

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G119	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2016
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00196208.</p> <p>Complaint #IN00196208: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W148, W149, and W154.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: 4/14, 4/15 and 4/18/16.</p> <p>Facility Number: 000656 Provider Number: 15G119 AIM Number: 100234050</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/29/16.</p>	W 0000		
W 0148 Bldg. 00	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant</p>			

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>incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 1 of 2 allegations of abuse and/or neglect, the facility failed to inform client A's guardian of an allegation of neglect.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/14/16 at 2:00pm. The 3/18/16 reportable incident report indicated "An allegation was reported on 3/18/16 where a staff member refused to assist a client with a shower after the client made several requests. The staff told client she had her chance and now she will have to wait till morning staff. [Client A] did not get her shower before she went to bed". The reportable incident report indicated client A's guardian was contacted on 3/18/16.</p> <p>Client A's record was reviewed on 4/15/16 at 11:11am. Client A's 7/30/15 ISP (Individualized Support Plan) indicated client A's sister was her legal guardian.</p> <p>An interview with Client A's guardian was conducted on 4/15/16 at 11:52am. When asked if the facility informed her</p>	W 0148	<p>W-148 Peak Community Services is committed to promptly notifying client's guardians of any significant incidents or changes in the client's condition including, but not limited to serious illness, accident, death, abuse or unauthorized absence. To address Client A's guardian not being contacted after an allegation of abuse and/or neglect, the QIDP (Qualified Intellectual Disabilities Professional) stated she called and left a message to the guardian to return her call when filing the State Incident Report. The message didn't include any details and the guardian did not return the call. In the event the QIDP is unable to reach the guardian after an incident report has been filed, a copy will be mailed to the guardian's address. If the guardian has an e-mail address, the State Incident Report will be scanned to them at their request. The Coordinator will ultimately be responsible to notify the guardian regarding any State Incident Report. Systemically, The Coordinator of the home will be responsible to notify the guardian regarding any State Incident Report. In the event the Coordinator is unavailable, the Supervised Group Living Manager or QIDP will contact the</p>	05/18/2016

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W 0149 Bldg. 00	<p>of changes or problems that pertain to client A, the guardian stated "I haven't heard anything from them in awhile. I don't know if she has had any falls or hospitalizations". When asked if she was informed of allegations of abuse and/or neglect, the guardian stated, "There was an incident when staff talked to her very rudely, but that was last year". When asked if she was informed of a recent allegation of neglect pertaining to client A, the guardian stated "No I had no clue".</p> <p>An interview with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/15/16 at 12:28pm. When asked if Client A's guardian was informed of the allegation of neglect against client A, the QIDP stated "I called and left her a message to call me back. The message didn't include any details. She did not return my call".</p> <p>This federal tag relates to complaint #IN00196208.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit</p>		Guardian. Responsible: House Coordinator Heather Warnick-Dewitt, Supervised Group Living Manager Sandra Beckett, QIDP 5/18/16				

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	<p>mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 2 allegations of abuse and neglect, the facility neglected to implement its written policy and procedures to prevent neglect of client A when staff failed to complete client A's shower and failed to prevent abuse for client C when he was slapped by a staff member on the hand when trying to steal food.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/14/16 at 2:00pm. The 3/18/16 reportable incident report indicated "An allegation was reported on 3/18/16 where a staff member refused to assist a client with a shower after the client made several requests. The staff told client she had her chance and now she will have to wait till morning staff. [Client A] did not get her shower before she went to bed". The 3/18/16 investigation summary of findings and recommendations indicated "Neglect-substantiated: Neglect is defined as failure to provide appropriate care to an individual. [Staff #11] stated that she offered [Client A] a shower, but [client A] refused. It was stated by several other staff that later in the night, [client A] did want a shower, but [staff #11] denied her a shower. [Staff #11] said that there were other staff in the</p>	W 0149	<p>W-149 Peak Community Services is committed to developing and implementing written policies and procedures that prohibit mistreatment, neglect or abuse of the client. In staff 11's failure to communicate that Client A wanted her shower later to the next staff coming in, she ended up not getting a shower. A communication log will be maintained to report to the next staff coming in regarding any assignments that were not completed. The communication log will be used as a tool between shifts to ensure all client needs are met. In regards to staff 12 smacking the hand of Client C from another staffs food, there is now a Program Specialist that not only works with clients regarding behaviors but also staff regarding different methods of assisting staff and clients alike through the use of behavior plans and difficult behaviors. Also, in assisting with proper care of the clients, the Area Director has put into place a schedule for each staff during each shift to have assigned clients for which they are completely responsible to ensure all their needs are met.</p> <p>Systemically, the Area Director will schedule meetings with the Program Specialist to meet with staff and clients. She will work with staff and clients to assist in behavioral needs of clients and ensure that staff are properly</p>	05/18/2016			

