

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G244	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9160 E 300 N CHURUBUSCO, IN 46723
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W000000	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00149574.</p> <p>Complaint #IN00149574: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W104, W112, W159, W227, W249, W263, W268, W331, W478 and W488.</p> <p>Dates of Survey: June 9, 10, 11, 12, 13, 16, and 17, 2014.</p> <p>Facility number: 000767 Provider number: 15G244 AIM number: 100243300</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/26/14 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based upon observation, record review and interview for 4 of 4 sampled clients (clients A, B, C and D) and for 4 additional clients (clients E, F, G and H), the facility failed to maintain the group home in good condition, failed to ensure freezer temperatures were maintained at a safe level, failed to store food thickener in its original container, and failed to ensure staff maintained documentation of water temperature checks.</p> <p>Findings include:</p> <p>Observations were completed at the group home where clients A, B, C, D, E, F, G and H lived on 6/9/14 from 5:05 PM until 6:40 PM, and on 6/10/14 from 6:37 AM until 8:45 AM. There were debris and dried leaves in the entry way between the front door and a door to the interior of the home. A coffee can was labeled with a marker "Thickit " (food/liquid</p>	W000104	<p>The governing body will exercise general policy, budget, and operating direction over the facility. The food thickener is now stored in its original container. All staff will be retrained on water temperature checks to include taking the temperature prior to clients taking a shower, who are unable to adjust temperature independently. The freezer thermometer will be replaced. The sanitation checklist will be completed on a weekly basis that will include refrigerator/freezer temperature. Any packages of food that are returned to the freezer will be placed in zip lock bags and dated. The chairs have been cleaned and will be added to the cleaning duty checklist. Any discrepancies will be reported to the Residential Manager immediately. The window sills have been cleaned. The entry way and window sills will be added to the cleaning duty checklist. The sofa in question is a personal favorite of a consumer with autism. Arm covers will be placed on the sofa as</p>	07/17/2014

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	<p>thickening) during the observation on 6/9/14. Client B consumed beverages of nectar thick consistency during the meal. There were no instructions for its use on the container. There was debris in the window sills of a bathroom off the dining room, in a bathroom off the main hallway and in the bedroom of clients A and B's room. There were packages of unsealed potatoes and meat in the freezer. The freezer temperature on the freezer thermometer attached to the interior of the freezer read 32 degrees. There was a dried substance around the rungs of 10 dining room chairs and underneath the chair where client H ate his meals. The sofa had frayed edges along the arms and a recliner by the front window had a depression in the seat cushion.</p> <p>Water temperature logs located in the bathrooms and kitchen were reviewed on 6/9/14 at 7:00 PM. The log indicated water temperatures were to be taken prior to use by the clients. The logs in the bathroom off the hallway indicated water temperatures had been taken once daily each day in June except on June 1, 2, and 5, 2014 and ranged between 103.2-105.6. The water temperatures in the bathroom off the dining room were taken on May 9, May 30, June 2, 3 and 6, 2014 and ranged between 104.2 to 107.4. The kitchen log indicated temperatures ranging between</p>		<p>appropriate. The recliner will be removed and a new one will be purchased for the home. The RM and QIDP will complete weekly active habilitation observations which will include reviewing shift duty list, water temp logs, freezer temperatures, and physical environment checks.</p>	

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	<p>103.5 to 107.2 on June 2 (twice), 3, 4, 5, 8 and 9, 2014.</p> <p>The Residential Manager (RM) was interviewed on 6/9/14 at 7:06 AM and indicated the clients took showers or used water daily.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated the group home staff were required to maintain the home in good condition. She indicated the freezer temperature should be 0 degrees to maintain safe food temperature and freezer food should be sealed shut. She indicated the Thick it should be stored in the original container, and indicated water temperatures were to be taken prior to client use daily.</p> <p>This federal tag relates to complaint #IN00149574.</p> <p>9-3-1(a)</p>						

