #1, GHS #2, GHS #3, and the RM (Residential Manager). Client #3 walked into the kitchen and GHS #3 was in the dining room with her back to the kitchen. Client #3 independently opened the refrigerator, removed a three (3) pound tub of butter, took off the lid, and carried the butter to the connecting garage. The garage door shut with a bang. Client #3 walked to the</p>	W 249	<p><b>W249</b> – The facility will ensure that as soon as the interdisciplinary team has formulated a client's individual program plan, each client will 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. The IDT for client #3 met to discuss his supervision needs and a plan was implemented. The QIDP trained staff on the revisions made to the individual program plan/behavior support plan. The RM will complete active habilitation observations twice weekly to ensure client #3's plan is being implemented. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly.</p>	05/02/2015

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	<p>garage refrigerator freezer, opened the door, removed frozen bread, and began to put handfuls of butter and frozen bread into his mouth. The Surveyor summoned the facility staff to identify client #3 who was unattended in the garage eating with his fingers from the butter tub and frozen bread. Staff reacted immediately to intervene and redirected client #3. During both meals, client #3's meals were mechanical soft texture and client #3 had one on one staff supports during eating and meals.</p> <p>Client #3's record was reviewed on 3/27/15 at 12:30pm. Client #3's 6/20/14 ISP (Individual Support Plan), 6/20/14 BSP (Behavior Support Plan), and 6/20/14 FA (Functional Assessment) indicated client #3 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #3's plans indicated he had the targeted behaviors of PICA (eating inedible items) and Gorging. Client #3's plans indicated he required one on one staff supervision when "around" food and when eating because of client #3's behaviors. Client #3's 2/26/15 Physician's Orders indicated client #3 was to receive a mechanical soft diet and one on one staff during dining.</p> <p>On 3/27/15 at 1:45pm, an interview was conducted with the Clinical Supervisor</p>			

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W 289 Bldg. 00	<p>(CS). The CS indicated client #3 should have been supervised when client #3 was around food and in the kitchen. The CS indicated client #3 should not have been able to remove the butter tub and to attempt to consume frozen bread from the freezer in the garage. The CS indicated the staff should have known where client #3 was within the group home. The CS indicated client #3's plans were not implemented correctly.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview, for 1 of 1 sampled clients (client #2) who had physical restraints employed, the facility failed to clearly define YSIS (You're Safe /I'm Safe Behavior techniques), the specific techniques utilized in client #2's Behavior Support Plan (BSP), and did not include evidence the agency's special approval for the use of restraints provision were implemented.</p> <p>Findings include:</p>	W 289	<p><b>W289</b> – The use of systematic interventions to manage inappropriate client behavior will be incorporated into the client's individual program plan. The QIDP will make revisions to clients #2 and #3 behavioral support plans to include the "You're Safe, I'm Safe" techniques required to provide a safe environment to themselves and others. The QIDP will document approval of all uses of physical restraint for clients #2 and #3 in the ISPModifications/QIDP Notes</p>	05/02/2015

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	<p>On 3/26/15 at 11:20am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 9/2014 through 3/26/15 were reviewed and indicated the following for client #2:</p> <p>-A 2/8/15 BDDS report for an incident on 2/7/15 at 8:45pm indicated "an approved two person standing to supine YSIS techniques was used to restrain [client #2]. [Client #2] came out of his room and appeared agitated for no reason. He lunged at a peer and staff were able to block him from getting to his peer. He then became physically aggressive with the staff and a two person standing YSIS technique was implemented. He began to kick staff so they implemented the standing to supine restraint."</p> <p>-The 2/7/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 2/7/15 when staff used a YSIS two person standing to lying supine on the floor restraint and reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The report indicated "How could this have been prevented? Staff could have redirected him earlier."</p> <p>-A 2/2/15 BDDS report for an incident on</p>		and/or Monthly Summaries. The Clinical Supervisor will review ISPModifications/QIDP Notes and/or Monthly Summaries on a monthly basis to ensure that approvals have been given and documented.		

