

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/28/2012
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: September 17, 18, 19 and 28, 2012</p> <p>Facility number: 000993 Provider number: 15G479 AIM number: 100244950</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/9/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0159	<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.</p> <p>Based on record review and interview, the Qualified Mental Retardation Professional/Program Director (QMRP/PD) failed for 3 of 4 clients observed at the outside day program (clients #1, #2 and #4), by not ensuring their updated Individual Support Plans (ISP) were at the day program and failed to ensure day program staff recorded accurate data based on individual attempted/completed goals.</p> <p>Findings include:</p> <p>A day program observation was conducted at the outside day program on 9/17/12 from 12:20 P.M. until 2:00 P.M.. Upon entering into the classroom, clients #1 and #4 were in their classrooms sitting with no activity. At 12:45 P.M. day program staff #1 put a movie on the television for the clients to watch.</p> <p>A review of client #1's day program record was conducted at the outside day program on 9/17/12 at 1:00 P.M.. A review of client #1's record failed to indicate an ISP. A request for client #1's</p>	W0159	<p>Corrective Action: The Program Director will ensure that the day program has a copy of all the ISPs for the individuals served by the day program. The Area Director will re-train the Program Director to always send the ISPs to the day program via e-mail to ensure that the ISPs are sent and received by the day program. The Area Director will re-train the Program Director on the expectation that quarterly the Program Director completes an observation of the individuals in the day program. If the Program Director sees issues with the day program implementing the active treatment on the ISP, the Program Director will discuss the issue with the day program and follow-up the discussion with an e-mail. During the discussion the Program Director will ensure that the Program Director gives feedback on how the day program can ensure that the active treatment is being given as outlined in the ISP. The Program Director will outline the day program observation findings on a Day Program Observation report and will give the Area Director a copy for review. The Program Director will carbon copy the Area Director when e-mails</p>	10/28/2012	

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	<p>day program objective tracking folder which kept track of daily attempts and completion of client #1's objectives was made; no documentation was available in the record to indicate staff tracked daily attempts of any objectives.</p> <p>A review of client #4's day program record was conducted at the outside day program on 9/17/12 at 1:00 P.M.. A review of client #4's record failed to indicate an ISP. A request for client #4's day program objective tracking folder which kept track of daily attempts and completion of client #4's objectives was made; no documentation was available in the record to indicate staff tracked daily attempts of any objectives.</p> <p>An interview with day program staff #1 and #2 was conducted on 9/17/12 at 1:25 P.M.. Day program staff #1 and #2 indicated they did not have ISPs for clients #1 and #4. Day program staff #1 and #2 also indicated they did not have tracking sheets for clients #1 and #4's daily attempts and completions of any objectives.</p> <p>Client #2 was observed at the outside day program on 9/17/12 from 1:30 P.M. until 2:00 P.M.. Client #2 sat at a table coloring pictures. Day program staff #3 was asked what client #2's objectives</p>		<p>outlining concerns noted in an observation and recommendations are made on the issue made to the day program facility. Responsible Person: Area Director, Program Director Completion Date: 10/28/12 Systematic Correction: The Area Director will discuss the expectation that all the Program Directors are ensuring that ISPs are sent to all outside providers, including day programs. The Area Director will train the Program Directors on the expectation that the ISPs are submitted electronically to ensure that the day programs did receive the ISPs timely. The Area Director will re-train the Program Directors on the expectation that they are completing observations at the day program and making recommendations as needed. The Area Director will ensure that all Program Directors are trained that they meet with their specific Area Director to discuss how the day program observations and to be documented and reviewed with that Area Director. Responsible Person: Area Director Completion Date: 10/28/12</p>				

