

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G517	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2016
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 699 GRAHAM ST APTS 2 & 8 FRANKLIN, IN 46131
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: March 8, 9, 10, 11, 14, 2016</p> <p>Provider Number: 15G517 Aims Number: 100245210 Facility Number: 0001031</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/23/16.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review for 3 of 6 clients (#1, #2, #3) residing in the facility, the facility failed to meet the Condition of Participation: Governing Body. The Governing Body failed to exercise general policy and operating direction over the facility in that the facility failed to implement written policy and</p>	W 0102	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 1 has been moved into the office area where she can have privacy. · Client 1 has been approved for a CIH waiver. · Formal Programming with Client 1 in regard to rights and avenues to advocate for rights. · Client 2 and 3's goals will be 	04/13/2016

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>procedures to prevent neglect of client #1 (privacy) and failed to ensure clients #2 and #3 received a continuous active treatment program.</p> <p>Findings include:</p> <p>1. The facility's governing body failed for 1 of 6 clients (#1) residing in the facility, to ensure the facility met the Condition of Participation: Client Protections, in that the facility failed to implement written policy and procedures to prevent neglect, regarding a failure to provide client #1 with a bedroom for privacy. Please see W122.</p> <p>2. The facility's governing body failed for 3 of 6 clients (#1, #2, #3) residing in the facility to exercise general policy and operating direction over the facility in regards to implementing written policy and procedures to ensure neglect policy was being implemented and to ensure there was sufficient staffing to ensure clients #2 and #3 received a continuous active treatment program. Please see W104.</p> <p>3. The facility's governing body failed for 2 of 6 clients (#2, #3) residing in the facility to ensure the facility met the Condition of Participation: Active Treatment Services, in that the facility</p>		<p>revised and updated according to functional assessment and ISP Objectives.</p> <ul style="list-style-type: none"> · Revision to Client 2's Behavior Plan in regard to sitting and eating meal at lunch time. · Formal Programming at day program for participation in activities for Client 2 and 3. · Revision to Client 3's Behavior Plan in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to importance of foot rests on wheelchair. · Training with Day Program Staff in regard to dining plans for Client 2 and 3. · Training with Day Program Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Training with Group Home Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Day Program will ensure staffing is appropriate for needs of clients attending day program. · Any clients attending day program that are in need of 1 to 1 staffing will have extra staffing provided by the group home to ensure day program staff are able to perform duties associated with day programming. · Day Program will ensure that no less than 3 staff are involved in 	

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	<p>failed to ensure a continuous active treatment program for clients #2 and #3. Please see W195.</p> <p>9-3-1(a)</p>		<p>lunch room during meal time for proper supervision.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · QIDP will review programming for all clients to ensure revisions have been made. · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with support staff (day program and group home) in regard to new programs for Client 1, 2 and 3. · Training with support staff (day program and group home) in regard to revisions made to behavior plans for Client 2 and 3. · Training with support staff (day program and group home) in regard to dining plans for Client 2 and 3. · Training with all group home staff regarding client rights. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Day Program Coordinator will document daily observation of 		

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 3 of 6 clients (#1, #2, #3) residing in the facility, the facility's governing body failed to exercise general policy and operating direction over the facility in regards to ensuring client #1's privacy (no bedroom) and to ensure sufficient staffing to provide continuous	W 0104	Client 2 and 3's programming and engagement in activities. · Day Program Coordinator will document daily observation of Client 2 and 3's lunch time supervision. · QIDP will document weekly observation of Client 2 and 3's programming and engagement in activities. · QIDP will document weekly observation of Client 2 and 3's lunch time supervision. · Area Director will review documentation of observations weekly. · IDT will meet weekly with Client 1 regarding behavioral concerns and progress on move. 1.What is the date by which the systemic changes will be completed? April 13, 2016 1.What corrective action will be accomplished? · Client 1 has been moved into the office area where she can have privacy. · Client 1 has been approved for a CIH waiver. · Formal Programming with Client 1 in regard to rights and avenues to advocate for rights.	04/13/2016	

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	<p>active treatment for clients #2 and #3.</p> <p>Findings include:</p> <p>1. The facility's governing body failed to implement written policy and procedures to ensure client #1 had a bedroom for privacy. Please see W149.</p> <p>2. The facility's governing body failed to exercise operating direction over the facility run day program to ensure there was sufficient direct care staff to provide clients #2 and #3 with a continuous active treatment program. Please see W186.</p> <p>3. The facility's governing body failed to exercise operating direction over the facility to ensure the clients (#2, #3) received a continuous active treatment program. Please see W196.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> · Client 2 and 3's goals will be revised and updated according to functional assessment and ISP Objectives. · Revision to Client 2's Behavior Plan in regard to sitting and eating meal at lunch time. · Formal Programming at day program for participation in activities for Client 2 and 3. · Revision to Client 3's Behavior Plan in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to importance of foot rests on wheelchair. · Training with Day Program Staff in regard to dining plans for Client 2 and 3. · Training with Day Program Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Training with Group Home Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Day Program will ensure staffing is appropriate for needs of clients attending day program. · Any clients attending day program that are in need of 1 to 1 staffing will have extra staffing provided by the group home to ensure day program staff are able to perform duties associated with day programming. · Day Program will ensure that 		

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			<p>no less than 3 staff are involved in lunch room during meal time for proper supervision.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · QIDP will review programming for all clients to ensure revisions have been made. · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with support staff (day program and group home) in regard to new programs for Client 1, 2 and 3. · Training with support staff (day program and group home) in regard to revisions made to behavior plans for Client 2 and 3. · Training with support staff (day program and group home) in regard to dining plans for Client 2 and 3. · Training with all group home staff regarding client rights. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Day Program Coordinator 		

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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed for 1 of 4 sampled clients (#1) to meet the Condition of Participation: Client Protections, by failing to implement written policy and procedure to prevent neglect of client #1 in regards to: failure to provide client #1 with a bedroom and	W 0122	will document daily observation of Client 2 and 3's programming and engagement in activities. · Day Program Coordinator will document daily observation of Client 2 and 3's lunch time supervision. · QIDP will document weekly observation of Client 2 and 3's programming and engagement in activities. · QIDP will document weekly observation of Client 2 and 3's lunch time supervision. · Area Director will review documentation of observations weekly. · IDT will meet weekly with Client 1 regarding behavioral concerns and progress on move. 1.What is the date by which the systemic changes will be completed? April 13, 2016 1.What corrective action will be accomplished? · Client 1 has been moved into the office area where she can have privacy. · Client 1 has been approved for a CIH waiver. · Formal Programming with Client 1 in regard to rights and avenues to advocate for rights.	04/13/2016	

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W 0129 Bldg. 00	<p>privacy.</p> <p>Findings include:</p> <p>Please see W129. The facility failed to ensure client #1 had the opportunity for personal privacy.</p> <p>Please see W149. The facility failed to implement written policy and procedures to ensure client #1 received services as needed to ensure she had a bedroom and privacy.</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1</p>			W 0129	<p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Training with all group home staff regarding client rights. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> IDT will meet weekly with Client 1 regarding behavioral concerns and progress on move. <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Client 1 has been moved into 		04/13/2016