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	<p>2/1/15 at 2:30pm indicated client #2 "became upset when a peer touched him. He raised his fist in a threatening manner to the peer, and when staff blocked [client #2] from striking others, he became aggressive towards staff so an approved YSIS two person standing restraint was implemented. When [client #2] began kicking staff, he was lowered to the ground and an approved YSIS two person supine restraint was done." The report indicated the restraint lasted 45 seconds.</p> <p>-The 2/1/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 2/1/15 when staff used a YSIS two person standing to lying supine on the floor restraint and reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The report indicated "How could this have been prevented? Staff could have redirected him earlier."</p> <p>-A 1/21/15 BDDS report for an incident on 1/20/15 at 2:45pm indicated client #2 was "asleep on his table," staff prompted client #2 to sit up, client #2 became "mad and raised his fist and started spitting." The report indicated client #2 "quickly turned around and hit [client #3] in the chest and spit on him."</p>			

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	<p>-A 1/20/15 BDDS report for an incident on 1/19/15 at 5:30pm indicated an "approved YSIS technique was implemented with [client #2] in attempt to block him from hurting himself or others (sic). [Client #2] was in his room, became upset for unknown reasons. When staff attempted to block him from throwing objects in his room, he became physically aggressive toward them. When staff was unable to redirect [client #2], the approved two person YSIS standing to lying supine technique was implemented."</p> <p>-The 1/19/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 1/19/15 when staff used a YSIS two person standing to lying supine on the floor restraint and reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The report indicated "How could this have been prevented? Staff could have redirected him earlier."</p> <p>-A 1/8/15 BDDS report for an incident on 1/7/15 at 8:45am indicated client #2 "was upset at a housemate and attempted to hit them. Staff blocked, and [client #2] became aggressive to staff. An approved two person YSIS standing to supine</p>			

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	<p>technique was implemented. The YSIS technique lasted 20 seconds...."</p> <p>-The 1/8/15 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 1/7/15 when staff used a YSIS two person standing to lying supine on the floor restraint and reviewed by the QIDP (Qualified Intellectual Disabilities Professional). The report did not indicate the date of when the review occurred. The review indicated "Recommendations: Staff will be retrained on BSP steps at staff meeting." The report indicated "How could this have been prevented? Staff could have prompted him to blow up a balloon which is the first step" to client #2's BSP.</p> <p>-A 11/23/14 BDDS report for an incident on 11/21/14 at 10:00pm indicated client #2 was "obsessing about his family," staff redirect multiple times, and client #2 "threatened another housemate with a closed fist and staff physically redirected him to a different area...Staff initiated two person seated restraint for approx. (approximately) five minutes and then [client #2] calmed enough to be let up."</p> <p>-The 11/27/14 "IDT (Interdisciplinary Team) Review of Behavior" indicated a review of the incident on 11/21/14 when staff used a YSIS two person seated</p>			

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	<p>restraint and "physical aggression and use of YSIS approved restraints will be added to BSP when implemented." The report did not indicate the date of when the review occurred.</p> <p>On 3/27/15 at 11:52am, a review of client #2's records was conducted. Client #2's 12/19/14 ISP (Individual Support Plan), 12/19/14 BSP, and 12/19/14 FA (Functional Assessment) indicated targeted behaviors of SIB (Self Injurious Behaviors), non Compliance, Isolating, Physical Aggression, and Property Destruction. Client #2's plans indicated "Reactive Strategies: For Inappropriate Communication: 1. Prompt him to blow up a balloon. 2. Redirect by offering options. 3. Non physical escort to a quiet area...For Physical Aggression: 1. Block. 2. Redirect by offering options. 3. Non physical escort to a quiet area. 4. Physical redirect Q (Qualified Intellectual Disabilities Professional) order required. 5. Physical restraint YSIS approved, Q order required...History...3/10/14 Added Physical restraint YSIS approved to physical aggression techniques." Client #2's plans did not include specific guidelines or definitions regarding YSIS techniques.</p> <p>Client #2's "ISP (Individual Support Plan) Modifications/QMRP (Qualified</p>			

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W 331 Bldg. 00	<p>Mental Retardation Professional) Notes" did not include documentation or approvals for the staffs implementation of physical restraints on client #2's on 2/7/15, 2/1/15, 1/21/15, 1/19/15, 1/7/15, and 11/21/14.</p> <p>On 3/27/15 at 1:45pm, an interview was conducted with the Clinical Supervisor (CS). The CS indicated the specific restraint holds used on client #2 were not defined and none were written guidelines for YSIS in client #2's plans. The CS indicated no documented approvals were available for review to determine if the QIDP approved the staffs implementation of YSIS on client #2 on 2/7/15, 2/1/15, 1/21/15, 1/9/15, 1/7/15, and 11/21/14.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, for 1 of 4 sampled clients (client #2), the nursing services failed to ensure staff accurately documented client #2's skin assessments which included SIB (Self Injurious Behavior) of picking/rubbing his skin until it bled and scabbed and/or open areas on client #2's face.</p>	W 331	<p><b>W331</b> -Thefacility will provide clients with nursing services in accordance with theirneeds. The skin assessment form has beenchanged for client #2, and staff will be retrained on the form. Client #2's gloves will be inspected dailyand replaced immediately when needed. The RM will complete active habilitationobservations twice</p>	05/02/2015