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	<p>were. Day program staff #3 stated "Tasking and keeping her attention."</p> <p>An interview with the outside day program supervisor was conducted on 9/17/12 at 2:05 P.M.. The day program supervisor stated the day program did not have any ISPs for the clients at this group home because the facility had not provided them despite "constant requests."</p> <p>An interview with the QMRP/PD was conducted at the facility's administrative office on 9/19/12 at 4:45 P.M.. The QMRP/PD indicated day staff should document the clients' goals daily and further indicated the clients' ISPs should be available to the staff at the day program.</p> <p>9-3-3(a)</p>			

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN 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 record review and interview, the facility failed for 3 of 4 clients observed at the outside day program (clients #1, #2 and #4), by not ensuring their updated Individual Support Plans (ISP) were available for all staff who worked at the day program.</p> <p>Findings include:</p> <p>A day program observation was conducted at the outside day program on 9/17/12 from 12:20 P.M. until 2:00 P.M.. Upon entering into the classroom, clients #1 and #4 were in their classrooms sitting with no activity. At 12:45 day program staff put a movie on the television for the clients to watch.</p> <p>A review of client #1's day program record was conducted at the outside day program on 9/17/12 at 1:00 P.M.. A review of client #1's record failed to indicate an ISP.</p> <p>A review of client #4's day program record was conducted at the outside day</p>	W0248	<p>Corrective Action: The Program Director will re-train all staff on the implementation of formal goals for all individuals in the home. The Program Director will complete regular site visits and observe the staff implementing the goals. The Program Director will review goal documentation monthly to ensure that goals are being implemented as planned. Responsible Person: Program Director Timeframe for completion: 10/28/12 Systematic Correction: The Area Director will re-train all Program Directors on the importance of ensuring that staff understand and implement individual goals. The Area Director will re-train the Program Directors on the expectation that they are completing routine site visits and during the visits they monitor staff completing the goals. The Area Director will re-train the staff on the importance of ensuring that goals are being reviewed monthly to ensure that staff are properly documenting the administration of the goals that were developed. Responsible Person: Area Director Timeframe for Completion: 10/28/12</p>	10/28/2012			

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	<p>program on 9/17/12 at 1:00 P.M.. A review of client #4's record failed to indicate an ISP.</p> <p>An interview with day program staff #1 and #2 was conducted on 9/17/12 at 1:25 P.M.. day program staff #1 and #2 indicated they did not have ISPs for clients #1 and #4.</p> <p>Client #2 was observed at the outside day program on 9/17/12 from 1:30 P.M. until 2:00 P.M.. Client #2 sat at a table coloring pictures. Day program staff #3 was asked what client #2's objectives were. Day program staff #3 stated "Tasking and keeping her attention."</p> <p>An interview with the outside day program supervisor was conducted on 9/17/12 at 2:05 P.M.. The day program supervisor stated the day program did not have any ISPs for the clients at this group home because the facility had not provided them despite her "constant requests."</p> <p>A review of client #1's record was conducted on 9/18/12 at 1:15 P.M.. Review of client #1's record indicated a most current ISP dated 8/13/12.</p> <p>A review of client #2's record was conducted on 9/18/12 at 12:10 P.M..</p>				

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	<p>Review of client #2's record indicated a most current ISP dated 10/5/11.</p> <p>A review of client #4's record was conducted on 9/18/12 at 2:20 P.M..</p> <p>Review of client #4's record indicated a most current ISP dated 7/8/12.</p> <p>An interview with the Program Director (PD) was conducted at the facility's administrative office on 9/19/12 at 4:45 P.M.. The PD indicated each client's updated ISP should be available to the staff at the day program.</p> <p>9-3-4(a)</p>				

