

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/24/2012
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 10381 S SR 15 SILVER LAKE, IN 46982		
(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	
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 20, 21, 22, and 24, 2012</p> <p>Facility number: 003094 Provider number: 15G694 AIM number: 200352640</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/31/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home.</p> <p>Findings include:</p> <p>On 8-20-12 from 1:15 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Clients #2, #3, #7, and #8's bathroom wall had paint peeling in a 2 feet by 2 feet area. Client #7 had 2 black marks on the wall by her bed in a 2 feet by 12 inch area. The ceiling vent in client #3's bedroom was covered in dust. Client #5's bedroom wall had an 8 inch by 3 inch black area by his bed. The dresser in client #1's bedroom had missing wood and bubbled areas over the top of the dresser. The freezer in client #1, #4, #5, and #6's kitchen had rust along the bottom front in a 3 feet area.</p> <p>On 8-21-12 at 8:15 a.m. an interview with the Residential Manager (RM) indicated the only work orders she had were for a closet door and the dishwasher latch. The</p>	W0104	<p>W104</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Cardinals Services is committed to ensuring a clean, safe environment for those we support. By September 5, 2012 Cardinal Services' Maintenance department painted the bathroom wall in Clients #2, #3, #7 and #8 bathroom and painted the walls by the beds for Clients #7 and #5. By September 5, 2012 Cardinal Services' Maintenance departed painted the freezer in client #1, #4, #5 and #6's kitchen with appliance paint. On August 21, 2012 staff removed, thoroughly cleaned and replaced the ceiling vent in Client #3's bedroom. To ensure that deficiencies do not occur regarding routine upkeep of the residence on September 12, 2012 Direct Support Professionals were</p>	09/23/2012			

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	<p>RM indicated clients #1, #2, #3, #4, #5, #6, #7, and #8's home did have some repairs that needed to be taken care of.</p> <p>9-3-1(a)</p>		<p>trained to respond appropriately to physical environment concerns (See Attachment A) and on September 14, 2012 the Residential Manager was trained to submit maintenance requests monthly for these types of normal wear and tear concerns. (See Attachment B) Additionally, the Weekly Room Cleaning Checklist was updated to reflect that register vents will be cleaned weekly rather than on an as needed basis. (See Attachment C) Client #1's dresser was replaced on August 31, 2012. (See Attachment D) To ensure this deficiency does not occur in the future on September 14, 2012 the Residential Manager was trained to request that repairs be completed or that furniture be replaced as it becomes unserviceable. (See Attachment B) Furthermore, by September 23, 2012 group home staff will receive training to submit maintenance requests for repairs for normal wear and tear to the residence on a timely basis and to request that furniture be repaired or replaced as it becomes worn or unserviceable. (See Attachment E)</p>		

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			<p>To ensure this deficiency does not occur again, the Residential Manager and Residential Coordinator will monitor the physical environment and furnishings of the home by completing monthly and quarterly physical environment checks. Additionally, the Maintenance department will perform quarterly inspections.</p> <p>Residential Manager, Maintenance Manager and Residential Coordinator Responsible</p>	

