

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G716	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2015
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: 10/26/15, 10/27/15 and 10/28/15</p> <p>Facility Number: 004061 Provider Number: 15G716 AIMS Number: 200483530</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/4/15.</p>	W 0000		
W 0156 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 1 allegation of neglect reviewed, the facility failed to ensure the results of an investigation of alleged staff neglect were reported to the administrator within 5 business days.</p>	W 0156	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i></p> <p>Administrator has signed the blank space on form. Administrator was</p>	11/16/2015

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>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/26/15 at 1:30 PM. The review indicated the following:</p> <p>-BDDS report dated 6/18/15 indicated client #1 made an allegation of staff #1 sleeping during the overnight shift on 6/17/15.</p> <p>-Investigation summary form dated 6/22/15 indicated the facility substantiated client #1's 6/17/15 allegation of staff sleeping/neglect. The review did not indicate documentation of the results of the investigation being reported to the administrator. The 6/22/15 investigation summary form contained an administrator review signature space which was blank at the time of review.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/27/15 at 11:45 AM. QIDP #1 indicated he had completed the 6/22/15 investigation regarding client #1's allegation of staff neglect. QIDP #1 indicated the results of investigations of alleged abuse, neglect or mistreatment should be reported to the administrator</p>		<p>present and active throughout entire investigation. <i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p>Administrator has reviewed all other investigations and ensured all signatures are present.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Administrator will review investigations in the biweekly manager meeting. Each manager will review all investigations in order to add additional oversight to each other's investigations as well as the finalization of all reports and documentation.</p>	

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W 0159 Bldg. 00	<p>within 5 business days. QIDP #1 indicated the 6/22/15 investigation summary form did not have the facility administrator's signature. QIDP #1 stated, "[AS (Administrative Staff) #1] must have forgotten to sign it. I will follow up with [AS #1] to find out about it." QIDP #1 did not provide additional documentation of AS #1's notification/signature regarding the 6/22/15 investigation findings.</p> <p>9-3-2(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 on observation, record review and interview for 1 of 2 sampled clients (#2) plus 2 additional clients (#3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #2, #3 and #4's active treatment programs by failing to ensure sufficient staffing levels in the home to enable clients #2, #3 and #4's participation/attendance at their day service program, to ensure client #4's sensorimotor needs were assessed regarding client #4's ability to remain in an upright position while utilizing his</p>	W 0159	Please see W186, W218, W249, W436 and W488. All findings will be reviewed with entire QIDP and Team Leader group.	11/16/2015

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	<p>wheelchair, to ensure clients #2 and #4 received continuous active treatment during available opportunities, to ensure client #4's wheelchair was in good repair and to ensure staff provided training in meal preparation activities when formal and informal opportunities existed for clients #2 and #4.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate, coordinate and monitor clients #2, #3 and #4's active treatment programs by failing to ensure sufficient staffing levels in the home to enable clients #2, #3 and #4's participation/attendance at their day service program. Please see W186. 2. The QIDP failed to integrate, coordinate and monitor client #4's active treatment program by failing to ensure client #4's sensorimotor needs were assessed regarding client #4's ability to remain in an upright position while utilizing his wheelchair. Please see W218. 3. The QIDP failed to integrate, coordinate and monitor clients #2 and #4's active treatment programs by failing to ensure clients #2 and #4 received continuous active treatment during available opportunities. Please see W249. 			

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W 0186 Bldg. 00	<p>4. The QIDP failed to integrate, coordinate and monitor client #4's active treatment program by failing to ensure client #4's wheelchair was in good repair. Please see W436.</p> <p>5. The QIDP failed to integrate, coordinate and monitor clients #2 and #4's active treatment programs by failing to ensure staff provided training in meal preparation activities when formal and informal opportunities existed for clients #2 and #4. Please see W488.</p> <p>9-3-3(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observations, record review and interview for 1 of 2 sampled clients (#2) plus 2 additional clients (#3 and #4), the facility failed to ensure sufficient staffing levels in the home to enable clients #2, #3 and #4's participation/attendance at their day service program.</p>	W 0186	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i></p> <p>All individuals will resume day services activities as indicated on their ISP.</p>	11/16/2015

