

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2012	
NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373			
(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 the fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: June 11, 12, 13, 14 and 15, 2012.</p> <p>Facility Number: 000899 Provider Number: 15G385 AIM Number: 100249270</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on June 25, 2012 by Dotty Walton, 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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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 clients observed at the outside day program (clients #2, #4 and #6), by not ensuring their updated Individual Support Plan (ISP) was at the day program, failed to ensure day program staff recorded accurate data based on individual attempted/completed goals and failed to prompt client #6 to wear eyeglasses.</p> <p>Findings include:</p> <p>A day program observation was conducted at the outside day program on 6/12/12 from 11:15 A.M. until 12:15 P.M.. Upon entering into the classroom, clients #2, #4 and #6 were in their classrooms sitting at a table. During the entire observation client #6 did not wear his eyeglasses. Staff did not prompt client #6 to wear his eyeglasses.</p> <p>A review of client #4's day program record was conducted at the outside day program on 6/12/12 at 11:50 A.M.. A review of client #4's record indicated a most current ISP dated 4/20/11. Client #4's day program objective tracking folder which kept track of daily attempts and</p>	W0120	<p>The QMRP has met with the outside day service provider and discussed the survey issues. All ISP's are current and a form has been put in place that the outside service provider will sign when updated documents are delivered. The issue of tracking client goals was also discussed and the outside service provider is aware that the goals must be tracked on a daily basis. The QMRP will make at minimum monthly unannounced visits to the outside day service providers facility to observe client progress and to ensure that current documents are being used and that goals are being tracked. Group home staff have been instructed to prompt Client #6 to take his eye glasses to the day service program and if he refuses to document his refusal in his communication book and to document his refusal on his behavior information sheet so that the behavior specialist is aware of his refusal. The staff was retrained on 7/5/12 and a copy of the training log is attached for your review. The QMRP is responsible for monitoring the outside day service program to ensure that each client's current ISP is being used and that their goals are</p>	07/05/2012	

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	<p>completion of client #4's objectives dated 6/1/12 through 6/30/12 indicated: "Write full name." No documentation was documented for 6/8/12 and 6/11/12.</p> <p>A review of client #6's day program record was conducted at the outside day program on 6/12/12 at 11:55 A.M.. A review of client #6's record indicated a most current ISP dated 8/18/09. Client #4's day program objective tracking folder which kept track of daily attempts and completion of client #6's objectives dated 6/1/12 through 6/30/12 indicated: "Will use adaptive equipment...Write personal information...Talk about value of coins." No documentation was documented on 6/1/12, 6/4/12, 6/5/12, 6/6/12, 6/7/12, 6/8/12 and 6/11/12 for his objective of using adaptive equipment. No documentation was documented on 6/4/12, 6/5/12, 6/6/12, 6/7/12, 6/8/12 and 6/11/12 for his objective of writing personal information. No documentation was documented on 6/7/12, 6/8/12 and 6/11/12 for his objective of talking about the value of coins.</p> <p>A review of client #2's day program record was conducted at the outside day program on 6/11/12 at 12:00 P.M.. A review of client #2's record failed to indicate an ISP. Client #2's day program objective tracking folder which kept track</p>		being properly monitored and tracked.				

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	<p>of daily attempts and completion of client #2's objectives dated 6/1/12 through 6/30/12 indicated: "Improve fine motor skills." No documentation was documented for 6/1/12 through 6/11/12.</p> <p>An interview with Direct Support Professional (DSP) #4 was conducted on 6/11/12 at 12:00 P.M.. When asked to retrieve client #2's day program record, DSP #4 stated "It doesn't make sense to let you look at it because we don't have an ISP or BSP for [client #2]."</p> <p>An interview with the day program Service Coordinator (SC) was conducted at the outside day program on 6/12/12 at 12:10 P.M.. The SC indicated staff did not have the most current ISP's available for their use because the facility had not provided them until just now. The SC further indicated staff at the outside day program never had an ISP for client #2.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 6/15/12 at 11:30 A.M.. The QMRP indicated day staff should document the client's goals daily and further indicated each clients' ISP should be available to the staff at the day program. The QMRP indicated staff should teach and encourage clients to</p>			