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	<p>home at the time and coming in later, but [staff #11] failed to communicate [client A's] desire to take a shower".</p> <p>The 3/9/16 reportable incident report indicated "Staff and clients were sitting down for family dinner. [Client C] reached for another staff's food. [Staff #12], without thinking, smacked his hand away from the other staff's food. The same staff was witnessed speaking inappropriately to [client C]. Staff was suspended immediately pending investigation". The 3/14/16 investigation report indicated the allegation of abuse was substantiated. The investigation indicated "[Staff #12] stated he 'accidentally smacked' client C's hand".</p> <p>The facility's policy and procedures were reviewed on 4/15/16 at 12:25pm. The facility's 12/14/09 policy entitled Abuse/Neglect/Exploitation/Mistreatment Of An Individual's Rights Investigation Procedure indicated the facility had defined Abuse, but did not define Neglect. The facility's 12/14/09 policy indicated the clients who resided at the facility should not be abused, neglected and/or mistreated.</p> <p>An interview with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional) was conducted</p>		<p>addressing individual behavioral needs. The Program Specialist met with staff 5/11/18 to discuss and assist with behavioral issues. Responsible: House Coordinator Heather Warnick-Dewitt, Supervised Group Living Manager Cinda Milan, Program Specialist Sandra Beckett, QIDP Jan Adair, Director of Residential Services 5/18/16</p>				

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W 0154 Bldg. 00	<p>on 4/15/16 at 12:28pm. When asked if their policy on preventing abuse and neglect should be followed the AD stated "Yes".</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00196208.</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 2 of 2 allegations of abuse/neglect and/or injuries of unknown source reviewed, the facility failed to ensure all allegations of abuse and/or neglect were thoroughly investigated for clients A and C.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 4/14/16 at 2:00pm. The 3/18/16 reportable incident report indicated "An allegation was reported on 3/18/16 where a staff member refused to assist a client with a shower after the client made several requests. The staff told client she had her chance and now she will have to wait till morning staff. [Client A] did not</p>	W 0154	<p>W-154 Peak Community Services is committed to ensuring that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress. The 3/18/16 reportable incident report indicated "Allegation was reported on 3/18/16 where a staff member refused to assist a client with a shower after the client made several requests. Staff # 11 was found neglectful after Client A had made several requests for a shower. After telling Client A that she had a chance to get her shower, Client A kept requesting a shower, Staff # 11 told her she would have to wait until morning. Staff# 11 stated that she offered (Client A) shower. Staff # 11 said that there were other staff in the home at the time and coming in later but Staff # 11 failed to</p>	05/18/2016

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	<p>get her shower before she went to bed".</p> <p>The 3/18/16 investigation summary of findings and recommendations indicated "Neglect-substantiated: Neglect is defined as failure to provide appropriate care to an individual. [Staff #11] stated that she offered [Client A] a shower, but [client A] refused. It was stated by several other staff that later in the night, [client A] did want a shower, but [staff #11] denied her a shower. [Staff #11] said that there were other staff in the home at the time and coming in later, but [staff #11] failed to communicate [client A's] desire to take a shower". The investigation indicated Staff #11's direct supervisors were interviewed during the investigation. The investigation indicated Staff #13, #14 and staff #11 were interviewed during the investigation. The investigation did not indicate specifically what questions staff #11, #13 and #14 and the direct supervisors were asked. The investigation indicated they attempted to interview client A but client A refused to participate in the interview. The investigation did not indicate any other staff were interviewed or any clients other than client A were interviewed.</p> <p>The 3/9/16 reportable incident report indicated "Staff and clients were sitting down for family dinner. [Client C]</p>		<p>communicate with the staff coming on duty Client A's desire to take a shower later. Staff # 11 was suspended pending investigation and Staff #11 received a 5 day unpaid suspension. Before returning to work she was to take re-training in Abuse/Neglect, Respect/Dignity and Communication. After returning to work, Staff # 11 was to receive re-training by Human Resources in the Personnel Policy and was to be on 90 days probation. Client # 11 elected to resign her position with Peak Community Services. The 3/9/16 reportable incident report indicated "Staff and clients were sitting down for family dinner. Client C reached for another staff's food. Staff # 12, without thinking, smacked his hand away from the other staff's food. This staff was also witnessed speaking inappropriately to Client C. Staff was suspended immediately pending investigation." The 3/14/16 investigation report indicated the allegation of abuse was substantiated. Staff# 12 received a 3 day unpaid suspension. Before returning to work Staff # 12 was re-trained in Abuse/Neglect. Staff # 12's had no more issues in workin gwith clients. Systemically There is now a Program Specialist that not only works with clients regarding behaviors but also staff regarding different methods of assisting</p>	