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W0249	<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, the facility failed to implement program objectives during times of opportunity for 2 of 4 sampled clients and 3 additional clients (clients #1, #3, #5, #7 and #8).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/17/12 from 6:45 A.M. until 8:20 A.M.. At 7:25 A.M., Direct Support Professional (DSP) #3 was observed to retrieve client #8's prescribed medication punch cards, pop each pill out and hand the medications to client #8 to take. Client #8 did not and was not prompted to state the name and purpose of one of his medications.</p> <p>An evening observation was conducted at the group home on 9/17/12 from 2:50 P.M. until 6:10 P.M.. At 2:50 P.M., the main course for dinner (shredded beef) was already prepared by group home staff. At 3:00 P.M., clients #1, #3, #5 and</p>	W0249	<p>Corrective Action: The Program Director will re-train all staff on the implementation of formal goals for all individuals in the home. The Program Director will complete regular site visits and observe the staff implementing the goals. The Program Director will review goal documentation monthly to ensure that goals are being implemented as planned. Responsible Person: Program Director Timeframe for completion: 10/28/12 Systematic Correction: The Area Director will re-train all Program Directors on the importance of ensuring that staff understand and implement individual goals. The Area Director will re-train the Program Directors on the expectation that they are completing routine site visits and during the visits they monitor staff completing the goals. The Area Director will re-train the staff on the importance of ensuring that goals are being reviewed monthly to ensure that staff are properly documenting the administration of the goals that were developed. Responsible Person:</p>	10/28/2012			

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	<p>#7 arrived at the group home from their day program. At 4:45 P.M., clients #1, #3, #5 and #7 sat while the Group Home Manager (GHM) prepared the remainder of the meal, which consisted of french fries, green peas and pineapple. Client #5 was observed eating his entire meal with his hands and no utensils. Clients #1, #3, #5 and #7 did not assist in meal preparation.</p> <p>A review of client #1's record was conducted on 9/18/12 at 1:15 P.M.. Review of client #1's Individual Support Plan (ISP) dated 8/13/12 indicated the following: "Will assist with preparing an entree that requires one or two step directions."</p> <p>A review of client #3's record was conducted on 9/18/12 at 2:15 P.M.. Review of client #3's ISP dated 12/16/11 indicated the following: "Will assist with meal preparation."</p> <p>A review of client #5's record was conducted on 9/18/12 at 3:15 P.M.. Review of client #5's ISP dated 8/13/12 indicated the following: "Will use utensils to eat with."</p> <p>A review of client #7's record was conducted on 9/18/12 at 3:25 P.M.. Review of client #7's ISP dated 7/8/12</p>		Area Director Timeframe for Completion: 10/28/12				

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	<p>indicated the following: "Will assist with preparing an entree."</p> <p>A review of client #8's record was conducted on 9/18/12 at 3:40 P.M.. Review of client #8's ISP dated 1/18/12 indicated the following: "Will state the name and purpose of one of his medications during med-pass."</p> <p>Interview with the Program Director (PD) was conducted on 9/19/12 at 4:45 P.M.. The PD indicated program objectives should be implemented at all times of opportunity.</p> <p>9-3-4(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 10 medications administered to 1 of 3 clients observed during the morning medication administration (client #8) to ensure staff administered the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/17/12 from 6:45 A.M. until 8:20 A.M.. At 6:50 A.M., client #8 was observed eating his breakfast. At 7:25 A.M., client #8 received his morning prescribed medications. Direct Support Professional (DSP) #3 administered his "Ampicillin 500 mg (milligram) capsule (acne)...1 capsule orally daily...Take on an empty stomach." Client #8 did not take his medication on an empty stomach.</p> <p>An interview with the Group Home Manager (GHM) was conducted on 9/18/12 at 2:15 P.M.. The GHM indicated client #8 should have taken his medication on an empty stomach.</p>	W0369	<p>Corrective Action: The Program Director and Facility Nurse will re-train all of the staff in the home on all the medication orders. The Program Director and Facility Nurse will focus on all the medications that have to be taken with or without food, taken with a specific item such as applesauce, or any other specifics staff should know. The Program Director will complete weekly site visits in the home. The Program Director will periodically monitor staff administering medications. In the event the Program Director observes a staff giving a medication incorrectly, the staff will discuss this with the staff immediately to correct the issue. The Program Director will discuss the observed issue with the Area Director to ensure that Dungarvin policies and procedures are followed in dealing with the issue. Responsible person: Program Director, Facility Nurse Timeframe for completion: 10/28/12 Systematic Correction: The Area Director will re-train all Program Directors on the importance of ensuring that staff know all the medication orders as prescribed by the doctor. The Program Directors will be re-trained on the importance of</p>	10/28/2012