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W0218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #1, #3 and #4) to ensure they had current sensorimotor development assessments to assist them with walking and feeding themselves.</p> <p>Findings include:</p> <p>On 8-20-12 from 1:15 p.m. until 6:15 p.m. an observation at the home of clients #1, #3, and #4 was conducted. Client #1 held sensory items during this observation. Client #3 held sensory items and her blanket during this observation. Client #4 sat in a chair or in his wheelchair during this observation. Client #4 did not walk during the observation. Client #1 was fed his supper meal by direct care staff (DCS) #5. Client #3 was fed her supper meal by DCS #6. Clients #3 and #6 did not have adaptive silverware. Client #1 used a plateguard at the supper meal. Client #3 had a divided plate and dycem (rubber placemat) at the supper meal.</p> <p>On 8-21-12 at 9:45 a.m. a record review for client #1 was conducted. The Occupational Therapy (OT) assessment completed on 4-14-08 indicated for client</p>	W0218	<p>The Comprehensive Functional Assessment must include sensorimotor Development per W 218. Cardinal is committed to providing quality individualized programming that includes the assessment of sensorimotor development and implementation of needed interventions. QMRP's and Nursing staff for this location were retrained on the need for current sensorimotor development assessments and programs on September 13, 2012 (see attachment F) All other agency QMRP's and Nurses will be trained by September 23, 2012 to ensure over-all agency compliance. Clients #1, #3, and #4 were re-assessed to determine the need for PT/OT evaluations. Client #1 is scheduled for PT/OT evaluation on September 12, 2012. Client #4 is scheduled for PT/OT evaluation on September 21, 2012. Client #3 is scheduled with Primary Physician on September 17, 2012 to obtain an order for PT/OT evaluation. Once order is obtained from Primary Physician, PT/OT evaluation will be scheduled for client #3. Once obtained, updated PT/OT Recommendations will be incorporated into active treatment plans for clients #1, #3 and #4. The facility will ensure ongoing</p>	09/23/2012			

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	<p>#1 to return if there was a decline in his status. His Physical Therapy (PT) assessment was completed on 2-17-05 and indicated the goal was to ensure the client's heel cord tightness did not worsen over the next 1 to 3 years. The dietary review dated 3-11-12 indicated to encourage the client to feed self. The Physician's Orders (PO) dated 7-26-12 indicated client #1 was to use a plateguard at meal times.</p> <p>On 8-21-12 at 11:15 a.m. a record review for client #3 was conducted. The Occupational Therapy assessment dated 3-7-08 indicated client #3 used a built up spoon.</p> <p>On 8-21-12 at 8:45 a.m. a record review for client #4 was conducted. The Physician's Orders (PO) dated 7-26-12 indicated client #4 was to use his wheelchair for long distances. The Physical Therapy assessment dated 10-27-04 indicated return 2-3 years and to walk whenever possible at the group home and activities outside of the group home.</p> <p>On 8-21-12 at 11:40 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #1, #3, and #4's PT and OT assessments should be reassessed since client #4 used a</p>		assessment of sensorimotor needs through weekly observations, IDT assessments and annual file reviews. QMRP, Residential Manager, Nurse and Coordinator Responsible				

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	wheelchair all the time for mobility and clients #1 and #3 weren't feeding themselves. 9-3-4(a)			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure Speech recommendations were implemented in her Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 8-20-12 from 1:15 p.m. until 6:15 p.m. an observation at the home of client #2 was conducted. Client #2 did not vocalize or answer any questions during this time. Direct care staff #1, #2, #3, #4, #5, and #6 did not assist client #2 with her communication by giving her "simple steps."</p> <p>On 8-21-12 at 10:30 a.m. a record review for client #2 was conducted. The Speech evaluation dated 10-22-11 recommended client #2 have her communication broken down into "simple steps." "1. give me your plate, 2. stand up, 3. hold the plate, 4. walk to the sink, 5. put in the sink". The ISP dated 10-26-11 indicated client #2 had a communication goal to choose a snack.</p>			W0227	<p>W227</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c) (3) of this section.</p> <p>Cardinal Services believes strongly in promoting personal growth for the people that we provide services for and offering and following programing that supports this belief. On September 12, 2012 Direct Support Professionals received training reminding them that they must provide continuous active treatment and follow all program plans as written. (See Attachment A) On September 14, 2012 the Residential Manager received training on individual program plan implementation, noting that specific objectives necessary to meet each</p>		09/23/2012