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	<p>reached for another staff's food. [Staff #12], without thinking, smacked his hand away from the other staff's food. The same staff was witnessed speaking inappropriately to [client C]. Staff was suspended immediately pending investigation". The 3/14/16 investigation report indicated the allegation of abuse was substantiated. The investigation indicated "[Staff #12] stated he 'accidentally smacked' [client C's] hand". The investigation indicated staff #10, #12, #13 and the Residential Manager were interviewed during the investigation. The investigation did not indicate any other staff or any clients including client C were interviewed during the investigation.</p> <p>An interview with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/15/16 at 12:28pm. When asked if any clients were interviewed during the investigation for neglect against client A or the abuse against client C, the AD stated "No, they wouldn't have answered." When asked if the other staff in the home were interviewed during the investigation for neglect against client A or the abuse against client C, the AD stated "We interviewed those staff that were in the home at the time of the allegation".</p>		<p>staff and clients alike through the use of behavior plans and difficult behaviors. Responsible: House Coordinator Heather Warnick-Dewitt, Supervised Group Living Manager Cinda Milan, Program Specialist Jan Adair, Director of Residential Services 5/18/16</p>		

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W 0227 Bldg. 00	<p>This federal tag relates to complaint #IN00196208.</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview, and record review for 1 of 4 sampled clients (B) the facility failed to address client B's identified need of self injurious behaviors.</p> <p>Findings include:</p> <p>During the 4/14/16 observation period between 3:35pm and 5:15pm client B was sitting at the kitchen table. At 4:02pm client B bit herself on her hand 2 times.</p> <p>Client B's record was reviewed on 4/15/16 at 10:21pm. Client B's 1/29/16 nurses monthly review indicated "Staff reports client has been biting her Left hand. Bite marks noted to left hand. Monitor client for biting self and staff to</p>	W 0227	<p>W-227 Peak Community Services is committed to providing an individual program stating specific objectives necessary to meet the client's needs. During the 4/14/16 observation period, Client B was sitting at the kitchen table and bit herself on the hand 2 times. Client B's CFA(Comprehensive Functional Analysis) indicated Client B will sometimes try to bite herself. The QIDP has developed a Risk Plan for Self-Injurious Behavior(SIB). A Behavior Support Plan (BSP), is in the process of being developed by the QIDP. The Behavior Support Plan will be presented to the Human Rights Committee (HRC). Staff will be trained regarding the Risk Plan for Self-Injurious Behavior (SIB) as well as training on the Behavior Support Plan(BSP) by 5/18/16. Systemically There is now a</p>	05/18/2016

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W 0249 Bldg. 00	<p>redirect client to prevent self injury."</p> <p>Client B's 4/13/15 CFA (Comprehensive Functional Assessment) indicated client B will sometimes try to bite herself.</p> <p>Client B's 4/13/15 ISP (Individualized Support Plan) indicated client B did not have a formal behavior plan.</p> <p>Client B's record did not indicate client B had a formal behavior plan to assist client B with her self injurious behaviors.</p> <p>An interview with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/15/16 at 12:28pm. When asked if client B had a behavior plan to address her self injurious behavior, the QIDP stated "No we are working on one".</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>		<p>Program Specialist that not only works with clients regarding behaviors but also staff regarding different methods of assisting staff and clients alike through the use of behavior plans and difficult behaviors. Responsible: House Coordinator Sandra Beckett, QIDP Heather Warnick-Dewitt, Supervised Group Living Manager Cinda Milan, Program Specialist Jan Adair, Director of Residential Services 5/18/16</p>	

