

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G296	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/23/2013
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 417 W WALNUT ST KOKOMO, IN 46901
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 17, 18, 19, 22, and 23, 2013.</p> <p>Facility Number: 000815 Provider Number: 15G296 AIM Number: 100249080</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 29, 2013 by Dotty Walton, 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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who resided in the home, the facility failed to allow and encourage access to the facility's locked air temperature controls and locked razors.</p> <p>Findings include:</p> <p>On 7/17/13 from 1:40pm until 4:23pm, and on 7/18/13 from 6:00am until 7:50am, client #1, #2, #3, #4, #5, #6, #7, and #8's observation and interview were completed at the group home and the air temperature controls attached to the wall in the hallway near the living room had a locked cover. From 6:50am until 7:30am, GHS (Group Home Staff) #2 administered medications in the medication area. From 6:50am until 7:30am, GHS #3 and the HM (House Manager) entered the medication administration room, requested the key for the medication closet, unlocked the the secured closet removed house stocked disposable razors for clients, and indicated client razors are kept locked</p>	W000125	<p>Indiana Mentor has policies and procedures in place to protect clients rights and freedom. All staff are trained on clients rights upon hire and annually thereafter. Any restrictions to these rights are presented before a human rights council and must be agreed upon prior to implementation. The manager for the house has unlocked the temperature control box for the house and unlocked the cabinet to allow clients 1-8 access to both. The staff will be retrained on clients rights and restrictions. The team will continue to go through human rights council for any proposed restrictions and obtain approval prior to implementation. Management will do envionmental checks three times a month to ensure no improper restrictions are in place. Responsible Staff: Program Director Completion Date: 8/20/2013</p>	08/20/2013			

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	<p>because staff need to use the razors not clients. At 7:42am, the air temperature controls and the razors were locked and no client had access to the key for access. At 7:50am, clients #1, #2, #3, #4, #5, #6, #7, and #8 indicated they did not have access to the air temperature controls and did not have access to razors which were both locked.</p> <p>The House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 7/18/13 at 8:15am. The QIDP and the HM both indicated no client had an identified need for the locked air temperature controls and the locked razors available for review. The QIDP indicated the razors were locked because the clients needed supervision when they use disposable razors. The QIDP indicated no assessments were done to determine the need for locked air temperature controls and the locked razors for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>9-3-2(a)</p>				

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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, interview, and record review, for 3 of 3 clients (clients #3, #4, and #8) who attended day services in the classroom at workshop, the facility failed to use United States Currency to implement individual support plan (ISP) recommendations and objectives for money skills training.</p> <p>Findings include:</p> <p>During observation on 7/17/13 from 12:10pm until 1:40pm, observations at the workshop were completed for client #3, #4, and #8 in the classroom. At 12:50pm, clients #3, #4, and #8 were prompted to use brown plastic discs, silver plastic discs, lime green paper with \$1.00, \$5.00, and \$10.00 on the non United States Currency items. Clients #3, #4, and #8 were prompted to identify plastic disc coins and lime green paper, state their value, and count each item of non United States Currency. Workshop Staff (WKS) #1 and WKS #2 both indicated clients #3, #4, and #8's ISP (Individual Support Plan) goals/objectives were not run with the use of United States</p>	W000126	<p>Prior to goal implementation the team meets to review current client progress and determine future goals for individuals. These goals are presented to team members to ensure the goals are appropriate and address a need for the individual and aid in increasing skills. The QMRP met with the day service provider to address the currency goal and the use of fake money for it. Day service team had agreed to change how goal was being run for clients 3,4, and 8 The IDT will continue to meet to discuss and review client goals and progress. Management will conduct at least two observations per month on clients at the day program to ensure proper implementation of goals. Responsible Staff: Program Director Completion Date: 8/20/2013</p>	08/20/2013

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	<p>Currency. Both workshop staff stated the "play money" did not have the same texture, weight, or visual identification of United States Currency.</p> <p>Client #3's record was reviewed on 7/18/13 at 9:55am. Client #3's 10/19/12 ISP (Individual Support Plan) indicated an objective for client #3 to make fifty cents (\$0.50) out of nickels and dimes.</p> <p>Client #4's record was reviewed on 7/18/13 at 8:50am. Client #4's 8/7/12 ISP indicated when shown a penny and a quarter client #4 will identify the quarter.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 7/18/13 at 10:50am. The QIDP indicated United States Currency should have been used for clients #3, #4, and #8 during formal and informal opportunities to teach clients about currency and to identify coins and dollar bills. The QIDP indicated play money should not have been used. The QIDP indicated each program should have been implemented with United States Currency.</p> <p>9-3-2(a)</p>						