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	<p>had opportunities for privacy by client #1 not having a bedroom.</p> <p>Findings include:</p> <p>An observation was done on 3/8/16 from 6:08p.m. to 7:27p.m. at the group home. There was a mattress on the living room floor. Staff #4 was interviewed on 3/8/16 at 6:36p.m. Staff #4 indicated the mattress was client #1's. Staff #4 indicated client #1 was sleeping in the living room due to her property destruction behavior of her roommate's items (television and items on her dresser) and other house items (televisions, pictures on walls). Staff #4 stated she was not sure how long client #1 had been sleeping in the living room but thought it had been a "few" months. Staff #4 indicated there was no privacy around the mattress due to client #1's destructive behavior. Staff #4 indicated client #1 had been better recently.</p> <p>An observation was done at the facility on 3/9/16 from 6:17a.m. to 8:08a.m. At 6:20a.m. client #1 was sleeping on a mattress located in the living room. There was no privacy screen or curtains around client #1. Client #6 was walking around in the living room and client #7 was sitting on the couch (in the living room). Client #1 got up from her bed at 6:39a.m.</p>		<p>the office area where she can have privacy. · Client 1 has been approved for a CIH waiver. · Formal Programming with Client 1 in regard to rights and avenues to advocate for rights.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>· All clients have the potential to be affected by this practice.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>· Training with all group home staff regarding client rights.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>· IDT will meet weekly with Client 1 regarding behavioral concerns and progress on move.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>				

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	<p>Record review of the facility incident reports was done on 3/9/16 at 9:32a.m. Client #1 had incidents of property destruction on 5/27/15 and 6/1/15. Client #1 had an interdisciplinary team meeting (IDT) on 7/13/15. The IDT discussed client #1's property destruction behavior. The IDT indicated client #1 was referred to the waiver program. An IDT on 11/4/15 indicated client #1's behaviors have continued. The IDT indicated "due to her extreme behavior over the past few months, she (client #1) is currently sleeping in the living room because she had started to destroy her roommates items." The IDT also discussed behavior plan changes and medication changes.</p> <p>Client #1 was interviewed on 3/9/16 at 6:43a.m. Client #1 indicated she was her own guardian. Client #1 indicated she was sleeping in the living room due to her behaviors. Client #1 indicated she sleeps good at night and was okay with sleeping in the living room. Client #1 indicated she was moving to a waiver home soon. Client #1 indicated she felt like her behaviors have been better past couple of months. Client #1 indicated she would like to have her own bedroom. Client #1 indicated she thought she would have her bedroom in the waiver home.</p>			

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W 0149 Bldg. 00	<p>Staff #1 was interviewed on 3/9/16 at 9:32a.m. Staff #1 indicated client #1 had been sleeping in the living room since July 2015 due to her property destruction behavior. Staff #1 indicated there was no privacy around her mattress in the living room. Staff #1 indicated client #1 had been doing better recently and hopes to be in a waiver home by 4/1/16. Staff #1 indicated client #1 had no recent behaviors to peers, with her agitation usually toward property. Staff #1 indicated the facility had not attempted to try to move client #1 back into a bedroom since 7/15. Staff #1 indicated there were no recent IDTs to address client #1 moving back into a bedroom and her privacy needs.</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 mistreatment, neglect or abuse of the client. Based on observation, interview and record review, the facility failed for 1 of 4 sampled clients (#1), to implement policy and procedures to ensure clients were free from neglect.</p> <p>Findings include:</p>	W 0149	<p>W149 Staff Treatment of Clients The facility failed to implement policy and procedures to ensure clients were free from neglect (Client 1).</p> <p>1.What corrective action will be accomplished? · Client 1 has been moved into</p>	04/13/2016			

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	<p>An observation was done on 3/8/16 from 6:08p.m. to 7:27p.m. at the group home. There was a mattress on the living room floor. Staff #4 was interviewed on 3/8/16 at 6:36p.m. Staff #4 indicated the mattress was client #1's. Staff #4 indicated client #1 was sleeping in the living room due to her property destruction behavior of her roommate's items (television and items on her dresser) and other house items (televisions, pictures on walls). Staff #4 stated she was not sure how long client #1 had been sleeping in the living room but thought it had been a "few" months. Staff #4 indicated there was no privacy around the mattress due to client #1's destructive behavior. Staff #4 indicated client #1 had been better recently.</p> <p>An observation was done at the facility on 3/9/16 from 6:17a.m. to 8:08a.m. At 6:20a.m. client #1 was sleeping on a mattress located in the living room. There was no privacy screen or curtains around client #1. Client #6 was walking around in the living room and client #7 was sitting on the couch (in the living room). Client #1 got up from her bed at 6:39a.m.</p> <p>Record review of the facility incident reports was done on 3/9/16 at 9:32a.m. Client #1 had incidents of property destruction on 5/27/15 and 6/1/15. Client</p>		<p>the office area where she can have privacy.</p> <ul style="list-style-type: none"> Client 1 has been approved for a CIH waiver. Formal Programming with Client 1 in regard to rights and avenues to advocate for rights. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Training with all group home staff regarding client rights. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> IDT will meet weekly with Client 1 regarding behavioral concerns and progress on move. <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>		

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	<p>#1 had an interdisciplinary team meeting (IDT) on 7/13/15. The IDT discussed client #1's property destruction behavior. The IDT indicated client #1 was referred to the waiver program. An IDT on 11/4/15 indicated client #1's behaviors have continued. The IDT indicated "due to her extreme behavior over the past few months, she (client #1) is currently sleeping in the living room because she had started to destroy her roommate's items." The IDT also discussed behavior plan changes and medication changes.</p> <p>Client #1 was interviewed on 3/9/16 at 6:43a.m. Client #1 indicated she was her own guardian. Client #1 indicated she was sleeping in the living room due to her behaviors. Client #1 indicated she sleeps good at night and was ok with sleeping in the living room. Client #1 indicated she was moving to a waiver home soon. Client #1 indicated she felt like her behaviors have been better past couple of months. Client #1 indicated she would like to have her own bedroom. Client #1 indicated she thought she would have her bedroom in the waiver home.</p> <p>Staff #1 was interviewed on 3/9/16 at 9:32a.m. Staff #1 indicated client #1 had been sleeping in the living room since July 2015 due to her property destruction</p>			

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W 0159 Bldg. 00	<p>behavior. Staff #1 indicated there was no privacy around her mattress in the living room. Staff #1 indicated client #1 had been doing better recently and hopes to be in a waiver home by 4/1/16. Staff #1 indicated client #1 had no recent behaviors to peers, with her agitation usually toward property. Staff #1 indicated there were no recent IDTs to address client #1 moving back into a bedroom and privacy.</p> <p>The facility's policy and procedures were reviewed on 3/10/16 at 9p.m. The facility's undated policy and procedure "Oversight of Individuals Receiving Services" indicated it is the policy to protect individuals being served, who because of physical or mental disabilities, are particularly vulnerable to abuse, exploitation and neglect.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 3 of 4 sampled</p>	W 0159	<p>W159 QIDP The facility failed for 3 or 4 sampled</p>	04/13/2016			