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	<p>Based on observation, record review, and interview for 2 of 4 sampled clients (A and C) the facility failed to implement the clients' Individual Support Plans when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>During the 4/14/16 observation period between 3:35pm and 5:15pm clients A and C were sitting at the kitchen table waiting for dinner to be served. At 4:02pm staff #8 was mixing something for dinner in a bowl. Client C was standing by the counter while staff #8 and staff #9 were making dinner. Staff #9 stated "[Client C] I'm making your snack right now, can you have a seat?" Client A was sitting at the kitchen table watching. At 4:17pm staff #8 was making deviled eggs for dinner. No client was assisting her. Staff #9 was making sandwiches. Staff #9 was buttering bread, unwrapped a piece of cheese and placed the cheese between two pieces of buttered bread. Client C was redirected again from the counter. The RM (Residential Manager) stated "They're making dinner". Client A was sitting at the kitchen table and stated "I want more milk". Staff #6 went down to get client A more milk leaving client A sitting at the table. At 4:29pm client A</p>	W 0249	<p>W-249 Peak Community Services is committed to each client's individual program plan. Each client is to receive a continuous active treatment program. During the 4/14/16 observation period, it was noted that Client A had a formal objective to improve cooking skills and assist with meal preparation. The QIDP will revise Client A's dining goal to be more effective. Client A will participate in preparing her food on her plate and carrying it with assistance to the table if needed. During the 4/14/16 observation period, it was noted that Client C had a formal objective to increase his independence in eating. The QIDP will revise Client C's goal to be more effective. Client C will participate in preparing his food on his plate and carrying it with assistance to the table if needed. Staff will be trained on the new dining goals by 5/18/16</p> <p>Systemically Each client will actively participate in continuous active treatment by the goals written in their Individual Plans. The objectives in the goals will be measured through client participation. Responsible Coordinator Sandra Beckett, QIDP Heather Warnick-Dewitt, Supervised Group Living Manager Jan Adair, Director of Residential Services 5/18/16</p>	05/18/2016			

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	got up from the table and took her snack plate to the kitchen sink. She went to the living room and watched a movie. At 4:33pm staff #8 put the completed sandwiches in the oven. Staff #6 wrapped the deviled eggs and put them in the refrigerator. Staff #8 and #9 started to warm up the tomato soup. Client A was still in the living room watching a movie. At 4:39pm staff #9 pureed a deviled egg and put it on a plate. At 4:41pm client C came into the kitchen. Staff #8 and staff #9 stated "We're cooking dinner" and tried to redirect him from the kitchen. Client A was still in the living room watching a movie. At 4:48pm client C came back into the kitchen. Staff #9 stated "[Client C] can you go sit down? It's hot over here". Staff #8 and staff #9 pushed their hips together to block him from the oven. The AD (Area Director) opened cans of fruit and placed the fruit in a bowl. At 5:02pm Client A was sitting at the table watching the staff in the kitchen prepare plates for dinner. Staff #8 put sandwiches on a plate. The AD was cutting up sandwiches into bite sized pieces and putting fruit and vegetables on each client's plates while standing at the counter. Staff #9 said to client H "We're gonna make your plate and bring it to you". Staff #9 put soup in each client's bowl while standing at the counter. Staff			

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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 S 50 E WINAMAC, IN 46996
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	<p>#8 placed a napkin in front of each client as they were seated at the table. At 5:12pm staff #9 placed a bowl of soup in front of each client. Staff #9 and #6 and the AD brought clients' plates to the table and placed them in front of each client. The AD poured each client a glass of milk at the counter and brought it to them at the table. Staff #9 took the deviled eggs out of the fridge and placed 2 eggs on each client's plate for them.</p> <p>Client A's record was reviewed on 4/15/16 at 11:11am. Client A's 7/30/15 ISP (Individualized Support Plan) indicated client A had a formal objective to improve cooking skills. The formal objective indicated "[Client A] is learning to assist with meal preparations. Staff will encourage [client A] to assist with cooking supper. [Client A] is to retrieve the needed ingredients, utensils, pans, and etc. Staff will give verbal instructions. [Client A] will complete steps to preparing the meal following staff step by step verbal instructions".</p> <p>Client C's record was reviewed on 4/15/16 at 10:40am. Client C's 4/8/15 ISP indicated client C had a formal objective to increase independence in eating. The formal objective indicated "At meals, staff will assist [client C] in cutting his food up by using a knife".</p>			

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W 0488 Bldg. 00	<p>An interview with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/15/16 at 12:28pm. When asked if clients A and C should participate in their formal objectives to improve their dining skills, the AD stated "Yes".</p> <p>9-3-4(a)</p> <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 4 of 4 sampled clients (A, B, C, and D), the facility failed to ensure clients were involved in all aspects of meal preparation and training.</p> <p>Findings include:</p> <p>During the 4/14/16 observation period between 3:35pm and 5:15pm clients A and C were sitting at the kitchen table waiting for dinner to be served. At 4:02pm staff #8 was mixing something for dinner in a bowl. Client C was standing by the counter while staff #8 and staff #9 were making dinner. Staff #9 stated "[Client C] I'm making your snack</p>	W 0488	<p>Peak Community Services is committed to ensure that each client eats in a manner consistent with his or her developmental level. It was noted that Client's A, B, C and D were not involved in all aspects of meal preparation and training. The QIDP will revise Client's A, B, C and D's meal goal to be more effective. Client's A, B, C and D meal goal to participate in preparing their food on the plate and carrying it to the table with assistance if needed. Staff will be trained on adjusted goals by 5/18/16. Systemically Goals will be adjusted to maintain the highest level of independence.</p> <p>Responsible Coordinator Sandra Beckett, QIDP Heather Warnick-Dewitt, Supervised</p>	05/18/2016