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	<p>On 8-21-12 at 11:40 a.m. an interview with the Residential Coordinator indicated the Speech evaluation recommendations should be implemented in client #2's ISP to assist her with her wants and needs.</p> <p>9-3-4(a)</p>		<p>clients' need as identified by comprehensive assessments must be followed as written. (See Attachment G)</p> <p>Direct Support Professionals will receive training by September 23, 2012 stating that each person's task analysis (goals) must be implemented at every training opportunity. More specifically, Direct Support Professionals will receive training by September 23, 2012 stating that Client #2 will be encouraged to choose a snack, as per her communication goal, at every opportunity. (See Attachment H)</p> <p>To ensure this deficiency does not occur in the future, the Residential Manager, Residential Coordinator and QDP will monitor goal implementation through monthly and quarterly observation and record review.</p>		

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure she had a dry, clean shirt.</p> <p>Findings include:</p> <p>On 8-20-12 from 1:15 p.m. until 6:15 p.m. an observation at the home of client #3 was conducted. Client #3 wore a blue shirt with a wet area in the left corner 4 inches by 4 inches. Client #3's blue shirt remained wet in the same area over the entire observation. Direct care staff (DCS) #1, #2, #3, #4, #5, and #6 did not prompt or assist client #3 with getting a clean dry shirt.</p> <p>On 8-21-12 at 11:40 a.m. an interview with the Qualified Mental Retardation Professional indicated DCS should have assisted client #3 with getting a clean, dry shirt to promote dignity and respect.</p> <p>9-3-5(a)</p>			W0268	<p>W268</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Cardinal Services is committed to providing for the health safety and dignity of those we support. On September 12, 2012 Direct Support Professionals received training reminding them that they must provide for the dignity and health of the people they support in the home. (See Attachment A) On September 14, 2012 the Residential Manager received training regarding the supervisory responsibilities pertaining to ensuring staff provide all necessary supports to those they serve. (See Attachment I) Additionally, by September 23, 2012 Direct Support Professionals will receive training stating that each person they support</p>		09/23/2012

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			<p>must be provided with coaching and active treatment that supports dignity and health and wellness. Specifically Direct Support Professionals will receive training by September 23, 2012 stating that all clients, including Client #3, should be monitored to ensure that they are wearing clean, dry clothing and that if an article of clothing should become wet or soiled Direct Support Professionals should assist the person to change in a timely manner. (See Attachment J)</p> <p>To ensure this deficiency does not occur in the future, the Residential Manager, Residential Coordinator and QDP will monitor goal implementation through monthly and quarterly observation and record review.</p> <p>Residential Manager, Residential Coordinator and QDP Responsible</p>		

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W0488	<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.</p> <p>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, #4) and 4 additional clients (clients #5, #6, #7, and #8) to ensure they assisted with meal preparation.</p> <p>Findings include:</p> <p>On 8-20-12 from 1:15 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. At 2:45 p.m. direct care staff (DCS) #3 indicated to clients #2, #3, #7, and #8 they were having sugar free juice and applesauce for snack. DCS #3 got the cups down from the cabinet, got the clothing protectors out from the cabinet, gave clients #2, #3, #7, and #8 a bowl and a spoon, poured applesauce into a measuring cup then poured it into the bowls. DCS #3 poured juice into client #2 and client #3's glasses. At 2:55 p.m. DCS #2 took client #2 and #8's dishes to the sink and rinsed them. DCS #2 took client #3 and #7's dishes to the sink, rinsed them, then rinsed the pitcher too. Clients #3 and #7 sat in the living room. At 4:55 p.m. DCS #5 cut up the sausage into bite size pieces for clients #1, #2, #3,</p>	W0488	<p>W488</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Cardinal Services strives to provide a residential setting in which the people that we provide services for can develop their abilities and gain satisfaction in completing tasks for themselves. Direct Support Professionals received training on September 12, 2012 reminding them that they must encourage each person to participate in their meal preparation and provide continuous active treatment. (See Attachment A) On September 14, 2012 the Residential Manager received training defining her responsibilities in ensuring that people living in the home are physically involved in their meal preparation. (See</p>	09/23/2012			