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	<p>clients (#1, #2, #3) and 2 non-sample clients (#5, #6) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring identified client programs were implemented at the facility day service program, client training programs were reviewed and revised as necessary, client privacy was observed and clients had prescribed eyeglasses.</p> <p>Findings include:</p> <p>1. An observation was done at the facility operated day program on 3/9/16 from 11:22a.m. to 12:58p.m. At 11:22a.m., in the large activity room, there was 24 clients and 2 staff involved with the clients. One of the staff was involved as a 1:1 staff for a client from another facility. There were 2 staff in the kitchen area of the large activity room. The 2 staff in the kitchen area were involved with meal preparation. From 11:22a.m. to 11:49a.m. clients #2, #3 and #6 were in the large activity room. Clients #2, #3 and #6 were not involved in any activity and had no staff intervention/interaction. Client #2 had food on his face and walked around the room until prompted to eat lunch at 11:49a.m. Client #6 walked around the activity room with no prompts to activity</p>		<p>clients (1, 2, 3) and 2 non-sample clients (5, 6) to ensure each client's active treatment program was coordinated and monitored by the facility's QIDP, by the QIDP ensuring identified client programs were implemented at the facility day service program, client training programs were reviewed and revised as necessary, client privacy was observed and clients had prescribed eyeglasses.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · QIDP will monitor programming on a monthly basis. · QIDP will do weekly observations at day program and group home for a period of at least 3 months to ensure programming is implemented and effective for each client. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, revision of programming, observation of 	

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	<p>or to interact with peers. Client #3 was in a wheelchair and stayed in the activity room near the kitchen area. Client #3 licked his fingers throughout the observation without any staff intervention. At 11:31a.m. client #5 was eating his lunch in a small activity room with 2 staff and 8 clients. The 2 staff were preparing lunches in the corner of the room. Client #5 was eating his lunch unsupervised. Client #5 had chopped up lunchmeat (there were pieces of lunchmeat) on his plate. At 11:32a.m. staff #6 indicated client #5 was on a pureed diet and this was the way his food came from his group home. Staff #3 was interviewed on 3/9/16 at 11:34a.m. Staff #3 indicated the lunchmeat was not pureed. Staff #3 took the lunchmeat and pureed it. Staff #3 indicated clients #3 and #5 were on pureed diets and sometimes their lunches came from the group home not in the proper texture. At 11:43a.m. in the large activity room, client #2 gave client #3 a drink in a regular style coffee cup. The drink was not thickened. Client #3 attempted to drink from the coffee cup. Client #3 spilled some of the drink onto his shirt. No staff saw client #2 give client #3 the drink. At 11:45a.m., the surveyor intervened by informing staff #3 that client #3 had received and drunk from a coffee cup with unthickened fluid. Staff</p>		<p>implementation of programming.</p> <ul style="list-style-type: none"> · Training with QIDP regarding ensuring staff are trained on client rights. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review documentation of QIDP weekly observations. · Area Director will review documentation of program monitoring on a monthly basis. <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>	

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	#3 (at 11:45a.m.) indicated client #3 had a special cup to drink from and was to receive thickened liquid. Staff #3 then went back to the kitchen area to assist with lunch preparation. Client #3 was left unmonitored and with a wet shirt (from the spilled drink). At 11:49a.m., client #6 was in the kitchen sink area in the large activity room. Client #6 was taking dirty dishes from the sink, running cold water on them and then put the dirty and wet cups into the cabinet. There was no staff intervention (for client #6) due to no staff supervising the kitchen sink area. At 11:52a.m., clients #2 and #3 went into a small activity room to eat their lunch. There were 2 staff and 8 clients in the small activity room. Client #3 ate his lunch with no staff supervision. Client #3 had food (pureed diet) on his face and fingers. Client #3 continued to lick his fingers during the meal. Client #2 began eating lunch at 11:52a.m. Client #2 was not eating his lunch and was rocking in his chair looking at his food. Client #2 was still eating/rocking in the small activity room at 12:32p.m. Staff #6 was interviewed at 12:00p.m. Staff #6 indicated there were usually 2 staff in the small activity/lunch room. Staff #6 indicated the staff in the small lunch room spent most of their time opening client lunch boxes and preparing the food (setup/microwave use). Client #2 was						

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	<p>unsupervised during his lunch and did not receive prompts to eat his lunch. Client #6 was observed to stand in the corner of the large activity room from 12:32p.m. to 12:58p.m. (when the observation ended).</p> <p>Record review for client #2 was done on 3/10/16 at 12:18p.m. Client #2 had an individual support plan (ISP) dated 10/30/15. The ISP indicated client #2 was non-verbal and needed daily assistance to establish routines and structure. The ISP indicated client #2 needed staff supervision at all meals to monitor adequate nutrition; "Encourage 100% intake at meals and snacks." Client #2 had training programs to shake hands, identify coins and use sign language.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m. Client #3 had an ISP dated 3/4/16. The ISP indicated client #3 was to receive a pureed diet with thickened drinks. Client #3 was to be supervised during all meals, encouraged to eat at a slow pace, had issues with liquid stealing and to alternate between fluid and food. Client #3 had training programs to be redirected to an activity when mouthing his fingers, answer yes/no questions about a story and choose between a coffee cup or a regular cup. The ISP indicated client #3 needed</p>			

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	<p>assistance with communication, dressing, hygiene and assistance in engaging in a new activity.</p> <p>Record review for client #5 was done on 3/10/16 at 2:38p.m. Client #5 had a Dining Plan dated 2/16. The Dining Plan indicated client #5 was to receive a pureed diet. The plan indicated client #5 required staff supervision at all meals.</p> <p>2. An observation was done on 3/8/16 from 6:08p.m. to 7:27p.m. at the group home. There was a mattress on the living room floor. Staff #4 was interviewed on 3/8/16 at 6:36p.m. Staff #4 indicated the mattress was client #1's. Staff #4 indicated client #1 was sleeping in the living room due to her property destruction behavior of her roommate's items and other house items. Staff #4 indicated she was not sure how long client #1 had been sleeping in the living room. Staff #4 indicated there was no privacy around the mattress due to client #1's destructive behavior. Staff #4 indicated client #1 had been better recently.</p> <p>Review of the record of client #1 was done on 3/10/16 at 2:02p.m. Client #1's 4/10/15 ISP indicated client had property destruction identified in her ISP. Client #1's ISP did not address client #1</p>			