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	right now, can you have a seat?" Clients A and B were sitting at the kitchen table watching. Client D was not in the kitchen. At 4:17pm staff #8 was making deviled eggs for dinner. No client was assisting her. Staff #9 was making sandwiches. Staff #9 was buttering bread, unwrapped a piece of cheese and placed the cheese between two pieces of buttered bread. Client C was redirected again from the counter. The RM (Residential Manager) stated "They're making dinner". Client A was sitting at the kitchen table and stated "I want more milk". Staff #6 went down to get client A more milk leaving client A sitting at the table. Client B was counting her coins at the table. Client D was not in the kitchen. At 4:29pm client A got up from the table and took her snack plate to the kitchen sink. She went to the living room and watched a movie. At 4:33pm staff #8 put the completed sandwiches in the oven. Staff #6 wrapped the deviled eggs and put them in the refrigerator. Staff #8 and #9 started to warm up the tomato soup. Clients A and B were in the living room watching a movie. Client D was sitting at the kitchen table watching staff cook. At 4:39pm staff #9 pureed a deviled egg and put it on a plate. At 4:41pm client C came into the kitchen. Staff #8 and staff #9 stated "We're cooking dinner" and tried to redirect him		Group Living Manager Jan Adair, Director of Residential Services 5/18/16	

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	<p>from the kitchen. Clients A and B were still in the living room watching a movie. At 4:48pm client C came back into the kitchen. Staff #9 stated "[Client C] can you go sit down? It's hot over here". Staff #8 and staff #9 pushed their hips together to block him from the oven. The AD (Area Director) opened cans of fruit and placed the fruit in a bowl. Client B got up from the table and stood by the oven. Staff #15 was trying to redirect client B to the movie in the living room. At 5:02pm Client A was sitting at the table and client B was standing in the kitchen watching the staff in the kitchen prepare plates for dinner. Staff #8 put sandwiches on a plate. The AD was cutting up sandwiches into bite sized pieces and putting fruit and vegetables on each client's plates while standing at the counter. Staff #9 said to client H "We're gonna make your plate and bring it to you". Staff #9 put soup in each client's bowl while standing at the counter. Staff #8 placed a napkin in front of each client as they were seated at the table. At 5:12pm staff #9 placed a bowl of soup in front of each client. Staff #9 and #6 and the AD brought clients' plates to the table and placed them in front of each client. The AD poured each client a glass of milk at the counter and brought it to them at the table. Staff #9 took the deviled eggs out of the fridge and placed 2 eggs</p>			

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	<p>on each client's plate for them.</p> <p>Client A's record was reviewed on 4/15/16 at 11:11am. Client A's 7/30/15 ISP (Individualized Support Plan) indicated client A had a formal objective to improve cooking skills. The formal objective indicated "[Client A] is learning to assist with meal preparations. Staff will encourage [client A] to assist with cooking supper. [Client A] is to retrieve the needed ingredients, utensils, pans, and etc. Staff will give verbal instructions. [Client A] will complete steps to preparing the meal following staff step by step verbal instructions".</p> <p>Client B's record was reviewed on 4/15/16 at 10:21am. Client B's 4/13/15 ISP did not indicate client B had a formal training objective for meal prep or dining.</p> <p>Client C's record was reviewed on 4/15/16 at 10:40am. Client C's 4/8/15 ISP indicated client C had a formal objective to increase independence in eating. The formal objective indicated "At meals, staff will assist [client C] in cutting his food up by using a knife".</p> <p>Client D's record was reviewed on 4/15/16 at 12:05pm. Client D's 2/19/16 ISP did not indicate client D had a formal</p>			

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	<p>training objective for meal prep or dining.</p> <p>An interview with the Area Director and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/15/16 at 12:28pm. When asked if clients A and C should participate in their formal objectives to improve their dining skills, the AD stated "Yes". When asked if clients should be involved in meal preparation, setting the table, and fixing their own plates, the AD stated "It's ideal. We have a client with PICA (ingesting non edible items) so they can't be around the food".</p> <p>9-3-8(a)</p>				