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	<p>Findings include:</p> <p>The facility's Community Residential Facility Surveyor Worksheet dated 10/26/15 was reviewed on 10/26/15 at 3:00 PM. The review indicated the facility had three (3) direct support staff vacancies.</p> <p>TL (Team Leader) #1 was interviewed on 10/27/15 at 7:15 AM. TL #1 indicated clients #2, #3 and #4 did not currently attend their day service programs. TL #1 stated, "The only one that goes is [client #1]. We don't have enough staff right now to take the others, [clients #2, #3 and #4]. I don't have the open positions filled yet."</p> <p>Observations were conducted at the group home on 10/27/15 from 12:35 PM through 1:11 PM. Clients #2, #3 and #4 were present in the home throughout the observation period. Client #2 was lying down on his bed from 12:35 PM through 1:11 PM.</p> <p>1. Client #2's record was reviewed on 10/27/15 at 10:55 AM. Client #2's Daily Active Treatment Schedule (DATS) dated 2015 indicated client #2 should attend day programming from 9:00 AM through 2:00 PM on weekdays. Client</p>		<p><i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p>While this home does have some positions that are not filled with regular staff, shifts have been filled such that staff could have been bringing individuals to day services. Staff will resume bringing individuals to day services.</p> <p>Director had made prior request to Human Resources to prioritize this facility for hiring new applicants. 1 of the 3 vacant positions has since been filled.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Administrator will receive a weekly attendance for this facility for one month. Administrator will then monitor attendance on a monthly basis.</p>	

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	<p>#2's ISP (Individual Support Plan) dated 2/19/15 indicated client #2 attended day services Monday through Friday for vocational training. Client #2's ISP dated 2/19/15 indicated client #2 had a vocational training goal to participate in a sensory activity three times a week.</p> <p>2. Client #3's record was reviewed on 10/28/15 at 12:55 PM. Client #3's DATS dated 2015 indicated client #3 should attend day programming from 9:00 AM through 2:00 PM on weekdays.</p> <p>3. Client #4's record was reviewed on 10/27/15 at 11:23 AM. Client #4's DATS dated 2015 indicated client #4 should attend day service programming from 9:00 AM through 1:30 PM on weekdays. Client #4's ISP dated 8/6/15 indicated client #4 should attend day service programming Monday through Friday for vocational skills training.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/27/15 at 11:45 AM. QIDP #1 indicated clients #2, #3 and #4 did not attend their day service programs on a daily basis due to not having enough staff. QIDP #1 stated, "They've gone to day services off and on for about the last two months." QIDP #1 indicated clients #2, #3 and #4 stayed at the group home</p>			

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W 0218 Bldg. 00	<p>during the day and did activities.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 additional client (#4), the facility failed to ensure client #4's sensorimotor needs were assessed regarding client #4's ability to remain in an upright position while utilizing his wheelchair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/26/15 from 4:15 PM through 5:45 PM and on 10/27/15 from 6:00 AM through 8:00 AM. Client #4 was observed in the group home throughout the observation periods. Client #4 utilized a manual wheelchair with a lap belt and high back with a head support for mobility. Client #4's wheelchair did not have a chest harness. Client #4's body/trunk area was stiff and did not flex/bend at his hip. Client #4 did not sit in an upright position in the wheelchair. Client #4 maintained his upper body over the right side of the wheelchair. Client #4's upper body was</p>	W 0218	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i> Wheelchair evaluation is scheduled for December 2, 2015. In the interim, team will continue to support his positioning and safety as indicated in his High Risk Plan and Dining Plan. <i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i> Team will meet on 11/2/15 to review all dining and high risk plans. Posture and dining procedures will be reviewed. The other individuals will be reviewed to have current and appropriate assessments. <i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur?</i> <i>How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i> Team Leader and Manager/QIDP will observe</p>	11/16/2015

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	<p>over the right arm rest allowing client #4 to touch the floor and manipulate a portion of the wheelchair's lap belt. While client #4's upper body was positioned as described above his lower body (legs, hips and lower trunk) was maintained in a straight rigid posture with his legs and feet extended out away from the wheelchair. Throughout the observation periods staff and the team leader attempted to sit client #4 up in an upright position. Client #4 would slide himself back over the right side of the chair with his legs extended out away from the chair each time attempts were made to reposition him. During the evening meal observation on 10/26/15 at 5:15 PM, client #4 was assisted to the dining room table to eat his meal. Staff #3 attempted to position client #4 in an upright position to eat. Client #4 did not maintain an upright position while staff #3 attempted to spoon feed client #4 his pureed meal. At 5:25 PM, staff #2 assisted staff #3 to move client #4's wheelchair to a different position in relation to the table in order to utilize the side of the dining room table to support client #4 in an upright position to consume his meal.</p> <p>Staff #2 was interviewed on 10/26/15 at 5:09 PM. Staff #2 stated, "That's his, [client #4's] normal position. I think they</p>		<p>meals and active treatment in the home weekly for 4 weeks. Observations will monitor that appropriate dining, adaptive equipment and safety supports are being utilized as well as adequate levels of active treatment throughout daily schedule. After the initial 4 week observation period, observations will resume to a minimum of monthly completion.</p>	