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	<p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am, and from 3:32pm until 5:45pm at the group home, client #2 was observed. Client #2 watched television, completed medication administration, took out the trash, sat in the living room, participated to set the table, and rubbed his face and head with his gloved fingers on his left and right hands. At 6:10am, client #2 had "over ten (10)" finger tip red scabbed areas which covered his face from his mouth to his forehead hairline. Client #2 had a full beard and his skin under the hair of the beard could not be viewed. From 6:10am until 8:20am, client #2 wore lime green colored gloves with black palms on each glove. From 6:10am until 8:20am, client #2 repeatedly pulled on the tips of each finger of the gloves on his left and right hands. At 8:20am, client #2 did not have a scabbed area on his left temple area of his face. During both observation periods, client #2 rubbed his face with his gloved hands. At 4:15pm, GHS (Group Home Staff) #7 asked client #2 to come into the medication room. Client #2 had a bright red colored area on his left temple the size of his finger tip. At 4:15pm, GHS #7 indicated client #2's open scabbed areas on his face were not</p>		<p>weekly to include ensuring client #2's gloves are in place and in good repair. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly to include the condition of Client 2's gloves. The nurse will complete habilitation observations twice monthly to include the condition of Client 2's gloves.</p>	

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	<p>documented, monitored for healing, and were not assessed or treated by the group home staff because the areas were caused by client #2's behaviors. GHS #7 indicated client #2's gloves were washed once a week and no tracking of client #2's glove use was available for review. From 4:15pm until 5:45pm, client #2 wore the same lime green colored gloves with the black palms. Client #2 rubbed and picked at his face and no staff at the group home looked at client #2's gloves. At 4:25pm, client #2 showed the surveyor his right and left black palms of the lime green gloves he wore. Client #2 showed his white skin on the pads of client #2's fingers were visible through two of five (2 of 5) finger coverings on the right gloved hand and three of five (3 of 5) finger coverings on client #2's left gloved hand. Client #2 stated he "had holes" in the fingers of the gloves. Client #2 indicated he rubbed and picked his face until his face bled.</p> <p>On 3/27/15 at 11:52am, client #2's record was reviewed. Client #2's 12/19/14 ISP (Individual Support Plan), 12/19/14 BSP (Behavior Support Plan), and 12/19/14 FA (Functional Assessment) indicated client #2 had the targeted behavior of SIB (Self Injurious Behavior) which included picking/rubbing his face "til it bleeds." Client #2's ISP indicated he wore</p>			

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W 436  Bldg. 00	<p>protective gloves to prevent his picking of his skin. Client #2's 2/23/15, 6/30/14, and 5/12/14 Nursing Assessments did not include open areas on client #2's skin. Client #2's records did not include monitoring of his skin for areas caused by his SIB. Client #2's records did not include documentation of his open skin areas on his face.</p> <p>On 3/27/15 at 1:45pm, an interview was conducted with the Clinical Supervisor (CS). The CS indicated she had called the agency nurse to inquire regarding client #2's skin. The CS indicated client #2's open skin areas were not recorded and should have been. The CS indicated the facility had no tracking of client #2's gloves to ensure the gloves were in good repair.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, for 1 of 3 sampled clients</p>	W 436	W436 - The facility will furnish, maintain in good repair, and teach clients to use and make	05/02/2015			

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	<p>(client #2) with adaptive equipment, the facility failed to teach, encourage, and have available client #2's prescribed eye glasses at the group home and failed to ensure client #2's protective gloves used to limit his SIB (Self Injurious Behavior) were in good repair.</p> <p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am, and from 3:32pm until 5:45pm at the group home, client #2 was observed and did not wear his prescribed eye glasses. Client #2 watched television, completed medication administration, took out the trash, sat in the living room, participated to set the table, and rubbed his face and head with his gloved fingers on his left and right hands. At 6:10am, client #2 had "over ten (10)" finger tip red scabbed areas which covered his face from his mouth to his forehead hairline. Client #2 had a full beard and his skin under the hair of the beard could not be viewed. From 6:10am until 8:20am, client #2 wore lime green colored gloves with black palms on each glove. From 6:10am until 8:20am, client #2 repeatedly pulled on the tips of each finger of the gloves on his left and right hands. At 8:20am, client #2 did not have a scabbed area on his left temple area of his face. During</p>		<p>informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client. The IDT will meet to add a goal/objective to client #2's ISP addressing wearing/caring for his eye glasses. Client #2's eyeglasses/gloves will be inspected daily and replaced immediately when needed. Staff will document that client #2's eyeglasses/gloves were inspected/replaced. The RM will complete active habilitation observations twice weekly to include ensuring client #2's gloves/eyeglasses are in place and in good repair. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly to include the condition of Client 2's gloves/eyeglasses. The nurse will complete habilitation observations twice monthly to include the condition of Client 2's gloves/eyeglasses.</p>	