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W000112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview, the facility failed to protect the confidentiality of 1 additional client (client H) by posting personal information.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/10/14 from 6:37 AM until 8:45 AM. A memorandum posted on the door to the medication office in view of anyone in the dining room indicated a schedule with client H's name on it to attend a medical appointment to visit his psychiatrist.</p> <p>Staff #2 was interviewed on 6/10/14 at 7:25 AM and indicated the memorandum regarding client H's visit with his psychiatrist should not be posted in view of others.</p> <p>This federal tag relates to complaint</p>	W000112	<p>The facility will keep all confidential information contained in the clients' records, regardless of the form or storage method of the records. The staff will be retrained on confidentiality of clients. The RM and QIDP will complete weekly habilitation observations to include assuring that no client names are displayed in public areas.</p>	07/17/2014

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W000159	<p>#IN00149574.</p> <p>9-3-1(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients A, B, C and D) to ensure the QIDP (Qualified Intellectual Disabilities Professional) completed periodic reviews of their ISP (Individual Support Plans) objectives.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 6/11/14 at 2:55 PM. An ISP dated 10/3/13 indicated objectives to dry swallow between bites, clean dentures nightly, load the dishwasher, recite his address, save pennies after each purchase, state purpose of lactaid, sign name to a document and visit a fire department/EMS (emergency medical service) one time monthly. There was no evidence of a QIDP (Qualified Intellectual Disabilities Services)</p>	W000159	The facility will ensure each client's active treatment program must be integrated, coordinated and monitored by a Qualified Mental Retardation Professional. A new QIDP is in place for the home. The QIDP will complete monthly reviews for each client as required. The Clinical Supervisor will audit records on a monthly basis.	07/17/2014
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	<p>periodic review of client A's progress on his objectives from 6/30/13 to 3/14.</p> <p>Client B's record was reviewed on 6/11/14 at 2:10 PM. An ISP dated 10/10/13 indicated objectives to close the door when using the restroom, press a button to puree food, clean dining area after meals, request receipt after purchase, dry swallow between bites of food, shower daily and shave face 2 times weekly. There was no evidence of a QIDP periodic review of client B's progress on his objectives from 6/30/13 to 3/14.</p> <p>Client C's record was reviewed on 6/11/14 at 1:01 PM. An ISP dated 7/23/13 indicated objectives to brush his teeth, initiate a domestic chore, budget money weekly, appropriately address feelings, recognize and identify traffic signals, shower 3 times weekly, take clean clothes to shower, pack lunch for workshop, get up to use the restroom nightly, cook a heart healthy recipe, put on clean pjs (pajamas). There was no evidence of a QIDP periodic review of client C's progress on his objectives from 6/30/13 to 3/14.</p> <p>Client D's record was reviewed on 6/11/14 at 3:30 PM. An ISP dated 1/30/14 indicated objectives to pack a</p>			

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	<p>lunch nightly, brush his gums, dry body thoroughly after showering, set table for dinner daily, fold and put away laundry, request receipt after purchase, respond to questions, swallow food before taking a bite, identify address, and wash hands before meals. There was no evidence of a QIDP periodic review of client D's progress on his objectives from 6/30/13 to 3/14.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated there was no evidence of the QIDP reviews of the clients' progress for the missing time period. She indicated there had been QIDP staff turnover which resulted in the missing reviews.</p> <p>This federal tag relates to complaint #IN00149574.</p> <p>9-3-3(a)</p>						

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W000227	<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 upon observation, record review and interview, the facility failed to address the identified needs of 1 of 4 sampled clients (client C) in regards to soiled laundry.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/10/14 from 6:37 AM until 8:45 AM. There was a strong odor in the hallway and in client C's bedroom.</p> <p>Staff #2 was interviewed on 6/10/14 at 7:20 AM. He indicated the odor was coming from client C's room and was urine from soiled clothing or bedding in a clothes basket in the room. He indicated client C had frequent accidents at night and staff would go into his room after he left for day services to ensure no soiled laundry was left behind.</p>	W000227	<p>The facility will ensure that individual program plan states the specific objectives necessary to meet the client's needs, as identified y the comprehensive assessment required. The BSP will be revised and a goal will be developed to address the soiled laundry issue with client C. The QIDP will review documentation on a monthly basis to assure that the goal is being addressed.</p>	07/17/2014