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	wear their adaptive equipment. 9-3-1(a)			

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W0126	<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 and interview, for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to encourage and teach each client to access their personal finances.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/11/12 from 5:30 A.M. until 7:35 A.M.. At 5:40 A.M., client #3, was asked if he could retrieve his personal petty cash to reconcile. Client #3 stated "I don't have it, only our new home manager, [manager name] has it locked up." Direct Support Professional (DSP) #1 was asked if she could retrieve clients #1, #2, #3, #4, #5, #6, #7 and #8's individual/personal petty cash funds to reconcile. DSP #1 stated "The Group Home Manager (GHM) has their money." Clients #1, #2, #3, #4, #5, #6, #7 and #8 could not access their personal petty cash and staff was unable to assist them in accessing their individual/personal petty cash.</p>	W0126	<p>A system has been developed and put into place ensuring that each client has access to petty cash in the house for small expenditures. An envelope for each client will be maintained with cash for the clients use. Staff will count and sign for the cash at the beginning of each shift to ensure that money is being properly monitored. Staff will notify the house manager when a clients petty cash has been used so that it can be replaced. The group home manager is responsible for monitoring and ensuring that each client has funds available at all times</p>	07/05/2012			

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	An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 6/15/12 at 11:30 A.M.. The PC indicated the clients should have access to their individual/personal petty cash at all times. 9-3-2(a)				

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, interview and record review, the facility failed for 4 of 4 sampled clients and 1 additional client (clients #1, #2, #3, #4 and #6) by staff not demonstrating skills and competency to provide their diets as ordered.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/11/12 from 4:30 P.M. until 6:40 P.M.. At 6:30 P.M., Direct Support Professionals (DSP) #5, #6 and #7 assisted clients #1, #2, #3, #4 and #5 with serving themselves dinner, which consisted of steak, California blend vegetables (broccoli, cauliflower, squash and zucchini) carrots, baked potato, sliced bread and pineapple chunks. Each client ate the same unmeasured amounts and same texture of food.</p> <p>An interview with DSP #5 was conducted at the group home on 6/11/12 at 6:35 P.M.. When asked if there were any clients on special diets, DSP #5 stated " All the clients are on the same low calorie diet, that's all."</p> <p>A review of client #1's record was</p>	W0192	<p>All staff have been retrained on the clients dietary needs and folling the proper menu for each client including proper mearsurement of foods as documented on the daily menu. This training took place on 7/5/12 and a copy of the training sign in sheet is attached for review. The group home manager is responsible for monitoring and ensuring that the diet for each client is being followed. In addition the QMRP will make at minimum monthly unannounced visits to the group home during meal time to obseve staff interaction with clients during the meal including the measurement and portion size.</p>	07/05/2012			

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	<p>conducted on 6/12/12 at 12:30 P.M.. Review of client #1's record indicated a Nutritional Assessment dated 11/17/11 which indicated he was on a 1500 calorie, ADA (American Diabetic Diet), high fiber diet.</p> <p>A review of client #2's record was conducted on 6/12/12 at 12:50 P.M.. Review of client #2's record indicated a Nutritional Assessment dated 10/19/11 which indicated he was on a 1500 calorie ADA diet..</p> <p>A review of client #3's record was conducted on 6/12/12 at 1:10 P.M.. Review of client #3's record indicated a Nutritional Assessment dated 5/29/12 which indicated he was on a regular diet.</p> <p>A review of client #4's record was conducted on 6/12/12 at 1:30 P.M.. Review of client #4's record indicated a Nutritional Assessment dated 3/15/12 which indicated he was on a high fiber diet.</p> <p>A review of client #6's record was conducted on 6/12/12 at 3:40 P.M.. Review of client #6's record indicated a Nutritional Assessment dated 7/13/11 which indicated he was on a mechanical soft diet.</p>						