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	<p>are supposed to be getting him a new chair or maybe they are in the process of it."</p> <p>Client #4's record was reviewed on 10/27/15 at 11:23 AM. Client #4's Medical Consult Report dated 6/8/15 indicated, "[Client #4] sitting in wheelchair in forward flexed position (not upright/leaning). [Client #4] required maximum verbal and tactile cues to correct positioning. Chest measured for harness; 38 centimeters/15 inches. Plan/Recommendations: Recommend [brand] shoulder harness medium with flat mount to wheelchair to improve positioning while sitting in wheelchair." Client #4's Physician's Orders form dated 9/30/15 indicated client #4's diagnoses included but were not limited to Cerebral Palsy (motor/muscle control disorder) and mild Kyphosis (unusual curvature of the spine). Client #4's Physician's Orders form dated 9/30/15 indicated client #4's date of admission to the facility was 7/9/15. Client #4's ISP (Individual Support Plan) dated 8/6/15 indicated client #4 had an OT (Occupational Therapy) evaluation on 6/8/15 with IDT (Interdisciplinary Review) on 8/6/15 with no further OT services recommended. Client #4's ISP dated 8/6/15 indicated client #4 had a PT (Physical Therapy) evaluation on 5/5/15 with IDT review on</p>			

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	<p>8/6/15. Client #4's ISP dated 8/6/15 indicated, "Wheelchair evaluation completed, IDT agrees with recommendation of gait belt PRN (as needed)." The review did not indicate documentation of IDT review or recommendations regarding client #4's 6/8/15 OT recommendations for a chest harness. The review did not indicate documentation of the referenced 5/5/15 PT evaluation. The review did not indicate documentation of assessment of client #4's positioning needs within 30 days of his 7/9/15 admission to the group home.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/27/15 at 11:45 AM. QIDP #1 indicated client #4 was admitted to the facility on 7/9/15. QIDP #1 indicated client #4 did not sit in an upright position in his wheelchair. QIDP #1 indicated client #4 had a recommendation for a chest harness to assist him to stay in an upright position. QIDP #1 indicated client #4's wheelchair was broken and it was not possible to attach the chest harness to the chair. QIDP #1 indicated client #4's wheelchair and position needs should be assessed within 30 days of admission to the group home.</p> <p>QIDP #1 provided an electronic</p>			

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W 0249 Bldg. 00	<p>correspondence on 10/27/15 at 2:48 PM which was reviewed upon receipt. The electronic correspondence had a physician's order attached electronically. The physician's order dated 10/27/15 indicated, "PT/OT evaluation (of wheelchair seating."</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 on observation, record review and interview for 1 of 2 sampled clients (#2) plus 1 additional client (#4), the facility failed to ensure clients #2 and #4 received continuous active treatment during available opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/26/15 from 4:15 PM through 5:45 PM. Client #2, who was non-verbal in that she did not verbally</p>	W 0249	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? QIDP and Team Leader will conduct personal interest and activity assessments for each individual. An individualized list of suggested activities and interests will be generated to support the staff ability to engage the individuals that are unable to self express their interests. How will other residents having the potential to be affected by the same deficient practice be identified and what</i></p>	11/16/2015