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review, and interview, for 2 of 4 sample clients (clients #3 and #4) who used adaptive equipment, the facility failed to develop a schedule for use of the adaptive equipment for client #3's Oxygen use and client #4's Leg Brace, Wheel Chair use, and Gait belt use for safety.</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 7/18/13 at 9:55am. Client #3's 6/2/13 Physician's Order indicated Oxygen at night by nasal cannula for shortness of breath. Client #3's 10/19/12 ISP (Individual Support Plan) did not include the use of Oxygen and did not include the schedule for the use of Oxygen.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 7/18/13 at 10:10am. At 10:10am, the QIDP indicated client #3 had a recommendation to use his Oxygen at night for shortness of breath. The QIDP indicated client #3's Oxygen use was not documented in client #3's ISP. The QIDP indicated client #3 did not have a documented schedule for the use of his</p>	W000240	<p>The QMRP for the program had been trained on ISP's and writing and implementing them. This includes health and safety measures. The house also has a nurse who aides in the developement of programs and plans for health and safety for the individuals in the house. The agency has policies and procedures in place that outlines monitoring and implementation of programs for ones safety.The QMRP is revising the ISP's for clients 3 and 4 to include the use of the adaptative equipment for the individuals listed. The QMRP along with the nurse have developed a plan of use for each of these items and staff are being trained on these revisions.The QMRP and nurse will review all ISPs in the house to ensure adaptative equipment is listed and usage of the equipment is outlined. On going the QMRP will revise ISPs upon implementation of new adaptitive equipment and ensure staff are trained on use. Responsible Staff: Program Director and Nurse Completion Date: 8/20/2013</p>	08/20/2013			

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	<p>Oxygen.</p> <p>2. During observation on 7/17/13 from 12:10pm until 1:40pm, observations at the workshop were completed for client #4. From 12:10pm until 1:40pm, client #4 wore a right leg brace, wore a gait belt around her waist, and sat in a wheel chair.</p> <p>During observation on 7/17/13 from 3:00pm until 4:50pm, client #4 was observed to wear a right leg brace, walked independently holding a staff members hand, and did not use a wheel chair or wear a gait belt. Client #4 was observed to walk up/down stairs to her bedroom and bathroom. During the observation client #4 walked outside the back door, got onto the van, went on a community outing at a local church, walked from the van into the church, and walked throughout the church. During the outing client #4 did not wear a gait belt and did not use a wheel chair.</p> <p>During observation on 7/18/13 from 6:00am until 7:50am, client #4 walked independently throughout the group home and up/down the stairs to her upstairs bedroom. At 7:30am, GHS (Group Home Staff) #2 prompted client #4 to transfer from a chair in the living room into a wheel chair and GHS #2 assisted client #4 to the medication room.</p>						

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	<p>Client #4's record was reviewed on 7/18/13 at 8:50am. Client #4's 8/7/12 ISP did not include a schedule for the use of her right AFO (Leg Brace), the use of a Wheel Chair, or the use of a Gait Belt. Client #4's 6/2/13 Physician's Order indicated the use of her right leg brace, Wheel Chair as needed, and Gait Belt as needed. Client #4's 8/7/12 "Annual Health Care" Assessment indicated the use of her right leg brace and did not include the use of a wheel chair or gait belt.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 7/18/13 at 10:50am. At 10:50am, the QIDP indicated client #4 had recommendations to wear her leg brace and did not have a schedule for its use in her ISP. The QIDP indicated client #4's Gait Belt use and Wheel Chair use were not documented in her ISP and did not have a schedule for their use. The QIDP indicated client #4 used a Gait Belt for her unsteady gait and a wheel chair for long distances.</p> <p>9-3-4(a)</p>				

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, interview, and record review, for 1 of 4 sampled clients (clients #4), the facility failed to initiate programming in client #4's Individual Support Plans (ISPs) to address toileting skills.</p> <p>Findings include:</p> <p>On 7/17/13 from 1:40pm until 4:23pm, and on 7/18/13 from 6:00am until 7:50am, client #4 had depends incontinent briefs on and available inside the group home.</p> <p>On 7/17/13 at 2:20pm, an interview with the HM (House Manager) was conducted during a tour of the facility. The HM indicated client #4's room had adult incontinent briefs in the upstairs bedroom and bathroom. The HM indicated client #4 was incontinent of Bowel and Bladder.</p> <p>Client #4's record was reviewed on</p>	W000242	<p>The QMRP is trained on writing and implementation of ISPs and goals. The team meets on a quarterly basis to review goals and progress of the individuals. The team agrees upon the deficiencies and comes up with client specific goals to aid the individual. For client number #4 the QMRP has developed a new incontinence goal to address the toileting skill. The staff are being trained on this new goal and will be implemented. The QMRP is being retrained on ISP and goal development. The QMRP will review the remaining ISP's to ensure all necessary goals are in place. The QMRP will also send new ISP's to the area director for review for the next 6 months prior to implementation of the ISP. Responsible Staff: Program Director Completion Date: 8/20/2013</p>	08/20/2013			