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	<p>#4, #5, #6, #7, and #8. DCS #5 did not prompt clients #1, #2, #3, #4, #5, #6, #7, or #8 to help. At 5:05 p.m. DCS #5 cut up sausage, rinsed dishes, peeled potatoes and put them in a bowl while client #1 slept in his wheelchair, client #6 looked out the door, and clients #4 and #5 sat in their wheelchairs. At 5:15 p.m. DCS #2 and #5 continued to cut up potatoes, DCS #2 put the cabbage in a large pan and set it on the stove and DCS #5 cleaned up the table. At 5:30 p.m. DCS #2 wiped off the table. At 5:45 p.m. DCS #5 set the cups, plates and silverware on the table, filled the pitcher with water and set it in the refrigerator as clients #1, #4, #5 sat and watched. Client #6 sat on his bed as DCS #5 took a cup from his room and loaded it into the dishwasher. DCS #5 poured the water, juice, and milk for clients #1 and #4.</p> <p>On 8-21-12 from 6:45 a.m. until 8:15 a.m. an observation at the home of clients #1, #4, #5, and #6 was conducted. At 7:05 a.m. direct care staff (DCS) #1 stirred the eggs in a bowl while clients #4 and #5 watched. DCS #1 put butter in a skillet and stirred the butter around. DCS #1 poured the eggs from the bowl to the skillet and put the bowl in the sink. DCS #1 stirred the eggs in the skillet. At 7:15 a.m. DCS #1 took the bread out and got 2 bowls out. She put some of the</p>		<p>Attachment K) Additionally, by September 23, 2012 Direct Support Professionals will receive training stating specifically that they are required to provide active treatment to the extent of each person's capabilities and defining hand over hand assistance. (See Attachment L)</p> <p>To ensure this deficiency does not occur in the future, the Residential Manager, Residential Coordinator and QDP will monitor goal implementation through monthly and quarterly observation and record review.</p> <p>Residential Manager, Residential Coordinator and QDP Responsible</p>				

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	<p>scrambled eggs into each bowl and indicated one of the bowls was for clients #2, #3, #7 and #8. DCS #1 placed water in a bowl and heated it up in the microwave. DCS #1 opened packets of oatmeal and poured them into a bowl. DCS #1 placed the oatmeal packet in the trash as clients #1, #2, #5 and #6 watched. DCS #1 got the spoons out and set them on the table. DCS #1 placed the bread in the toaster and pressed the lever down. At 7:30 p.m. client #4 smeared saliva on the table and DCS #1 took a towel and spray and cleaned it up. DCS #1 took the water out of the microwave and poured it over the bowl of oatmeal. DCS #1 tore the toast into bite size pieces. DCS #1 assisted client #5 with pouring milk over the toast then DCS #1 put the milk back into the refrigerator. DCS #1 stirred the toast and milk and put it in the microwave and heated it up. DCS #1 took the jelly and juice out of the refrigerator and set it on the table. DCS #1 filled the pitcher with water and set it on the table. DCS #1 took the milk and poured some on the oatmeal, then stirred it. DCS #1 set the oatmeal and the eggs on the table. DCS #1 added milk to the toast and stirred it. DCS #1 put the toast on the table. At 7:35 a.m. DCS #3 took the butter and jelly from the refrigerator and placed the bread in the toaster for clients #2, #3, #7, and #8. DCS #3 stirred the oatmeal in the</p>			