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	<p>Client C's record was reviewed on 6/11/14 at 1:01 PM. An ISP dated 7/23/13 indicated objectives to brush his teeth, initiate a domestic chore, budget money weekly, appropriately address feelings, recognize and identify traffic signals, shower 3 times weekly, take clean clothes to shower, pack lunch for workshop, get up to use the restroom nightly, cook a heart healthy recipe, put on clean pjs (pajamas). A BSP (Behavior Support Plan) dated 8/1/13 indicated target objectives of inappropriate social behavior and noncompliance associated with ADHD (attention deficit hyperactivity disorder), Fetal Alcohol Syndrome and Fetal Cocaine Syndrome including deception, stealing, non-compliance, stealing food from pantries and the workshop, refusal to bathe, brush his teeth, refusal to do his soiled laundry (hiding soiled clothing in his dresser drawers) and refusal to stay away during day services. The plan did not address what staff were to do in regards to client C's soiled clothing.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated client C's plan did not indicate what staff were to do to address client C's soiled clothing.</p> <p>This federal tag relates to complaint</p>						

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W000249	<p>#IN00149574.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation and record review, the facility failed to ensure 2 of 4 sampled clients (clients C and D) implemented their objectives to pack their lunches.</p> <p>Findings include:</p> <p>During observations at the group home on 6/9/14 from 5:05 PM until 6:40 PM, staff #2 prepared client C, D, E, F, G and H's lunches by spooning leftover ham and beans into storage containers.</p> <p>Staff #2 was interviewed on 6/9/14 at 6:15 PM. When asked about clients</p>	W000249	The facility will insure 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 plan. Staff will be trained that all clients will be included in packing their own lunch to the best of their ability. Additionally, staff will be trained on implementing client C and D objectives on packing their own lunches. The RM and QIDP will complete weekly active habilitation observations to ensure that clients are	07/17/2014

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	<p>preparing their own lunches, she indicated client G was unable to prepare his lunch. When asked if clients should be learning to prepare their lunches, she stated, "They assemble the lunches in the morning," and indicated the clients would put the containers into lunch bags at that time.</p> <p>Client C's record was reviewed on 6/11/14 at 1:01 PM. An ISP dated 7/23/13 indicated an objective to pack lunch for workshop nightly.</p> <p>Client D's record was reviewed on 6/11/14 at 3:30 PM. An ISP dated 1/30/14 indicated an objective to pack a lunch nightly.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated clients C and D should have been prompted to implement their objectives and pack their lunches at night.</p> <p>This federal tag relates to complaint #IN00149574.</p> <p>9-3-4(a)</p>		included with packing their own lunches to the best of their ability.				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients A, B, C and D) to ensure their health care representatives/guardians consented to their BSPs (Behavior Support Plans).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 6/11/14 at 2:55 PM. Client A's record indicated he had a health care representative to assist him in making decisions. A BSP dated 10/3/13 indicated target behaviors of talking to himself, obsessing, repeating, threatening, and increased anxiety around EMS (emergency medical services) vehicles and personnel. The plan included the use of Zyprexa 2.5 mg (milligrams) daily, Zoloft 25 mg daily, Risperdal .5 mg twice daily and Geodon 60 mg to address behaviors related to Psychotic Disorder. There was no evidence client A's health</p>	W000263	<p>The facility committee will insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Consents have sent to HCR, POA and/or legal guardians for signature. The QIDP will insure that all consent signatures are obtained. The Clinical Supervisor will complete monthly audits to review and insure that all consents are obtained.</p>	07/17/2014
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	<p>care representative consented to his plan.</p> <p>Client B's record was reviewed on 6/11/14 at 2:10 PM. Client B's record indicated he had a guardian. A BSP dated 10/10/13 indicated target behaviors of verbal aggression, threatening housemates, isolation and physical aggression associated with the diagnosis of adjustment disorder, major depression with psychotic features and major depression. The plan included the use of Risperdal 1 mg twice daily and Zoloft to address his behaviors. There was no evidence client B's guardian consented to his plan.</p> <p>Client C's record was reviewed on 6/11/14 at 1:01 PM. The record indicated client C had a health care representative to assist him in making decisions. A BSP (Behavior Support Plan) dated 8/1/13 indicated target objectives of inappropriate social behavior and noncompliance associated with ADHD (attention deficit hyperactivity disorder), Fetal Alcohol Syndrome and Fetal Cocaine Syndrome including deception, stealing, non-compliance, stealing food from pantries and the workshop, refusal to bathe, brush his teeth, refusal to do his soiled laundry (hiding soiled clothing in his dresser drawers) and refusal to stay away during day services. The plan</p>			