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	<p>communicate, was seated in her manual wheelchair positioned in the home's living room area near the television from 4:15 PM through 4:30 PM. At 4:30 PM, client #2 was taken to the restroom with staff assistance and upon return was positioned at the dining room table. Client #2 was seated at the dining room table with no activity/interaction from 4:30 PM through 4:54 PM. At 4:54 PM, client #2 was assisted to the medication administration area for her evening medications. At 5:05 PM, client #2 was assisted back to the dining room table where she sat without activity/interaction until 5:20 PM when staff began feeding client #2 at the dining room table. Client #3, who was non-verbal in that he did not verbally communicate his wants and needs, was seated in his manual wheelchair in the home's living room area from 4:15 PM through 5:15 PM. At 4:25 PM, client #4 was offered a stuffed animal to play with. Client #4 threw the stuffed animal toy on the floor and resumed playing with his seat belt strap. From 4:15 PM through 5:15 PM, client #4 was not offered meaningful activity.</p> <p>Observations were conducted at the group home on 10/27/15 from 6:00 AM through 8:00 AM. Client #2 was seated in her wheelchair at the dining room table from 6:00 AM through 7:08 AM with no</p>		<p><i>corrective action will be taken?</i> Team will meet on 11/2/15 to review the interest and activity suggestions. Team Leader will purchase more items that may offer interest from client #4. <i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur?</i> <i>How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i> Team Leader and Manager/QIDP will observe meals and active treatment in the home daily for 1 week. Observations will monitor that appropriate dining, adaptive equipment and safety supports are being utilized as well as adequate levels of active treatment throughout daily schedule. After the initial observation period, observations will resume to a minimum of weekly onsite observations.</p>	

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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8521 CROWN POINT RD INDIANAPOLIS, IN 46278
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	<p>activity.</p> <p>1. Client #2's record was reviewed on 10/27/15 at 10:55 AM. Client #2's ISP (Individual Support Plan) dated 2/19/15 revised on 8/19/15 indicated client #2 had formal training objectives to wash her legs, will put on socks, apply lotion to her face, retrieve a swab for her oral hygiene, read a book with staff assistance, make a purchase in the community once a week, retrieve applesauce for medications and wipe her mouth during meals.</p> <p>2. Client #4's record was reviewed on 10/27/15 at 11:23 AM. Client #4's ISP (Individual Support Plan) dated 8/6/15 indicated client #4 had formal training objectives to wipe his mouth with assistance, wash his body with assistance, put on his shirt with assistance, put on deodorant with assistance, swab his gums, retrieve a pull up for changing, choose a toy from choice of two, get a cup to take medications with and to draw in a coloring book with assistance.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/27/15 at 11:45 AM. QIDP #1 indicated clients #2 and #4 should be offered choices of activity or training during all available opportunities.</p>			

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W 0436 Bldg. 00	<p>9-3-4(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p> <p>Based on observation, record review and interview for 1 of 4 clients with adaptive equipment, the facility failed to ensure client #4's wheelchair was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/26/15 from 4:15 PM through 5:45 PM and on 10/27/15 from 6:00 AM through 8:00 AM. Client #4 was observed in the group home throughout the observation period. Client #4 utilized a manual wheelchair with lap belt and high back with a head support for mobility. Client #4's wheelchair did not have a chest harness. Client #4's body/trunk area was stiff and did not flex/bend at his hip area. Client #4 did not sit in an upright position in the wheelchair. Client #4 maintained his upper body over the right side of the wheelchair. Client #4's upper body was</p>	W 0436	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i></p> <p>Wheelchair evaluation is scheduled for December 2, 2015. In the interim, team will continue to support his positioning and safety as indicated in his High Risk Plan and Dining Plan.</p> <p><i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p>Team will meet on 11/2/15 to review all dining and high risk plans. Posture and dining procedures will be reviewed. The other individuals will be reviewed to have current and appropriate adaptive equipment in place.</p> <p><i>What measures will be put into</i></p>	11/16/2015
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	<p>over the right arm rest allowing client #4 to touch the floor and manipulate a portion of the wheelchairs lap belt. While client #4's upper body was positioned as described above his lower body (legs, hips and lower trunk) was maintained in a straight rigid posture with his legs and feet extended out away from the wheelchair. Throughout the observation periods staff and the team leader attempted to sit client #4 up in an upright position. Client #4 would slide himself back over the right side of the chair with his legs extended out away from the chair each time attempts were made to reposition him. During the evening meal observation on 10/26/15 at 5:15 PM, client #4 was assisted to the dining room table to eat his meal. Staff #3 attempted to position client #4 in an upright position to eat. Client #4 did not maintain an upright position while staff #3 attempted to spoon feed client #4 his pureed meal. At 5:25 PM, staff #2 assisted staff #3 to move client #4's wheelchair to a different position in relation to the table in order to utilize the side of the dining room table to support client #4 in an upright position to consumer his meal.</p> <p>Staff #2 was interviewed on 10/26/15 at 5:09 PM. Staff #2 stated, "That's his, [client #4's] normal position. I think they</p>		<p><i>place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Team Leader and Manager/QIDP will observe meals and active treatment in the home weekly for 4 weeks. Observations will monitor that appropriate dining, adaptive equipment and safety supports are being utilized as well as adequate levels of active treatment throughout daily schedule. After the initial 4 week observation period, observations will resume to a minimum of monthly completion.</p>	