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	<p>sleeping in the living room due to her behavior.</p> <p>3. Record review for client #2 was done on 3/10/16 at 12:18p.m Client #2 had training programs documented at 0% met for the time period of 1/15 through 12/15 (without revision) for money (identify coins) and medication (identify time) training program. There was no documentation the QIDP had addressed/revised client #2's failure to make progress.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m Client #3 had training programs documented at 0% met for the time period of 1/15 through 12/15 (without revision) for money (identify coins) and medication (identify time) training program. There was no documentation the QIDP had addressed/revised client #3's failure to make progress.</p> <p>Staff #2 (QIDP) was interviewed on 3/10/16 at 2:47p.m.. Staff #2 indicated clients #2 and #3 had failed to make progress on their money and medication training objectives. Staff #2 indicated the training programs for clients #2 and #3 had continued for the past year without revision. Staff #2 indicated client #1 had been sleeping in the living room since</p>			

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W 0186 Bldg. 00	<p>around 9/15. Staff #2 indicated they were responsible to help monitor the day service active treatment. Staff #2 indicated they were in the day program around one time per week for meetings and some observations on those days.</p> <p>9-3-3(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review, observation and interview, the facility failed for 2 of 4 sampled clients (#2, #3) and 2 non-sampled clients (#5, #6) to provide sufficient direct care staff to provide supervision to manage client training, dining and behavioral programs.</p> <p>Findings include:</p> <p>An observation was done at the facility operated day program on 3/9/16 from 11:22a.m. to 12:58p.m. At 11:22a.m., in the large activity room, there were 24 clients and 2 staff involved with the clients. One of the staff was involved as a</p>			W 0186	<p>1.W186 Direct Care Staff The facility failed for 2 of 4 sampled clients (2, 3) and 2 non-sampled clients (5, 6) to provide sufficient direct care staff to provide sufficient direct care staff to provide supervision to manage client training, dining and behavioral programs.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Day Program will ensure staffing is appropriate for needs of clients attending day program. · Any clients attending day program that are in need of 1 to 1 staffing will have extra staffing provided by the group home to 		04/13/2016

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	<p>1:1 staff for a client from another facility. There were 2 staff in the kitchen area of the large activity room. The 2 staff in the kitchen area were involved with meal preparation. From 11:22a.m. to 11:49a.m. clients #2, #3 and #6 were in the large activity room. Clients #2, #3 and #6 were not involved in any activity and had no staff intervention/interaction. Client #2 had food on his face and walked around the room until prompted to eat lunch at 11:49a.m. Client #6 walked around the activity room with no prompts to activity or to interact with peers. Client #3 was in a wheelchair and stayed in the activity room near the kitchen area. Client #3 licked his fingers throughout the observation without any staff intervention. At 11:31a.m. client #5 was eating his lunch in a small activity room with 2 staff and 8 clients. The 2 staff were preparing lunches in the corner of the room. Client #5 was eating his lunch unsupervised. Client #5 had chopped up lunchmeat (there were pieces of lunchmeat) on his plate. At 11:32a.m. staff #6 indicated client #5 was on a pureed diet and this was the way his food came from his group home. Staff #3 was interviewed at 11:34a.m. Staff #3 indicated the lunchmeat was not pureed. Staff #3 took the lunchmeat and pureed it. Staff #3 indicated clients #3 and #5 were on pureed diets and sometimes their</p>		<p>ensure day program staff are able to perform duties associated with day programming.</p> <ul style="list-style-type: none"> Day Program will ensure that no less than 3 staff are involved in lunch room during meal time for proper supervision. This will enable 1 staff at all times to be monitoring clients who are eating if other staff are assisting clients with preparing lunches. If a client requires 1 to 1 staffing during this time, the staff assigned to that person will not be included in the 3 staff who are assisting and supervising the remaining clients. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients have the potential to be affected by this practice. Program Director (QIDP) will observed lunch time at day program to determine if any other clients are impacted by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Training with Day Program Coordinator and Program Director regarding meeting client needs with staff. <p>1.How will the corrective action</p>				

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	<p>lunches came from the group home not in the proper texture. At 11:43a.m. in the large activity room, client #2 gave client #3 a drink in a regular style coffee cup. The drink was not thickened. Client #3 attempted to drink from the coffee cup. Client #3 spilled some of the drink onto his shirt. No staff saw client #2 give client #3 the drink. At 11:45a.m., the surveyor intervened by informing staff #3 that client #3 had received and drunk from a coffee cup with unthickened fluid. Staff #3 indicated client #3 had a special cup to drink from and was to receive thickened liquid. Staff #3 then went back to the kitchen area to assist with lunch preparation. Client #3 was left unmonitored and with a wet shirt (from the spilled drink). At 11:49a.m., client #6 was in the kitchen sink area in the large activity room. Client #6 was taking dirty dishes from the sink, running cold water on them and then put the dirty and wet cups into the cabinet. There was no staff intervention (for client #6) due to no staff supervising the kitchen sink area. At 11:52a.m., clients #2 and #3 went into a small activity room to eat their lunch. There were 2 staff and 8 clients in the small activity room. Client #3 ate his lunch with no staff supervision. Client #3 had food (pureed diet) on his face and fingers. Client #3 continued to lick his fingers during the meal. Client #2 began</p>		<p>be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Day Program Coordinator will document daily observation of meal time to ensure proper supervision of clients and to ensure all dietary concerns are addressed. · Day Program Director will document weekly observation of staffing supervision during meal times and to ensure active treatment and client engagement during activities at day program. · Group Home Program Director (QIDP) will document weekly observation of staffing supervision during meal times and to ensure active treatment and client engagement during activities at day program. · Area Director will review documentation of observations weekly. <p>1. What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>		

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	<p>eating lunch at 11:52a.m. Client #2 was not eating his lunch and was rocking in his chair looking at his food. Client #2 was still eating/rocking in the small activity room at 12:32p.m. Staff #6 was interviewed at 12:00p.m. Staff #6 indicated there were usually 2 staff in the small activity/lunch room. Staff #6 indicated the staff in the small lunch room spent most of their time opening client lunch boxes and preparing the food (setup/microwave use). Client #2 was unsupervised during his lunch and did not receive prompts to eat his lunch. Client #6 was observed to stand in the corner of the large activity room from 12:32p.m. to 12:58p.m. (when the observation ended).</p> <p>Record review for client #2 was done on 3/10/16 at 12:18p.m. Client #2 had an individual support plan (ISP) dated 10/30/15. The ISP indicated client #2 was non-verbal and needed daily assistance to establish routines and structure. The ISP indicated client #2 needed staff supervision at all meals to monitor adequate nutrition; "Encourage 100% intake at meals and snacks." Client #2 had training programs to shake hands, identify coins and use sign language.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m. Client #3 had an ISP</p>			