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	<p>included the use of Seroquel 100 mg twice daily, escitalopram 20 mg daily and Geodon 60 mg daily to address his behaviors. There was no evidence client C's health care representative consented to client C's plan.</p> <p>Client D's record was reviewed on 6/11/14 at 3:30 PM. The record indicated client D had a power of attorney to assist him in making decisions. A BSP dated 1/20/14 indicated target behaviors of inappropriate behaviors (suicidal thought/ideation which include changes in sleep, crying, withdrawing, isolation, loss of energy and or loss of interest, inappropriate social behavior and comments (touching, asking for intercourse), and verbal aggression (undefined). The plan included the use of Risperdal 2 mg twice daily, Zoloft 100 mg daily and Mellaril 100 mg twice daily. There was no evidence client D's power of attorney consented to client D's plan.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated the facility had not obtained consent for the clients' plans.</p> <p>This federal tag relates to complaint #IN00149574.</p>						

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W000268	<p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based upon observation and interview, the facility failed for 1 of 4 sampled clients (client B) to promote dignity.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/9/14 from 5:05 PM until 6:40 PM. Client B sat at the table with a frayed towel with a hole cut out for his head around his neck. Client B was unshaven and had a brown substance under his long/uneven fingernails.</p> <p>The Residential Manager was interviewed on 6/9/14 at 6:20 PM and indicated there were no clothing protectors in the house, but they were on</p>	W000268	The facility will insure that policies and procedures promote the growth, development and independence of the client. Clothing protectors have been purchased and are being used for client B. Staff will be retrained on appropriate personal hygiene and nail care. The RM and QIDP will complete weekly observations to assure that all clients receive appropriate personal hygiene and nail care.	07/17/2014

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W000331	<p>order.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated there should be clothing protectors available and clients should be shaven with nails clean and trimmed.</p> <p>This federal tag relates to complaint #IN00149574.</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.</p> <p>Based upon observation, record review and interview, the facility's nursing services failed for 1 additional client (client H) to ensure his risk plan to address insomnia included specific parameters to notify the nurse.</p> <p>Findings include:</p> <p>During observations at the group on 6/9/14 from 5:05 until 6:40 PM, client H</p>	W000331	<p>The facility will provide clients with nursing services in accordance with their needs. The agency nurse will establish specific parameters for when staff are to notify the nurse regarding client H sleep patterns. Staff will be trained on the new risk plan. Client H saw his psychiatrist and a change was implemented. The RM and QIDP will complete weekly active habilitations to include sleep charts.</p>	07/17/2014

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	<p>lay on the sofa after dinner without activity from 6:15 PM until 6:40 PM.</p> <p>During observations at the group home on 6/10/14 from 6:37 AM until 8:45 AM, client H received his medications, then went back to his bedroom to lay down. Client H got up from his bed to eat breakfast, then laid back down on his bed until it was time to go to day services.</p> <p>Staff #2 was interviewed on 6/10/14 at 7:25 AM and indicated client H had been sleeping during the day more frequently and stated, "He's been doing more up at night." Staff #2 indicated he would bring it to the attention of client H's psychiatrist at his next visit on 6/19/14.</p> <p>Client H's records at the group home were reviewed on 6/10/14 at 8:15 AM. Records of client H's sleep at night indicated client H was awake 5 nights in November, 2013, 9 nights in December, 2013, 5 nights in January, 2014, 7 nights in February, 2014, 6 nights in March, 2014, 8 nights in April, 2013, 5 nights in May, 2014, and 3 nights from June 1-10, 2014. Client H's risk plan to address insomnia dated 12/12/13 indicated "Staff will be trained in using sleep pattern flow sheets", and "Staff will be trained on when to notify the nurse...." There was no evidence in client H's record to provide instructions or parameters to staff as to when they should call the nurse when client H experienced insomnia.</p> <p>During observations at the day services on 6/10/14 from 10:50 AM until 11:30 AM, client H slept at a table.</p>			