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	An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/15/12 at 11:15 A.M.. The QMRP indicated staff should provide each client with their prescribed diet. 9-3-3(a)			

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview, the facility failed to have an updated Individual Support Plan (ISP) for 2 of 4 sampled clients and 1 additional client (clients #1, #3 and #6) available for all staff who worked at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/11/12 from 5:30 A.M. until 7:35 A.M.</p> <p>At 7:05 A.M., a review of clients #1, #3 and #6's group home record which staff use when implementing objectives, was conducted. Review of the record indicated a most recent ISP dated 12/14/10. A review of client #3's group home record indicated a most current ISP dated 7/1/10. A review of client #6's group home record indicated a most current ISP dated 8/18/09.</p> <p>A review of client #1's record was conducted on 6/12/12 at 12:30 P.M.. Review of client #1's record indicated a most current ISP dated 12/13/11.</p>	W0248	<p>All ISP's are current and updated copies have been placed in the group home. The staff has trained on current ISP's and are following the updated documents. The QMRP is responsible for ensuring that current documents are available in the group home for all staff to review and implement for each client. The staff has been trained on the need to notify the manager if for some reason any necessary document is out dated. The manager is also responsible for reviewing all documents and notifying the QMRP if any document has not been updated. In addition the QMRP will make monthly unannounced visits to the group home and during the visit all documents will be reviewed to ensure they are current and that the staff is properly documenting client progress. Training was held on 7/5/12 and a copy of the training log is attached for review.</p>	07/05/2012			

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	<p>A review of client #3's record was conducted on 6/12/12 at 1:10 P.M.. Review of client #3's record indicated a most current ISP dated 6/29/11.</p> <p>A review of client #6's record was conducted on 6/12/12 at 3:40 P.M.. Review of client #6's record indicated a most current ISP dated 8/17/11.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/15/12 at 11:30 A.M.. The QMRP indicated the group home staff should have updated ISPs for clients #1, #3 and #6.</p> <p>9-3-4(a)</p>						

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3), to ensure the client's annual physical exam included screening of his hearing.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 6/12/12 at 1:10 P.M.. Client #3's record indicated a most current hearing assessment dated 5/5/11. His most current annual physical dated 6/4/12 failed to indicate his hearing had been screened.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted 6/15/12 at 11:30 A.M.. The QMRP indicated there was no documentation in the client's files to show his hearing had been screened annually.</p> <p>9-3-6(a)</p>	W0323	<p>Prior to the survey Client #3 was scheduled for his annual audiological Evaluation whihc took place on 6/21/12. A copy of the evaluation is attached for review. The appointment was scheduled on 6/5/12 as soon as we received an order from the doctor at his annual physical whihc took place on 6/4/12. The residential nurse will continue to monitor client records to ensure that all necessary examinations are completed in a timely manner.</p>	06/15/2012	

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review, and interview the facility failed for 1 of 2 sampled clients (client #1), who received medication, to have the current med order for lactaid and failed to have the medication labeled from the pharmacy.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/11/12 from 5:30 A.M. until 7:35 A.M.. Client #1's medications were administered by Direct Support Professional (DSP) #1 at 6:40 A.M.. A bottle of Lactaid was taken from client #1's medication box. The bottle did not contain a pharmacy label. Client #1's June 2012, Medication Administration Record (MAR) was reviewed on 6/11/12 at 7:35 A.M., and indicated the medication was to be administered before breakfast and before dinner.</p> <p>A review of client #1's record was conducted on 6/12/12 at 12:30 P.M.. Client #1's Physician's Orders signed and dated 6/5/12 did not indicate the Lactaid medication.</p> <p>An interview with the Qualified Mental</p>	W0331	<p>Client #1 was placed on Lactaid by his family physician and is currently on two tablets two times a day. A copy of the physician progress notes are attached for review. The lactaid is labled by the residential nurse not the pharmacy because it is an over the counter medication that is purchased by Tradewinds for Client #1. The lable includes the dosage and times to be given. The Lactaid is also charted on the MAR sheets.</p>	06/15/2012			