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	<p>are supposed to be getting him a new chair or maybe they are in the process of it."</p> <p>Client #4's record was reviewed on 10/27/15 at 11:23 AM. Client #4's Medical Consult Report dated 6/8/15 indicated, "[Client #4] sitting in wheelchair in forward flexed position (not upright/leaning). [Client #4] required maximum verbal and tactile (physical) cues to correct positioning. Chest measured for harness; 38 centimeters/15 inches. Plan/Recommendations: Recommend [brand] shoulder harness medium with flat mount to wheelchair to improve positioning while sitting in wheelchair." Client #4's Physician's Orders form dated 9/30/15 indicated client #4's diagnoses included but were not limited to Cerebral Palsy (motor/muscle control disorder) and mild Kyphosis (unusual curvature of the spine).</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/27/15 at 11:45 AM. QIDP #1 indicated client #4 did not sit in an upright position in his wheelchair. QIDP #1 indicated client #4 had a recommendation for a chest harness to assist him to stay in an upright position. QIDP #1 indicated client #4's wheelchair</p>			

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W 0488 Bldg. 00	<p>was broken and it was not possible to attach the chest harness to the chair.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 1 of 2 sampled clients (#2) plus 1 additional client (#4), the facility failed to ensure staff provided training in meal preparation activities when formal and informal opportunities existed for clients #2 and #4.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/26/15 from 4:15 PM through 5:45 PM. Clients #2 and #4 were present in the home throughout the observation period. At 4:15 PM, staff #3 was preparing the evening meal in the home's kitchen area. Staff #3 prepared green beans, macaroni salad, baked chicken and fruit cocktail. Staff #3 pureed clients #2 and #4's servings of green beans, macaroni salad, baked</p>	W 0488	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? Team will meet on 11/2/15 to review all dining plans and meal time goals. Informal and formal opportunities to engage all individuals will be reviewed. What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place? Team Leader and Manager/QIDP will observe meals and active treatment in the</i></p>	11/16/2015
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	<p>chicken and fruit cocktail. Staff #3 placed clients #2 and #4's food on their divided plates and sat the plates on the table with utensils and napkins. Staff #3 then prepared clients #2 and #4's lemonade and water in their cups and placed them on the table. When clients #2 and #4 finished eating their meal, staff #3 took their dishes to the kitchen sink and cleaned the table area where clients #2 and #4 had eaten. Clients #2 and #4 were not encouraged to participate in the preparation of their meal, serving themselves portions of the evening meal, setting the table or cleaning up after their meal.</p> <p>Observations were conducted at the group home on 10/27/15 from 6:00 AM through 8:00 AM. Clients #2 and #4 were present in the home throughout the observation period. Staff #4 prepared the morning meal which consisted of cottage cheese, cereal, applesauce and milk. Staff #4 pureed clients #2 and #4's portions, placed the pureed portions on clients #2 and #4's plates, poured clients #2 and #4's milk into a cup and placed their plates on the table. Staff #4 placed utensils and napkins on the table. When clients #2 and #4 had finished eating their morning meal, staff #4 placed clients #2 and #4's dishes in the kitchen sink and cleaned the area of the table where clients #2 and #4</p>		<p>home daily for 1 week. Observations will monitor that appropriate dining and safety supports are being utilized as well as adequate levels of active treatment throughout daily schedule. After the initial observation period, observations will resume to a minimum of weekly completion.</p>	

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	<p>had eaten. Clients #2 and #4 were not encouraged to participate in the preparation of their meal, serving themselves portions of the morning meal, setting the table or cleaning up after their meal.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/27/15 at 11:45 AM. QIDP #1 indicated clients #2 and #4 could assist with serving themselves portions of food, could push the food processor button to puree their food and pour themselves servings of milk or lemonade with hand over hand assistance and supervision.</p> <p>9-3-8(a)</p>			