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	<p>dated 3/4/16. The ISP indicated client #3 was to receive a pureed diet with thickened drinks. Client #3 was to be supervised during all meals, encouraged to eat at a slow pace, monitor issues with liquid stealing and to alternate between fluid and food. Client #3 had training programs to be redirected to an activity when mouthing his fingers, answer yes/no questions about a story and choose between a coffee cup or a regular cup. The ISP indicated client #3 needed assistance with communication, dressing, hygiene and assistance in engaging in a new activity.</p> <p>Record review for client #5 was done on 3/10/16 at 2:38p.m. Client #5 had a Dining Plan dated 2/16. The Dining Plan indicated client #5 was to receive a pureed diet. The plan indicated client #5 required staff supervision at all meals.</p> <p>Staff #3 was interviewed on 3/9/16 at 12:15p.m. Staff #3 indicated there were often 50 clients and 6 staff at the day program. Staff #3 indicated three (3) clients were identified, per their individual plans, to be in need of line of sight supervision. Staff #3 indicated several clients including clients #2, #3 and #5 were to be supervised at meal times. Staff #3 indicated during meal times there was not enough staff to help</p>			

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W 0189 Bldg. 00	<p>with the meal set up, supervise meals and provide programming for those not eating lunch. Staff #3 indicated client #3 was on a pureed diet with thickened drinks. Staff #3 indicated staff should have assisted client #3 to change his shirt after he had spilled a drink on it and monitored him after drinking an unthickened drink.</p> <p>Staff #1 was interviewed on 3/10/16 at 2:40pm. Staff #1 indicated the day program should have enough staff to implement client programs throughout the day. Staff #1 indicated they may need more staff during the meal times, need to look at how the lunch time is done and need to look at how staff are used.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview, the facility failed for 2 of 6 clients (#3, #5) residing in the facility to ensure facility staff had been retrained on preparation of client #3 and #5's pureed</p>	W 0189	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Group Home staff trained on Client 3 and 5's diets. · Group Home staff trained on preparing pureed diets to proper 	04/13/2016			

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	<p>diets.</p> <p>Findings include:</p> <p>An observation was done on 3/9/16 from 6:17a.m. to 8:08a.m. At 6:52a.m., client #3 was given toast with jelly. The bread was in small pieces with jelly on it. Staff #7 was interviewed on 3/9/16 at 7:11a.m. Staff #7 indicated client #3's toast was smashed up with jelly. Staff #7 indicated client #3 should have received a pureed diet at breakfast.</p> <p>An observation was done at the facility operated day program on 3/9/16 from 11:22a.m. to 12:58p.m. At 11:31a.m. client #5 was eating his lunch in a small activity room with 2 staff and 8 clients. The 2 staff were preparing lunches in the corner of the room. Client #5 was eating his lunch unsupervised. Client #5 had chopped up lunchmeat (there were pieces of lunchmeat) on his plate. At 11:32a.m. staff #6 indicated client #5 was on a pureed diet and this was the way his food came from his group home. Staff #3 was interviewed at 11:34a.m. Staff #3 indicated the lunchmeat was not pureed. Staff #3 took the lunchmeat and pureed it. Staff #3 indicated clients #3 and #5 were on pureed diets and sometimes their lunches came from the group home not in the proper texture.</p>		<p>consistency.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All client dining plans and diets will be reviewed to ensure all clients dietary needs are being met in accordance with plans.. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Group Home Program Coordinator will document daily observation of morning meals to ensure that all diets are being followed in accordance with dietary recommendations and dining plans. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> Group Home Program Director (QIDP) will document weekly observation of meals to ensure that all diets are being followed in accordance with dietary recommendations and dining plans. Area Director will review all documentation of observations. <p>1.What is the date by which the systemic changes will be completed?</p>				

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	<p>Record review for client #3 was done on 3/10/16 at 1:23p.m. Client #3 had an ISP dated 3/4/16. The ISP indicated client #3 was to receive a pureed diet with thickened drinks. Client #3 was to be supervised during all meals, encouraged to eat at a slow pace, had issues with liquid stealing and to alternate between fluid and food.</p> <p>Record review for client #5 was done on 3/10/16 at 2:38p.m. Client #5 had a Dining Plan dated 2/16. The Dining Plan indicated client #5 was to receive a pureed diet. The plan indicated client #5 required staff supervision at all meals.</p> <p>Staff #3 (nurse) was interviewed on 3/9/16 at 10:16a.m. Staff #3 indicated clients #3 and #5's current diet orders indicated they were to receive a pureed diet. Staff #3 indicated the pureed diets were not to receive bread. Staff #3 indicated cereal should have been given in place of the bread. Staff #3 indicated the facility staff were in need of retraining on how to identify and prepare a pureed diet.</p> <p>9-3-3(a)</p>		April 13, 2016	

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W 0195 Bldg. 00	<p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based upon observation, record review and interview for 2 of 4 sampled clients (#2, #3), the facility failed to provide a continuous active treatment program to ensure clients #2 and #3 had sufficient staff to implement programs, provide choice making opportunities and monitor unmet training programs.</p> <p>Findings include:</p> <p>Please refer to W186. The facility failed to provide a sufficient number of staff to implement clients #2 and #3's training programs and provide needed interventions for inactivity and behavioral issues.</p> <p>Please refer to W196. The facility failed to provide continuous active treatment for clients #2 and #3 in that the clients' programs were not implemented as there were opportunities and choice making opportunities had not been offered during inactivity.</p> <p>Please refer to W249. The facility failed to implement client #2 and #3's training programs, dining programs and</p>	W 0195	<p>1.W195 Active Treatment Services This condition is not met as evidenced by: Based upon observation, record review and interview for 2 of 4 sampled clients (2, 3), the facility failed to provide a continuous active treatment program to ensure clients 2 and 3 had sufficient staff to implement programs, provide choice making opportunities and monitor unmet training programs.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 2 and 3's goals will be revised and updated according to functional assessment and ISP Objectives. · Revision to Client 2's Behavior Plan in regard to sitting and eating meal at lunch time. · Formal Programming at day program for participation in activities for Client 2 and 3. · Revision to Client 3's Behavior Plan in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to importance of foot rests on wheelchair. 	04/13/2016

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	<p>behavioral programs when opportunities were present.</p> <p>Please refer to W257. The facility failed to provide revision for unmet client training programs for clients #2 and #3.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · Training with Day Program Staff in regard to dining plans for Client 2 and 3. · Training with Day Program Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Training with Group Home Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Day Program will ensure staffing is appropriate for needs of clients attending day program. · Any clients attending day program that are in need of 1 to 1 staffing will have extra staffing provided by the group home to ensure day program staff are able to perform duties associated with day programming. · Day Program will ensure that no less than 3 staff are involved in lunch room during meal time for proper supervision. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · QIDP will review programming for all clients to ensure revisions have been made. · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the</p>		

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			<p>deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with support staff (day program and group home) in regard to new programs for Client 2 and 3. · Training with support staff (day program and group home) in regard to revisions made to behavior plans for Client 2 and 3. · Training with support staff (day program and group home) in regard to dining plans for Client 2 and 3. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Day Program Coordinator will document daily observation of Client 2 and 3's programming and engagement in activities. · Day Program Coordinator will document daily observation of Client 2 and 3's lunch time supervision. · QIDP will document observation of Client 2 and 3's programming and engagement in activities at least 3x weekly for a period of 2 months.. · QIDP will document observation of Client 2 and 3's lunch time supervision. · Area Director will review documentation of observations weekly at least 3x weekly for a period of 2 months.. <p>1.What is the date by which the</p>	