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	Retardation Professional (QMRP) was conducted on 6/15/12 at 11:30 A.M.. The QMRP indicated all medications should be labeled from the pharmacy and should be on the physician's orders. 9-3-6(a)				

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W0436	<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 5 sampled clients (client #6), who had adaptive equipment, the facility failed to encourage/teach him to wear his eye glasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/11/12 between 5:30 A.M. and 7:35 A.M.. During the entire observation client #6 did not wear his eyeglasses. Staff did not prompt client #6 to wear his eyeglasses.</p> <p>An evening observation was conducted at the group home on 6/11/12 between 4:30 P.M. and 6:40 P.M.. Client #6 was observed during the entire observation period not wearing his eyeglasses. Staff did not prompt clients #6 to wear his eyeglasses.</p> <p>An outside day program observation was conducted on 6/12/12 from 11:15 A.M. until 12:15 P.M.. During the entire</p>	W0436	<p>All staff have been retrained on the need to propmt individual clients to use their adaptive equipment. In Client #6's case his eye glasses. Staff have been instructed to make the prompt and to encourage the in dividual clients to use all adaptive equipment and if they refuse to make necessary notations in the clients communication book and on their behavior information documents so that the behavior specialist is aware and can work with the QMRP to develop plans for the clients encouraging use of adaptive equipment. The group home manager is responsible for monitoring staff on a daily basis to ensure that they are prompting clients to use their equipment. In addition the QMRP will observe staff during unanounced group home visits. Training took place on 7/5/12, a copy of the training log is attached for your review.</p>	07/05/2012			

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	<p>observation client #6 did not wear his eyeglasses. Staff did not prompt client #6 to wear his eyeglasses.</p> <p>A review of client #6's record was conducted on 6/12/12 at 3:40 P.M.. A review of client #6's Individual Support Plan dated 8/17/11, indicated: "Wears glasses."</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed at the facility's administrative office on 6/15/12 at 11:30 A.M.. The QMRP indicated staff should teach and encourage clients to wear their adaptive equipment.</p> <p>9-3-7(a)</p>						

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 1 of 3 clients observed during medication administration (client #7), whose oral medication was popped out of the container, fell unto his lap and was administered.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/11/12 from 5:30 A.M. until 7:35 A.M.. At 7:00 A.M., Direct Support Professional (DSP) #1 was observed to pop client #7's Doc Q Lace 100 mg (milligram) 2 capsules (constipation) out of the packet. The medication was observed to fall onto client #7's lap. DSP #1 was observed to pick the medication up off of client #7's lap and place it into a souffle cup and hand the souffle cup to client #7 for administration.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/15/12 at 11:30 A.M.. The QMRP indicated DSP #1 should have</p>	W0455	<p>All staff have been retrained on infection control and the need to discard any medication that might have been contaminated and to notify the residential nurse immediately so that the medication can be replaced. The group home manager is responsible to monitor staff to ensure that proper infection control is being followed. In addition, the QMRP will monitor staff medication administration during unannounced visits to the group home. Training took place on 7/5/12 and a copy of the training log is attached for your review.</p>	07/05/2012			