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W000478	<p>Workshop staff #1 and #2 were interviewed on 6/10/14 at 10:55AM and stated client H "Gets his days and nights mixed up." Workshop staff #2 stated, "He laid his head down as soon as he got here, so I gave him a pillow."</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated there were no parameters in client H's risk plan to address insomnia to indicate when the nurse should be called when client H experienced insomnia.</p> <p>This federal tag relates to complaint #IN00149574.</p> <p>9-3-6(a)</p> <p>483.480(c)(1)(ii) MENUS Menus must provide a variety of foods at each meal.</p> <p>Based upon observation, record review and interview for 4 of 4 sampled clients (clients A, B, C and D) and for 4 additional clients (clients E, F, G and H), the facility failed to ensure the menus included client choice and included all</p>	W000478	The facility will ensure that the home provides a variety of foods at each meal. Staff will be retrained on following the menus on a daily basis. Staff will be retrained that substitutions can be made per client choice. The RM and QIDP will complete weekly active habilitations	07/17/2014			

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	<p>dietary menu components.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/9/14 from 5:05 PM until 6:40 PM. The evening meal consisted of ham and beans, cornbread and coleslaw, milk, juice and water. There was no dessert provided, and no other vegetable than coleslaw.</p> <p>The posted menu was reviewed on 6/9/14 at 5:55 PM and indicated "Heart Healthy Spring/Summer 2009 Week 1...3 oz (ounces) Swiss Steak or Hamburger Patty, 1 c (cup) Paprika Potatoes and Green Beans, 1 sl (slice) Lite WW (whole wheat) Bread w/ (with) 1 tsp (teaspoon) or 1 Lite (sic) WW Bun, 1/2 c SF (sugar free) Lemon Pudding, 1 c skim milk/LF (low fat) milk, 1 c SF beverage.</p> <p>Staff #1 was interviewed on 6/9/14 at 6:10 PM and indicated staff were to use the 2009 menu and substitute menu choices as needed. When asked about the menu for the dinner that evening, she stated "Day staff made dinner. She said she was bored."</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated staff should</p>		to insure that the menus are being followed. The RM and QIDP will review the substitution list on a weekly basis.				

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W000488	<p>follow the menus posted with appropriate substitutions and should be providing substitutions based upon client choice.</p> <p>This federal tag relates to complaint #IN00149574.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based upon observation and record review, the facility failed to ensure 4 additional clients (clients E, F, G and H) were encouraged to participate in the preparation of their lunches.</p> <p>Findings include:</p> <p>During observations at the group home on 6/9/14 from 5:05 PM until 6:40 PM, staff #2 prepared clients E, F, G and H's lunches by spooning leftover ham and beans into storage containers.</p> <p>Staff #2 was interviewed on 6/9/14 at 6:15 PM. When asked about clients preparing their own lunches, she indicated client G was unable to prepare his lunch. When asked if clients should</p>	W000488	The facility will assure that each client eats in a manner consistent with his or her developmental level. Staff will be trained that all clients will be included in packing their own lunch to the best of their ability. The RM and QIDP will complete weekly active habilitation observations to ensure that clients are included with packing their own lunches to the best of their ability.	07/17/2014

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	<p>be learning to prepare their lunches, she stated, "They assemble the lunches in the morning," and indicated the clients would put the containers into lunch bags at that time.</p> <p>The Supported Group Living Manager (SGLM) was interviewed on 6/12/14 at 1:25 PM and indicated the clients should have been prompted to prepare their own lunches.</p> <p>This federal tag relates to complaint #IN00149574.</p> <p>9-3-8(a)</p>				