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	<p>both observation periods, client #2 rubbed his face with his gloved hands. At 4:15pm, GHS (Group Home Staff) #7 asked client #2 to come into the medication room. Client #2 had a bright red colored area on his left temple the size of his finger tip. At 4:15pm, GHS #7 indicated client #2's open and/or scabbed areas on his face were not documented, monitored for healing, and were not assessed or treated by the group home staff because the areas were caused by client #2's behaviors. GHS #7 indicated client #2's gloves were washed once a week and no tracking of client #2's gloves was available for review. From 4:15pm until 5:45pm, client #2 wore the same lime green colored gloves with the black palms. Client #2 rubbed and picked at his face and no staff at the group home looked at client #2's gloves. At 4:25pm, client #2 showed the surveyor his right and left black palms of the lime green gloves he wore. Client #2 showed that his white skin on the pads of client #2's finger was visible through two of five (2 of 5) finger coverings on the right gloved hand and three of five (3 of 5) finger coverings on client #2's left gloved hand. Client #2 stated he "had holes" in the fingers of the gloves. Client #2 indicated he rubbed and picked at his face until his face bled.</p>			

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W 454	<p>On 3/27/15 at 11:52am, client #2's record was reviewed. Client #2's 12/19/14 ISP (Individual Support Plan), 12/19/14 BSP (Behavior Support Plan), and 12/19/14 FA (Functional Assessment) indicated client #2 wore prescribed eye glasses. Client #2's ISP, BSP, and FA indicated he had the targeted behavior of SIB (Self Injurious Behavior) which included picking/rubbing his face "til it bleeds." Client #2's ISP indicated he wore protective gloves to prevent his picking of his skin. Client #2's 3/10/15 visual assessment indicated he wore prescribed eye glasses to see. Client #2's ISP did not include a goal/objective to teach client #2 to wear or care for his eye glasses at the group home.</p> <p>On 3/27/15 at 1:45pm, an interview was conducted with the Clinical Supervisor (CS). The CS indicated client #2 wore prescribed eye glasses to see and wore protective gloves to prevent his SIB. The CS indicated client #2's prescribed eye glasses were not available for him to wear. The CS indicated the facility had no tracking of client #2's gloves to ensure the gloves were in good repair.</p> <p>9-3-7(a)</p> <p>483.470(l)(1)</p>				

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Bldg. 00	<p><b>INFECTION CONTROL</b></p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to implement and teach sanitary methods during dining opportunities.</p> <p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am, and from 2:55pm until 5:45pm at the group home, clients #1, #2, #3, #4, #5, #6, and #7 walked throughout the group home and sat at the dining room table. On 3/26/15 from 6:10am until 8:00am, clients #1, #2, #3, #4, #5, #6, and #7 walked into and out of the dining room, had their medications administered, and assisted staff in the kitchen with breakfast. At 6:55am, client #1, #2, #5, and #7 placed napkins, plates, bowls, and a spoon at each place setting on the dining room table. The dining room table was not washed before the table service was placed on it. On 3/26/15 at 2:55pm, clients #5, #6, and #7 were at the group home. From 2:55pm until 3:32pm, clients #5, #6, and #7 colored at the dining room table. At 3:32pm, clients #1, #2, #3, and #4 arrived</p>	W 454	<p><b>W454</b> - The facility will provide a sanitary environment to avoid sources and transmission of infections. Staff have been retrained on the infection control policy to ensure that clients are not contaminating food contact areas for each table setting. The RM will complete active habilitation observations twice weekly to include ensuring that the infection control policy is being followed. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly to include ensuring that the infection control policy is being followed. The nurse will complete habilitation observations twice monthly to include that the infection control policy is being followed.</p>	05/02/2015			