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	<p>An interview with the Program Director (PD) was conducted on 9/19/12 at 4:45 P.M.. The PD indicated staff should administer all medications as prescribed. The PD further indicated staff should follow directions on medication labels on medication packets.</p> <p>9-3-6(a)</p>		<p>ensuring that they are monitoring staff to ensure that staff are administering medications as prescribed. The Area Director will re-train all Program Directors on the importance of ensuring that they verbally correct any issue noted in a medication administration immediately, and then notify the Area Director to ensure that all Dungarvin policies and procedures are followed in dealing with the staff's error. Responsible Person: Area Director Timeframe for Completion: 10/28/12</p>	

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), to ensure only authorized persons had access to the keys to the medication lock box and cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/17/12 from 6:45 A.M. until 8:20 A.M.. During the entire observation period clients #1, #2, #3, #4, #5, #6, #7 and #8 walked in and out of the open, unlocked kitchen/dining area . At 7:00 A.M., Direct Support Professional (DSP) #3 retrieved the group home medication keys from the shelf in the open/unlocked kitchen/dining area. At 7:35 A.M., DSP #3 placed the medication keys on the shelf in the open/unlocked kitchen/dining area. The shelf where the keys were kept was within reach of all clients residing at the group home.</p> <p>An evening observation was conducted at the group home on 9/17/12 from 2:50 P.M. until 6:10 P.M. During the entire observation period clients #1, #2, #3, #4, #5, #6, #7 and #8 walked in and out of the open, unlocked kitchen/dining area . At</p>	W0383	<p>Corrective Action: The Program Director and Facility Nurse will re-train all the staff on the expectation that the keys to the medication storage area need to remain on the staff at all times. There is a key ring that attaches to a staff's belt already at the site. The staff will be re-trained to ensure they know that the keys need to be attached to their belt and not on the shelf as is the current practice. The Program Director will complete weekly site visits. During the site visits the Program Director will ensure the key is on the staff's person and not in an area where everyone has access to that key. Responsible staff: Program Director Timeline for completion: 10/28/12 Systematic Correction: The Area Director will re-train all the Program Directors that staff working on the homes must keep the key on the staff's person at all times. The Area Director will discuss the plan of utilizing a key ring that attaches to a staff's belt, but will ensure that the Program Directors understand that the plan to ensure the key is safe only needs to include the expectation that the staff are keeping the key on their person throughout the shift. The Area Director will review the expectation that Program Directors are to</p>	10/28/2012	

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(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	
	<p>3:55 P.M., Direct Support Professional (DSP) #5 was observed retrieving the group home medication cabinet keys off of the shelf top located in the open, unlocked kitchen/dining area. At 4:15 P.M., DSP #5 was observed placing the keys to the medication lock box and medication cabinet back on the shelf located in the open/unlocked kitchen/dining area. The shelf where the keys were kept was within reach of all clients residing at the group home.</p> <p>An interview with the Program Director (PD) was conducted on 9/19/12 at 4:45 P.M.. The PD indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p>		<p>complete weekly site visits and during the visits the Program Directors need to check to ensure that staff are not leaving the key in an area that everyone has access to that key. Responsible Staff: Area Director Timeline for Completion: 10/28/12</p>		