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W 0196 Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based upon observation, record review and interview for 2 of 4 sampled clients (#2, #3), the facility failed to provide continuous active treatment for clients #2 and #3 in that the clients' programs were not implemented as there were opportunities, behavior programs were not addressed and monitoring/revision of unmet training programs had not been addressed.</p> <p>Findings include:</p> <p>An observation was done on 3/8/16 from 6:08p.m. to 7:27p.m. at the facility group home. From 6:08p.m. to 7:27p.m., client #3 sat in the kitchen in his wheelchair. Client #3 mouthed/licked his fingers</p>	W 0196	<p>systemic changes will be completed?</p> <p>April 13, 2016</p> <p>1.W196 Active Treatment The facility failed to provide continuous active treatment for clients 2 and 3 in that the clients' programs were not implemented as there were opportunities, behavior programs were not addressed and monitoring/revision of unmet training programs had not been addressed.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 2 and 3's goals will be revised and updated according to functional assessment and ISP Objectives. · Revision to Client 2's Behavior Plan in regard to sitting and eating meal at lunch time. · Formal Programming at day program for participation in activities 	04/13/2016

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	<p>throughout the observation without intervention from staff. Client #3 received a drink in a small plastic bottle with a small opening. Staff did not offer client #3 a cup. Client #3's wheelchair did not have a footrest on it and his feet hung about 4 inches off the floor. Staff did not prompt client #3 to any activity.</p> <p>An observation was done on 3/9/16 from 6:17a.m. to 8:08a.m. Throughout the observation client #3 mouthed his right hand/fingers without redirection. At 6:52a.m., client #3 was given toast with jelly. The bread was in small pieces with jelly on it. Staff #7 was interviewed on 3/9/16 at 7:11a.m. Staff #7 indicated client #3's toast was smashed up with jelly. Staff #7 indicated client #3 should have received a pureed diet at breakfast.</p> <p>An observation was done at the facility operated day program on 3/9/16 from 11:22a.m. to 12:58p.m. At 11:22a.m., in the large activity room, there were 24 clients and 2 staff involved with the clients. One of the staff was involved as a 1:1 staff for a client from another facility. There were 2 staff in the kitchen area of the large activity room. The 2 staff in the kitchen area were involved with meal preparation. From 11:22a.m. to 11:49a.m. clients #2 and #3 were in the large activity room. Clients #2 and #3 were not</p>		<p>for Client 2 and 3.</p> <ul style="list-style-type: none"> · Revision to Client 3's Behavior Plan in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to importance of foot rests on wheelchair. · Training with Day Program Staff in regard to dining plans for Client 2 and 3. · Training with Day Program Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Training with Group Home Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · QIDP will review programming for all clients to ensure revisions have been made. · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with support staff (day program and group home) in 				

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	involved in any activity and had no staff intervention/interaction. Client #2 had food on his face and walked around the room until prompted to eat lunch at 11:49a.m. Client #3 was in a wheelchair and stayed in the activity room near the kitchen area. Client #3 licked his fingers throughout the observation without any staff intervention. At 11:43a.m. in the large activity room, client #2 gave client #3 a drink in a regular style coffee cup. The drink was not thickened. Client #3 attempted to drink from the coffee cup. Client #3 spilled some of the drink onto his shirt. No staff saw client #2 give client #3 the drink. At 11:45a.m., the surveyor intervened by informing staff #3 that client #3 had received and drunk from a coffee cup with unthickened fluid. Staff #3 indicated client #3 had a special cup to drink from and was to receive thickened liquid. Staff #3 then went back to the kitchen area to assist with lunch preparation. Client #3 was left unmonitored and with a wet shirt (from the spilled drink). At 11:52a.m., clients #2 and #3 went into a small activity room to eat their lunch. There were 2 staff and 8 clients in the small activity room. Client #3 ate his lunch with no staff supervision. Client #3 had food (pureed diet) on his face and fingers. Client #3 continued to lick his fingers during the meal. Client #2 began eating lunch at		regard to new programs for Client 2 and 3. · Training with support staff (day program and group home) in regard to revisions made to behavior plans for Client 2 and 3. · Training with support staff (day program and group home) in regard to dining plans for Client 2 and 3. 1.How will the corrective action be monitored to ensure the deficient practice does not recur? · Day Program Coordinator will document daily observation of Client 2 and 3's programming and engagement in activities. · Day Program Coordinator will document daily observation of Client 2 and 3's lunch time supervision. · QIDP will document observation of Client 2 and 3's programming and engagement in activities at least 3x weekly for a period of 2 months.. · QIDP will document observation of Client 2 and 3's lunch time supervision at least 3x weekly for a period of 2 months. · Area Director will review documentation of observations weekly. 1.What is the date by which the systemic changes will be completed? April 13, 2016		

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	<p>11:52a.m. Client #2 was not eating his lunch and was rocking in his chair looking at his food. Client #2 was still eating/rocking in the small activity room at 12:32p.m. Staff #6 was interviewed at 12:00p.m. Staff #6 indicated there were usually 2 staff in the small activity/lunch room. Staff #6 indicated the staff in the small lunch room spent most of their time opening client lunch boxes and preparing the food (setup/microwave use). Client #2 was unsupervised during his lunch and did not receive prompts to eat his lunch.</p> <p>Record review for client #2 was done on 3/10/16 at 12:18p.m. Client #2 had an individual support plan (ISP) dated 10/30/15. The ISP indicated client #2 was non-verbal and needed daily assistance to establish routines and structure. The ISP indicated client #2 needed staff supervision at all meals to monitor adequate nutrition; "Encourage 100% intake at meals and snacks." Client #2 had training programs to shake hands, identify coins and use sign language.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m. Client #3 had an ISP dated 3/4/16. The ISP indicated client #3 was to receive a pureed diet with thickened drinks. Client #3 was to be supervised during all meals, encouraged to eat at a slow pace, had issues with</p>				

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W 0249 Bldg. 00	<p>liquid stealing and to alternate between fluid and food. Client #3 had training programs to be redirected to an activity when mouthing his fingers, answer yes/no questions about a story and choose between a coffee cup or a regular cup. The ISP indicated client #3 needed assistance with communication, dressing, hygiene and assistance in engaging in a new activity.</p> <p>Staff #1 was interviewed on 3/10/16 at 2:47p.m. Staff #1 indicated facility staff should have been involved with providing clients #2 and #3 with activity choices. Staff #1 indicated clients #2 and #3's dining programs should have been implemented at all opportunities. Staff #1 indicated client #3 should have had his footrest on his wheelchair.</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</p>						