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	<p>home from the workshop and the dining room table was not washed after clients #5, #6, and #7 had used the table. At 3:40pm, clients #1, #2, and #3 ate their snacks at the dining room table with Group Home Staff (GHS) #7. Clients #1 and #2 had poured their crackers/chips out onto the dining room table without a plate or napkin and both clients consumed their food with their fingers from the unwashed table. From 3:40pm until 4:25pm, the dining room table was not washed. At 4:25pm, client #1 set the table for the supper meal. At 5:30pm, clients #1, #2, #3, #4, #5, #6, and #7 ate their supper meal at the unwashed dining room table.</p> <p>On 3/27/15 at 10:30am, an interview with the Clinical Supervisor (CS) was conducted. The CS indicated staff should have washed the dining room table before meals, before snacks, and after the dining room table had been used for activities. The CS indicated the agency trained the staff to follow "Universal Precautions" for sanitation in Core A/Core B medication administration training.</p> <p>On 3/26/15 at 10:00am, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included washing hands before medication</p>			

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W 455 Bldg. 00	<p>administration, before eating, and after using the restroom.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview, for 3 of 4 sampled clients (clients #1, #2, and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to encourage and teach handwashing when opportunities existed.</p> <p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am, and from 3:32pm until 5:45pm at the group home, clients #1, #2, #3, #4, #5, #6, and #7 walked throughout the group home and accessed each room. On 3/26/15 from 6:10am until 8:00am, clients #1, #2, #4, #5, #6, and #7 walked into and out of the dining room, had their medications administered, assisted staff in the kitchen with breakfast, and did not wash their hands. On 3/26/15 at 3:32pm, clients #1, #2, #3, and #4 arrived home from the workshop and the dining room table were not prompted or encouraged to wash their</p>	W 455	<p><b>W455</b> - There will be an active program for the prevention, control, and investigation of infection and communicable diseases. Staff has been retrained on universal precautions. The RM will complete active habilitation observations twice weekly to include ensuring that universal precautions are being used and staff are encouraging clients to wash their hands before meals and snacks. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly to include the use of universal precautions. The nurse will complete habilitation observations twice monthly to include the use of universal precautions.</p>	05/02/2015

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W 460 Bldg. 00	<p>hands. At 3:40pm, clients #1 and #2 ate their snacks at the dining room table with their fingers and with Group Home Staff (GHS) #7. Clients #1 and #2 had poured their crackers/chips out onto the dining room table and consumed their food with their fingers.</p> <p>On 3/27/15 at 10:30am, an interview with the Clinical Supervisor (CS) was conducted. The CS indicated staff should have taught and encouraged clients #1, #2, #4, #5, #6, and #7 to wash their hands before meals and before snacks. The CS indicated the agency trained the staff to follow "Universal Precautions" for sanitation in Core A/Core B medication administration training.</p> <p>On 3/26/15 at 10:00am, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included washing hands before eating.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview, and record review for 1 of 4 sampled clients</p>	W 460	W460 – Each client will receive a nourishing, well-balanced diet including modified and	05/02/2015

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	<p>(client #4), the facility failed to ensure client #4 received her specified diet recommendation.</p> <p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am, and from 2:55pm until 5:45pm at the group home, clients #1, #2, #3, #4, #5, #6, and #7 walked throughout the group home and sat at the dining room table. On 3/26/15 from 6:55am until 8:00am, client #4 sat at the dining room table. At 7:10am, client #4 had her liquid drinks of milk and juice poured by GHS (Group Home Staff) #6 mixed 1 and 1/2 scoops full of thickener to client #4's eight (8) ounce glasses of milk and juice. GHS #6 indicated client #4's drinks should be honey thickened for client #4 to consume and indicated each glass of liquid held eight (8) ounces of liquid. From 7:15am until 8:00am, client #4 requested more to drink repeatedly. At 7:30am, client #7 picked up the milk container in front of GHS #6, poured client #4 an additional eight ounce glass of milk, and no thickener was added to client #4's drink. At 7:15am, GHS #6 checked the container of thickener after the surveyor had picked the container up from the table. At 7:15am, GHS #6 stated client #4's drinks "should have had two times (2x's) the mixture" added to</p>		<p>specially-prescribed diets. The Thick-it policy will be revised to include the number of ounces of liquid for each serving of drink. Staff will be retrained on the Thick-it policy, and the need to ensure that client #4 is receiving liquids as prescribed. The RM will complete active habilitation observations twice weekly to include ensuring that client #4 is receiving the diet as prescribed. The QIDP will initially complete active habilitation observations no less than twice weekly for the next 30 days and after that will complete active habilitation observations at least weekly to include ensuring Client #4 is receiving the diet as prescribed. The nurse will complete habilitation observations twice monthly to include ensuring that client #4 is receiving the diet as prescribed.</p>	