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	<p>7/18/13 at 8:50am. Client #4's 8/7/12 ISP (Individual Support Plan) did not include a toileting objective nor schedule. Client #4's record did not include a schedule or a reason for her incontinence. Client #4's 8/7/12 "Annual Health Care Assessment" did not indicate client #4 was incontinent of Bowel and Bladder. Client #4's 5/21/13 "Nursing Quarterly" Assessment indicated client #4 was incontinent of Bowel and Bladder. No medical reason for the incontinence was documented.</p> <p>Interview on 7/18/13 at 11:00am, with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #4 did not have a current toileting objective nor a toileting schedule.</p> <p>9-3-4(a)</p>						

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W000382	<p><b>483.460(l)(2)</b> <b>DRUG STORAGE AND RECORDKEEPING</b> The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and for 4 additional clients (clients #5, #6, #7, and #8), the facility failed to ensure client #4's liquid antibiotic medication inside the kitchen refrigerator was kept locked when not being readied for administration.</p> <p>Findings include:</p> <p>On 7/17/13 from 1:40pm until 4:23pm, and on 7/18/13 from 6:00am until 7:50am, clients #1, #2, #3, #4, #5, #6, #7, and #8 walked independently throughout the group home, accessed the kitchen, the kitchen refrigerator, and client #4's liquid Vancomycin antibiotic medication was kept unsecured in the door of the kitchen refrigerator. On 7/17/13 at 3:35pm, GHS (Group Home Staff) #1 with client #4 were in the medication room. GHS #1 prompted client #4 to go to the refrigerator in the kitchen to retrieve her medication. Client #4 left the medication room, followed by GHS #1, client #4 walked into the kitchen, retrieved her unsecured liquid antibiotic medication, and carried it to the medication room followed by GHS #1. On 7/18/13 at</p>	W000382	<p>Indiana Mentor has policies and procedures in place for the safe storage of medication. This includes ensuring all medication is kept in locked location. Staff are trained on these procedures upon hire through Core A and B, and annually thereafter. For client #4 the medication was put into a locked container and then returned to the storage area. The staff are being retrained on medication administration and medication storage. Management will observe at least 4 medication passes per month for the 3 months. Along with observe the medication pass the management will check the storage to ensure the medications are properly locked in the correct locations. Responsible Staff: Program Director Completion Date: 8/20/2013</p>	08/20/2013			

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	<p>8:30am, client #4 had her medications administered by GHS #2. GHS #2 went to the kitchen refrigerator, retrieved client #4's unsecured bottle of liquid antibiotic, and administered the medication to client #4 at the group home. At 8:50am, client #4 and GHS #2 left the group home for workshop.</p> <p>On 7/18/13 at 9:50am, an interview with the Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated medications should be kept locked/secured when not administered. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8, visitors, and other employees had access to medications when the medications were left unsecured. 9:50am, the QIDP indicated medications are to be kept locked when not administering. The QIDP indicated the facility followed Living in the Community Core A/Core B medication administration training.</p> <p>On 7/19/13 at 11:00am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" indicated medications should be secured.</p> <p>9-3-6(a)</p>						

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W000436	<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 2 of 4 sampled clients (clients #3 and #4) who had adaptive equipment, the facility failed to teach and encourage client #3 and #4 to wear their prescribed eye glasses.</p> <p>Findings include:</p> <p>During observations on 7/17/13 from 12:10pm until 1:40pm, observation at the workshop were completed for clients #3 and #4 in the classroom and they did not wear prescribed eye glasses. From 12:10pm until 1:40pm, clients #3 and #4 colored outside the lines on a picture of a bug, looked at brown plastic discs, silver plastic discs, lime green paper with \$1.00, \$5.00, and \$10.00 on the non United States Currency items, asked to identify the items, and wrote their names by tracing letters with a pencil. During the observation period clients #3 and #4 bent at the waist and their faces were within a foot from their individual papers and items on the table. From 12:10pm until 1:40pm, clients #3 and #4 were not</p>	W000436	<p>The individuals IDT helps identify necessary aides needed by the clients. The IDT ensures the individual has learning opportunities throughout the day to ensure these items are properly implemented. The QMRP has these aides outlined in the ISP and staff are trained on use prior to working these individuals. For clients 3 and 4 the QMRP has met with the day program about implementing a program to ensure glasses are being prompted during shift there. Residential staff are to also ensure the glasses are sent each day. Management will make at least two observation at the day program per month for the next six months to ensure implementation of aids is taking place. The QMRP is also reviewing the remaining clients ISPs to ensure aid are listed and implemented. Responsible Party: Area Director Completion Date: 8/20/2013</p>	08/20/2013			