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	<p>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 for 2 of 4 sampled clients (#2, #3) and 1 non-sampled client (#5) to ensure the clients' training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done on 3/8/16 from 6:08p.m. to 7:27p.m. at the facility group home. From 6:08p.m. to 7:27p.m., client #3 sat in the kitchen in his wheelchair. Client #3 mouthed/licked his fingers throughout the observation without intervention from staff. Client #3 received a drink in a small plastic bottle with a small opening. Staff did not offer client #3 a cup. Client #3's wheelchair did not have footrest on it and his feet hung about 4 inches off the floor. Staff did not prompt client #3 to any activity.</p> <p>An observation was done on 3/9/16 from 6:17a.m. to 8:08a.m. Throughout the observation client #3 mouthed his right hand/fingers without redirection. At 6:52a.m., client #3 was given toast with jelly. The bread was in small pieces with jelly on it. Staff #7 was interviewed on</p>	W 0249	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 2 and 3's goals will be revised and updated according to functional assessment and ISP Objectives. · Revision to Client 2's Behavior Plan in regard to sitting and eating meal at lunch time. · Formal Programming at day program for participation in activities for Client 2,3 and 5. · Revision to Client 3's Behavior Plan in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to having fingers in mouth. · Formal Programming for Client 3 in regard to importance of foot rests on wheelchair. · Training with Day Program Staff in regard to dining plans for Client 2 and 3. · Training with Day Program Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. · Training with Group Home Staff in regard to active treatment and ensuring clients are engaged in meaningful activities. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	04/13/2016	

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	<p>3/9/16 at 7:11a.m. Staff #7 indicated client #3's toast was smashed up with jelly. Staff #7 indicated client #3 should have received a pureed diet at breakfast.</p> <p>An observation was done at the facility operated day program on 3/9/16 from 11:22a.m. to 12:58p.m. At 11:22a.m., in the large activity room, there were 24 clients and 2 staff involved with the clients. One of the staff was involved as a 1:1 staff for a client from another facility. There were 2 staff in the kitchen area of the large activity room. The 2 staff in the kitchen area were involved with meal preparation. From 11:22a.m. to 11:49a.m. clients #2, #3 and #6 were in the large activity room. Clients #2, #3 and #6 were not involved in any activity and had no staff intervention/interaction. Client #2 had food on his face and walked around the room until prompted to eat lunch at 11:49a.m. Client #6 walked around the activity room with no prompts to activity or to interact with peers. Client #3 was in a wheelchair and stayed in the activity room near the kitchen area. Client #3 licked his fingers throughout the observation without any staff intervention. At 11:31a.m. client #5 was eating his lunch in a small activity room with 2 staff and 8 clients. The 2 staff were preparing lunches in the corner of the room. Client #5 was eating his lunch</p>		<ul style="list-style-type: none"> · QIDP will review programming for all clients to ensure revisions have been made. · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with support staff (day program and group home) in regard to new programs for Client 2, 3 and 5. · Training with support staff (day program and group home) in regard to revisions made to behavior plans for Client 2 and 3. · Training with support staff (day program and group home) in regard to dining plans for Client 2, 3 and 5. · Training with all group home staff regarding client rights. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Day Program Coordinator will document daily observation of Client 2, 3, 5 and 6's programming and engagement in activities. · Day Program Coordinator will document daily observation of Client 2 and 3's lunch time supervision. · QIDP will document weekly observation of Client 2, 3 and 5's 	

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	<p>unsupervised. Client #5 had chopped up lunchmeat (there were pieces of lunchmeat) on his plate. At 11:32a.m. staff #6 indicated client #5 was on a pureed diet and this was the way his food came from his group home. Staff #3 was interviewed at 11:34a.m. Staff #3 indicated the lunchmeat was not pureed. Staff #3 took the lunchmeat and pureed it. Staff #3 indicated clients #3 and #5 were on pureed diets and sometimes their lunches came from the group home not in the proper texture. At 11:43a.m. in the large activity room, client #2 gave client #3 a drink in a regular style coffee cup. The drink was not thickened. Client #3 attempted to drink from the coffee cup. Client #3 spilled some of the drink onto his shirt. No staff saw client #2 give client #3 the drink. At 11:45a.m., the surveyor intervened by informing staff #3 that client #3 had received and drunk from a coffee cup with unthickened fluid. Staff #3 indicated client #3 had a special cup to drink from and was to receive thickened liquid. Staff #3 then went back to the kitchen area to assist with lunch preparation. Client #3 was left unmonitored and with a wet shirt (from the spilled drink). At 11:49a.m., client #6 was in the kitchen sink area in the large activity room. Client #6 was taking dirty dishes from the sink, running cold water on them and then put the dirty and wet</p>		<p>programming and engagement in activities.</p> <ul style="list-style-type: none"> · QIDP will document weekly observation of Client 2 and 3's lunch time supervision. · Group Home Program Coordinator will document daily morning observation of breakfast for Client 5. · Area Director will review documentation of observations weekly. <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>	

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	<p>cups into the cabinet. There was no staff intervention (for client #6) due to no staff supervising the kitchen sink area. At 11:52a.m., clients #2 and #3 went into a small activity room to eat their lunch. There were 2 staff and 8 clients in the small activity room. Client #3 ate his lunch with no staff supervision. Client #3 had food (pureed diet) on his face and fingers. Client #3 continued to lick his fingers during the meal. Client #2 began eating lunch at 11:52a.m. Client #2 was not eating his lunch and was rocking in his chair looking at his food. Client #2 was still eating/rocking in the small activity room at 12:32p.m. Staff #6 was interviewed at 12:00p.m. Staff #6 indicated there were usually 2 staff in the small activity/lunch room. Staff #6 indicated the staff in the small lunch room spent most of their time opening client lunch boxes and preparing the food (setup/microwave use). Client #2 was unsupervised during his lunch and did not receive prompts to eat his lunch. Client #6 was observed to stand in the corner of the large activity room from 12:32p.m. to 12:58p.m. (when the observation ended).</p> <p>Record review for client #2 was done on 3/10/16 at 12:18p.m. Client #2 had an individual support plan (ISP) dated 10/30/15. The ISP indicated client #2 was</p>			

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	<p>non-verbal and needed daily assistance to establish routines and structure. The ISP indicated client #2 needed staff supervision at all meals to monitor adequate nutrition; "Encourage 100% intake at meals and snacks." Client #2 had training programs to shake hands, identify coins and use sign language.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m. Client #3 had an ISP dated 3/4/16. The ISP indicated client #3 was to receive a pureed diet with thickened drinks. Client #3 was to be supervised during all meals, encouraged to eat at a slow pace, had issues with liquid stealing and to alternate between fluid and food. Client #3 had training programs to be redirected to an activity when mouthing his fingers, answer yes/no questions about a story and choose between a coffee cup or a regular cup. The ISP indicated client #3 needed assistance with communication, dressing, hygiene and assistance in engaging in a new activity.</p> <p>Record review for client #5 was done on 3/10/16 at 2:38p.m. Client #5 had a Dining Plan dated 2/16. The Dining Plan indicated client #5 was to receive a pureed diet. The plan indicated client #5 required staff supervision at all meals.</p>			