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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, the facility failed to prompt and teach the use of adaptive equipment for 1 of 4 sampled clients who wore eyeglasses (client #1).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/17/12 from 6:45 A.M. until 8:20 A.M. and 9/17/12 from 2:50 P.M. until 6:10 P.M.. During both observation periods client #1 did not wear eyeglasses. Group home staff did not prompt client #1 to wear her eyeglasses.</p> <p>An outside day program observation was conducted on 9/17/12 from 12:20 P.M. until 2:00 P.M.. During the entire observation client #1 did not wear eyeglasses. Day program staff did not prompt client #1 to wear her eyeglasses.</p> <p>A review of client #1's record was conducted at the group home on 9/18/12 at 1:15 P.M.. Review of client #1's record indicated a most current vision exam</p>	W0436	<p>Corrective Action: All the staff will be re-trained on the expectation they teach the individuals about devices identified in the ISP that are needed to assist those individuals. The Program Director will re-train the staff on the specific devices for each individual, and will re-train the staff on the best approach to teach each individual. The Program Director will re-train the staff on the expectation that they are immediately reporting when one of the devices breaks to ensure that the device is fixed as quickly as possible. The Program Director will conduct weekly site visits in the home and observe to ensure the appropriate instruction is being given for each device. The Program Director will document the observations on a Weekly Site Visit Checklist and submit the checklist to the Area Director for review.</p> <p>Responsible Person: Program Director Timeframe for Completion: 10/28/12</p> <p>Systematic Correction: The Area</p>	10/28/2012			

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	<p>dated 4/27/11 which indicated: "Full time glasses...myopia, astigmatism."</p> <p>An interview with the Program Director (PD) was conducted at the facility's administrative office on 9/19/12 at 4:45 P.M.. The PD indicated client #1 had eyeglasses and should have worn her eyeglasses.</p> <p>9-3-7(a)</p>		<p>Director will re-train all Program Directors on the expectation that each individual receive appropriate training on assistive devices for each individual. The Area Director will re-train the Program Directors that staff are to immediately report when an assistive device is broken and work towards getting the device repaired as quickly as possible. The Area Director will emphasize to Program Directors the expectation that weekly site visits occur and during the site visit they observe the staff teaching individuals on the use of assistive devices. Any issues noted by the Program Director will be discussed with the Area Director to ensure appropriate actions are taken.</p> <p>Responsible Person: Area Director Timeframe for Completion: 10/28/12</p>	

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W0488	<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 and interview, the facility failed to assure 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) assisted in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/17/12 from 2:50 P.M. until 6:10 P.M.. At 2:50 P.M., the main course for dinner (shredded beef) was observed already prepared by group home staff. At 3:00 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 arrived at the group home from their day program. At 4:45 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 sat while the Group Home Manager (GHM) prepared the remainder of the meal, which consisted of french fries, green peas and pineapple. At 5:45 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>An interview with the Program Director (PD) was conducted on 9/19/12 at 4:45 P.M.. The PD indicated clients were capable of assisting in meal preparation</p>	W0488	<p>Corrective Action: The Program Director will re-train all the staff on expectation that the individuals participate in meal preparation. The Program Director will conduct weekly visits to ensure staff are having the individuals participate in meal preparation and that the staff are giving the individuals the appropriate assistance during meal.</p> <p>Responsible Person: Program Director Timeframe for Completion: 10/28/11</p> <p>Systematic Correction: The Area Director will re-train all the Program Directors on the expectation that all the staff understand the needs of the individuals during mealtime. The Area Director will discuss the expectation that individuals are involved in the meal preparation and that staff are giving appropriate assistance during the meal time. The Area Director will discuss the expectation that Program Directors are in the site weekly to ensure the individuals receive the appropriate supervision and assistance during a meal. The Area Director will conduct periodic visits to ensure the individuals are assisting with</p>	10/28/2012

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	and further indicated they should be doing so at meal time. 9-3-8(a)		meal preparation and receiving the appropriate supervision and assistance during a meal. Responsible Person: Area Director, Program Director Timeframe for Completion: 10/28/11		