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	<p>her drinks because client #4's glasses held eight ounces of liquid. No additional thickener was added to client #4's drinks. From 7:30am until 8:00am, client #7 poured client #4 a third eight ounce glass of milk in front of GHS #6, no thickener was added to client #4's drink, and client #4 consumed the additional glass of unthickened drink.</p> <p>On 3/26/15 from 5:20pm until 5:45pm, client #4 sat at the dining room table. At 5:20pm, GHS #7 indicated he thickened client #4's milk and juice at the dining room table to honey thickness and added 1 and 1/2 scoops of thickener to client #4's eight ounce glasses of milk and juice. The container of thickener mix kept on the dining room table the staff used indicated "...instructions for four (4) ounces of liquid...(for) Honey (thickness) 1-1 1/2 scoops...."</p> <p>On 3/27/15 at 10:30am, client #4's record was reviewed. Client #4's 12/19/14 ISP (Individual Support Plan) and 2/6/15 Physician Orders indicated client #4 received a pureed diet with honey thickened liquids.</p> <p>On 3/26/15 at 1:45pm, the facility's undated "Thick-It (for) Food and Liquid Thickener" procedure indicated "t=teaspoon...Honey: Water: 4-5t,</p>			

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W 484 Bldg. 00	<p>Orange Juice 3 1/2-4t, Milk: 4-5t...." The policy and procedure did not indicate the number of ounces for each serving of drink.</p> <p>On 3/27/15 at 1:45pm, an interview with the Clinical Supervisor (CS) was conducted. The CS indicated the facility staff failed to implement client #4's plan correctly when her drinks were not thickened to the correct consistency.</p> <p>9-3-8(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to encourage the use of utensils to eat and to provide a full set of silverware for use.</p> <p>Findings include:</p> <p>During observations on 3/26/15 from 6:10am until 8:20am, and from 2:55pm until 5:45pm at the group home, clients</p>	W 484	<p><b>W484</b> – The facility will equip areas with tables, chairs, eatingutensils and dishes designed to meet the developmental needs of eachclient. Staff has been retrained toensure that a full set of eating utensils are available for use and thatclients are encouraged to use them. The RM will complete active habilitationobservations twice weekly to include ensuring that clients are provided withand encouraged to use a full set of</p>	05/02/2015			

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	<p>#1, #2, #3, #4, #5, #6, and #7 walked throughout the group home and sat at the dining room table. On 3/26/15 from 6:10am until 8:00am, clients #1, #2, #3, #4, #5, #6, and #7 walked into and out of the dining room. At 6:55am, client #1, #2, #5, and #7 placed napkins, plates, bowls, and a spoon at each place setting on the dining room table and no knives and napkins were provided or encouraged. The breakfast meal included the foods of cold cereal, toast, and scrambled eggs. Clients #1, #2, #5, #6, and #7 spread butter and jelly on their toast with their forks and spoons. On 3/26/15 at 3:40pm, clients #1, #2, and #3 ate their snacks at the dining room table with Group Home Staff (GHS) #7 and no napkins were provided or encouraged. Clients #1 and #2 had poured their crackers/chips out onto the dining room table without a plate or napkin and both clients consumed their food with their fingers from the unwashed table. At 4:25pm, client #1 set the table for the supper meal and no knives were provided or encouraged. At 5:30pm, clients #1, #2, #3, #4, #5, #6, and #7 ate their supper meal of Salisbury Steak. Clients #1, #2, #5, #6, and #7 used their spoons and forks to cut their Salisbury Steaks. Client #1 and #5 speared their Salisbury Steak slices with their forks to bite the piece from the edges of their steaks. No knives</p>		<p>utensils. The QIDP will initially complete active habilitation observations noless than twice weekly for the next 30 days and after that will complete activehabilitation observations at least weekly to include ensuring clients areprovided with and encouraged to use a full set of utensils.</p>	

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	<p>were provided or encouraged.</p> <p>On 3/27/15 at 10:30am, an interview with the Clinical Supervisor (CS) was conducted. The CS indicated table knives and napkins should have been provided, taught, and encouraged for use for clients #1, #2, #3, #4, #5, #6, and #7.</p> <p>9-3-8(a)</p>				