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	properly discarded the medication that fell onto client #7's lap and administered others out of the package. 9-3-7(a)				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation and record review for 1 of 5 sampled clients (client #6), the facility failed to assure the staff provided food in accordance with the client's diet order.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/11/12 from 4:30 P.M. until 6:40 P.M.. At 6:30 P.M., client #6 ate his dinner independently, which consisted of a steak, California blend vegetables (broccoli, cauliflower, zucchini and squash), carrots, sliced bread and chunk pineapple. Client #6's meal was not a mechanically soft texture.</p> <p>A review of client #6's record was conducted on 6/12/12 at 3:40 P.M.. Review of the record indicated a nutritional assessment dated 7/13/11 which indicated he was on a mechanically soft diet. His annual physical dated 9/7/11 indicated he was on a mechanically soft diet.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/15/12 at 11:30 A.M.. The</p>	W0460	The staff has been retrained on the soft mechanical diet for client #6. Including chopping of the foods with a knife wich is an acceptable practice for Mechanical soft diets. Part of the staff training was the need to make sure that client #6's food is cut into small enough to avoid creating a chocking hazzard. The residential group home manger is responsible for monitoring staff to ensure that they are following instructions on making sure that client#6's food cut up properly. In additon, the QMRP will make at minimum monthly unannounced visits to the group home during meal time to observe and monitor staff. A copy of the training log is attached for review	07/05/2012			

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	<p>QMRP indicated client #6's meal should have been mechanically soft as his diet order indicated. The QMRP further indicated staff should ensure clients are eating their recommended diets.</p> <p>9-3-8(a)</p>			

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, #4) and 4 additional clients (#5, #6, #7 and #8) living in the group home to provide condiments and steak knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/11/12 from 5:30 A.M. until 7:35 A.M.. At 6:20 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate breakfast which consisted of oat cereal and dry toasted English muffins. There was no butter or jelly available for each client to use. Direct Support Professionals (DSP) #1, #2 and #3 failed to offer condiments to clients #1, #2, #3, #4, #5, #6, #7 and #8 for their food.</p> <p>An evening observation was conducted at the group home on 6/11/12 from 4:30 P.M. until 6:40 P.M.. At 6:30 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate dinner which consisted of steak, California blend vegetables, carrots, baked potato, sliced bread and pineapple.</p>	W0484	The staff has been retrained on the need to provide condiments and to ensure that each client has a full set of silverware at each meal unless it is documented in their individual supprot plan that they cannot have silverware for some safety reason. Part of the staff training was to assist the clients with the use of their silverware as needed and to monitor condiment use so that the dietary needs of the individual client are being met. The group home manager is responsible for monitoring staff and ensuring that the need for the clients are being met including the use of silverware and being provided condiments. Training took place on 7/5/12 and a copy of the training log is attached for review.	07/05/2012			

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	<p>There was no salt/salt substitute, pepper, butter, sour cream, ketchup or steak knives available for the clients use. Direct Support Professionals (DSP) #5, #6 and #7 were observed going around the table cutting each client's steak with scissors and knives. Clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their meal independently. DSPs #5, #6 and #7 failed to offer condiments and knives to clients #1, #2, #3, #4, #5, #6, #7 and #8 for their food.</p> <p>A review of client #1's record was conducted on 6/12/12 at 12:30 P.M.. Review of client #1's record did not indicate an assessment for a restriction to butter knives.</p> <p>A review of client #2's record was conducted on 6/12/12 at 12:50 P.M.. Review of client #2's record did not indicate an assessment for a restriction to knives.</p> <p>A review of client #3's record was conducted on 6/12/12 at 1:10 P.M.. Review of client #3's record did not indicate an assessment for a restriction to knives.</p> <p>A review of client #4's record was conducted on 6/12/12 at 1:30 P.M.. Review of client #4's record did not indicate an assessment for a restriction to</p>						

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	<p>knives.</p> <p>A review of client #5's record was conducted on 6/12/12 at 1:50 P.M.. Review of client #5's record did not indicate an assessment for a restriction to knives.</p> <p>A review of client #6's record was conducted on 6/12/12 at 3:40 P.M.. Review of client #6's record did not indicate an assessment for a restriction to knives.</p> <p>A review of client #7's record was conducted on 6/12/12 at 2:10 P.M.. Review of client #7's record did not indicate an assessment for a restriction to knives.</p> <p>A review of client #8's record was conducted on 6/12/12 at 2:20 P.M.. Review of client #8's record did not indicate an assessment for a restriction to knives.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 6/15/12 at 11:30 A.M.. The QMRP indicated condiments and knives should be put on the table for the clients to use.</p>						

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