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	<p>prompted or encouraged to wear their prescribed eye glasses.</p> <p>Client #3's record was reviewed on 7/18/13 at 9:55am. Client #3's 10/19/12 ISP (Individual Support Plan) indicated an objective for client #3 to wear his prescribed eye glasses. Client #3's 2/4/13 visual assessment indicated client #3 wore prescribed eye glasses.</p> <p>Client #4's record was reviewed on 7/18/13 at 8:50am. Client #4's 8/7/12 ISP did not indicate a goal/objective to wear her prescribed eye glasses. Client #4's 11/17/12 visual assessment indicated a recommendation to wear her prescribed eye glasses.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 7/18/13 at 10:50am. The QIDP indicated clients #3 and #4 wore prescribed eye glasses and should have been prompted and taught to wear their eye glasses at workshop.</p> <p>9-3-7(a)</p>				

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview, for 1 of 8 clients (client #8) who lived in the group home, the facility staff failed to ensure client #8's pill crusher was clean.</p> <p>Findings include:</p> <p>On 7/18/13 at 6:50am, Group Home Staff (GHS) #2 requested client #8 come to the medication area. GHS #2 selected a blue pill crusher from client #8's box of medications. GHS #2 opened the pill crusher, which had a white and brown crusty dust in the grove around the top and inside the pill crusher. GHS #2 indicated the dust left inside and the white and brown colored crusty substance on the pill crusher were from client #8's medications being crushed. GHS #2 indicated she did not know when client #8's pill crusher was last cleaned. GHS #2 crushed client #8's tablets inside the pill crusher. GHS #2 replaced the cap on the soiled pill crusher and placed it back into client #8's medication box. At 6:58am, client #8's 7/2013 MAR (Medication Administration Record) was reviewed and did not indicate when his pill crusher was last cleaned.</p>	W000454	<p>Indiana Mentor has policies and procedures in place for medication, and medication administration. This policy includes proper handling of medication aides like pill crushers and proper care and upkeep of devices. Staff are trained on this upon hire and annually thereafter. For client #8 pill crusher the manager cleaned the crusher and returned it. The staff are being trained on medication administration and proper cleaning of equipment. The management will also check other aids to ensure they are all in good sanitary quality. For the next three months the management will observe 4 medication passes per month and during this time also check the cleanliness of medication equipment to ensure it is sanitary. Responsible Party: Program Director Complete Date: 8/20/2013</p>	08/20/2013			

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	<p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 7/18/13 at 8:15am. The QIDP indicated staff should have washed client #8's pill crusher daily. The QIDP indicated no cleaning schedule was available to determine who was responsible for cleaning client #8's blue pill crusher or when the pill crusher was last cleaned.</p> <p>9-3-7(a)</p>			

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview, and record review, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the facility, the facility failed to provide and have grocery shopping opportunities.</p> <p>Findings include:</p> <p>On 7/17/13 from 1:40pm until 4:23pm, and on 7/18/13 from 6:00am until 7:50am, client #1, #2, #3, #4, #5, #6, #7, and #8's observations and interview were completed at the group home. During both observation periods clients #1, #2, #3, #5, #6, #7, and #8 indicated they would like to go grocery shopping but did not have the opportunity available to go grocery shopping.</p> <p>On 7/18/13 at 8:15am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the HM (House Manager) was conducted. Both staff indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should have the opportunity to complete grocery shopping for the group home. At 8:15am, the HM indicated she (the HM) completed grocery</p>	W000488	<p>Indiana mentor has procedures in place to enhance individuals life skills such as cooking, cleaning, social activities, and ADLs. The team strives in increase independence through formal and informal programming which is developed through an IDT and implemented by house staff. For clients 1-8 the home manager is developing a schedule to ensure each individual is involved in grocery shopping in order to obtain skill enhancement. The staff and managers will receive training on the implementation of this skill development. The QMRP will review the daily logs and activity sheets monthly for the next 6 months to ensure all individuals are involved in this skill development. The QMRP will review the programs to ensure no other critical skills are lacking. Responsible Party: Program Director Complete Date: 8/20/2013</p>	08/20/2013

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	<p>shopping for the group home during her Monday through Friday "8:00am until 4:30pm" shift. The HM stated "I complete the grocery shopping while the clients are gone to workshop. I don't think we want to take the client (sic) out of workshop so they can go grocery shopping with me." The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 all had formal and informal objectives/goals to participate in meal preparation and activities for the group home.</p> <p>On 7/18/13 at 8:15am, clients #1, #2, #3, #4, #5, #6, #7, and #8's activity schedules and activity records at the group home for the period from 3/2013 through 7/2013 were reviewed and did not indicate a date nor time when the clients last went grocery shopping for the group home.</p> <p>On 7/19/13 at 11:30am, an interview with the HM was conducted. The HM stated "No client had gone grocery shopping for over" one (1) year.</p> <p>9-3-8(a)</p>				