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	<p>microwave. DCS #1 put the toast, eggs, jelly, and cereal on client #1's plate for him. DCS #1 poured milk into client #1's cup for him. DCS #3 put butter and jelly on the toast and clients #7 and #8 watch her. At 7:45 a.m. DCS #3 placed the milk on the table for clients #2, #3, #7, and #8. DCS #8 placed more bread in the toaster. DCS #8 added butter and jelly to the bread. DCS #3 took the toast from the toaster, added butter and jelly for client #2, then cut the toast up for client #2. DCS #3 placed the toast, cereal, and eggs on client #2's plate for her. At 8:00 a.m. DCS #1 rinsed the dishes then loaded them into the dishwasher and put the water pitcher back into the refrigerator.</p> <p>On 8-21-12 at 9:45 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 8-30-11 indicated client #1 was able with physical assistance to participate with meal preparation and clean up.</p> <p>On 8-21-12 at 10:30 a.m. a record review for client #2 was conducted. The CFA dated 10-26-11 indicated client #2 was able with physical assistance to participate in meal preparation and clean up.</p> <p>On 8-21-12 at 11.15 a.m. a record review</p>			

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	<p>for client #3 was conducted. The CFA dated 9-16-11 indicated client #3 was able with physical assistance to participate in meal preparation and clean up.</p> <p>On 8-21-12 at 8:45 a.m. a record review for client #4 was conducted. The CFA dated 11-16-11 indicated client #4 was able with physical assistance to participate in meal preparation and clean up.</p> <p>On 8-21-12 at 12:00 p.m. a record review for client #6 was conducted. The CFA dated 9-27-11 indicated client #6 was able with physical assistance to participate in meal preparation and clean up.</p> <p>On 8-21-12 at 12:15 p.m. a record review for client #5 was conducted. The CFA dated 12-7-11 indicated client #5 was able with physical assistance to participate in meal preparation and clean up.</p> <p>On 8-21-12 at 12:40 p.m. a record review for client #7 was conducted. The CFA dated 5-2-12 indicated client #7 was able with physical assistance to participate in meal preparation and clean up.</p> <p>On 8-21-12 at 12:30 p.m. a record review for client #8 was conducted. The CFA dated 9-20-11 indicated client #8 was able with physical assistance to participate in</p>			

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	<p>meal preparation and clean up.</p> <p>On 8-21-12 at 11:40 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should be assisting with meal preparation, clean up, and serving themselves.</p> <p>9-3-8(a)</p>			

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W9999	<p>State Findings</p> <p>The following state rule for Community Residential Facilities for Persons with Developmental Disabilities was not met:</p> <p>460 IAC 9-3-1(b) "The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division... "</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report to the Bureau of Developmental Disabilities Services (BDDS) a power outage at the group affecting 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) residing at the group home and teeth extraction under anesthetic for client #3.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 8-20-12 at 11:50 a.m. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated the following:</p>	W9999	<p>W9999</p> <p>"The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division..."</p> <p>Per Cardinal Services' "Incident/Abuse/Neglect Policy Persons Served" policy Cardinal Services Inc. is committed to ensuring the safety, dignity, and protection of persons served. Direct Support Professionals received training on September 12, 2012 reminding them of reporting guidelines. (See Attachment A) Additionally, Direct Support Professionals and Residential Managers for this and all locations will receive training by September 23, 2012 regarding the Incident Reporting Procedures specifically stating that all BDDS reports must be submitted within 24 hours of the incident. (See Attachment</p>	09/23/2012			

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	<p>-A BDDS report with a submit date of 7-2-12 for an incident which occurred on 6-29-12 for clients #1, #2, #3, #4, #5, #6, #7, and #8 indicated they had not power due to a storm.</p> <p>-A BDDS report for client #3 with a submit date of 3-26-12 and an incident date of 3-22-12 indicated client #3 had her teeth extracted under general anesthetic.</p> <p>On 8-21-12 at 11:40 a.m. an interview with the Residential Coordinator indicated BDDS reports should be filed with 24 hours of the incident.</p> <p>9-3-1(b)</p>		<p>M)</p> <p>To ensure this deficiency does not occur again, the Residential Manager and Residential Coordinator will monitor the implementation of the Incident/Abuse/Neglect policy through ongoing training and observation.</p> <p>Residential Manager and Residential Coordinator Responsible</p>		