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W 0257 Bldg. 00	<p>Staff #1 was interviewed on 3/10/16 at 2:47p.m. Staff #1 indicated facility staff should have been involved with providing clients #2, #3 with activity choices. Staff #1 indicated clients #2, #3 and #5's dining programs should have been implemented at all opportunities. Staff #1 indicated client #3 should have had his footrest on his wheelchair.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on record review and interview, the facility failed for 2 of 4 sampled clients (#2, #3) to ensure the clients' training programs in which they were failing to progress, were revised as necessary by the facility's qualified intellectual disabilities professional (QIDP).</p> <p>Findings include:</p> <p>Record review for client #2 was done on 3/10/16 at 12:18p.m Client #2 had</p>	W 0257	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Client 2 and 3's goals will be revised and updated according to functional assessment and ISP Objectives. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> QIDP will review programming for all clients to ensure revisions have been made. 	04/13/2016

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W 0288	<p>training programs documented at 0% met for the time period of 1/15 through 12/15 (without revision) for money (identify coins) and medication (identify time) training program. There was no documentation the QIDP had addressed/revised client #2's failure to make progress.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m Client #3 had training programs documented at 0% met for the time period of 1/15 through 12/15 (without revision) for money (identify coins) and medication (identify time) training program. There was no documentation the QIDP had addressed/revised client #3's failure to make progress.</p> <p>Staff #2 (QIDP) was interviewed on 3/10/16 at 2:47p.m.. Staff #2 indicated clients #2 and #3 had failed to make progress on their money and medication training objectives. Staff #2 indicated the training programs for clients #2 and #3 had continued for the past year without revision.</p> <p>9-3-4(a)</p> <p>483.450(b)(3)</p>		<p>All clients have the potential to be affected by this practice.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Training with QIDP in regard to ISP Process and revising and replacing goals.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>Area Director will review goals and data collection monthly to ensure goals are revised as needed.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>		

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Bldg. 00	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1), to ensure that all interventions (mattress in the living room) to manage client behavior not be used as a substitute for an active treatment program.</p> <p>Findings include:</p> <p>An observation was done on 3/8/16 from 6:08p.m. to 7:27p.m. at the group home. There was a mattress on the living room floor. Staff #4 was interviewed on 3/8/16 at 6:36p.m. Staff #4 indicated the mattress was client #1's. Staff #4 indicated client #1 was sleeping in the living room due to her property destruction behavior of her roommate's items and other house items. Staff #4 indicated she was not sure how long client #1 had been sleeping in the living room. Staff #4 indicated there was no privacy around the mattress due to client #1's destructive behavior. Staff #4 indicated client #1 had been better recently.</p> <p>Review of the record of client #1 was done on 3/10/16 at 2:02p.m. Client #1's</p>	W 0288	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 1's behavior plan revised to include updated interventions for inappropriate behavior. · Formal programming with client 1 regarding appropriate ways to manage anxiety. · Client 1 has been moved to office space to ensure privacy. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP in regard to appropriate interventions to be utilized when dealing with inappropriate client behavior. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · IDT will meet weekly to 	04/13/2016	

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W 0436 Bldg. 00	<p>4/10/15 ISP indicated client #1 had property destruction identified in her ISP. Client #1's ISP did not address or indicate client #1 had been sleeping in the living room due to her property destruction behavior.</p> <p>Interview of staff #2 on 3/10/16 at 2:47p.m., indicated the facility's practice (behavior intervention) to have client #1 sleep in the living room had not been addressed in client #1's ISP.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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 for 1 of 3 sampled clients (#1) with adaptive equipment, to ensure the facility had addressed client #1's identified training need for the wear/care of the client's eyeglasses.</p> <p>Findings include:</p>			W 0436	<p>ensure programmatic needs for Client 1 are met.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Formal programming with Client 1 in regard to importance of not breaking eyeglasses. · Revision to behavior plan in regard to plan of correction for when client breaks eyeglasses. <p>1.How will we identify other residents having the potential to be</p>		04/13/2016

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	<p>Observation of client #1 was done on 3/8/16 from 6:08p.m. to 7:27p.m., 3/9/16 from 6:17a.m. to 8:07a.m. During all the observation times, client #1 did not wear nor was prompted to wear eyeglasses.</p> <p>Record review for client #1 was done on 3/10/16 at 2:02p.m. Client #1 had an eye exam on 1/28/16 that indicated client #1 had prescribed eyeglasses. Client #1's 4/10/15 individual support plan (ISP) indicated client #1 had a history of property destruction. The ISP had no training program to address the wear/care of eyeglasses.</p> <p>Staff #2 was interviewed on 3/10/16 at 2:47p.m. Staff #2 indicated client #1 had prescription eyeglasses. Staff #2 indicated client #1 had a history of breaking eyeglasses during behaviors. Staff #2 indicated client #1's eyeglasses were currently broken and they were unsure how long they had been broken. Staff #2 indicated there was no training program currently in place to address client #1's refusal to wear and care for the client's prescribed eyeglasses.</p> <p>9-3-7(a)</p>		<p>affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Training with support staff on Client 1 program and behavior plan revisions. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> IDT will meet weekly to ensure programmatic needs for Client 1 are met. <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>	

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W 0474 Bldg. 00	<p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (#3) and 1 additional client (#5) to ensure the clients received pureed diets as prescribed by their physician's orders.</p> <p>Findings include:</p> <p>An observation was done on 3/9/16 from 6:17a.m. to 8:08a.m. At 6:52a.m., client #3 was given toast with jelly. The bread was in small pieces with jelly on it. Staff #7 was interviewed on 3/9/16 at 7:11a.m. Staff #7 indicated client #3's toast was smashed up with jelly. Staff #7 indicated client #3 should have received a pureed diet at breakfast.</p> <p>An observation was done at the facility operated day program on 3/9/16 from 11:22a.m. to 12:58p.m. At 11:31a.m. client #5 was eating his lunch in a small activity room with 2 staff and 8 clients. The 2 staff were preparing lunches in the corner of the room. Client #5 was eating his lunch unsupervised. Client #5 had chopped up lunchmeat (there were pieces of lunchmeat) on his plate. At 11:32a.m.</p>	W 0474	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Group Home staff trained on Client 3 and 5's diets. · Group Home staff trained on preparing pureed diets to proper consistency. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All client dining plans and diets will be reviewed to ensure all clients dietary needs are being met in accordance with plans.. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Group Home Program Coordinator will document daily observation of morning meals to ensure that all diets are being followed in accordance with dietary recommendations and dining plans. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p>	04/13/2016

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	<p>staff #6 indicated client #5 was on a pureed diet and this was the way his food came from his group home. Staff #3 was interviewed at 11:34a.m. Staff #3 indicated the lunchmeat was not pureed. Staff #3 took the lunchmeat and pureed it. Staff #3 indicated clients #3 and #5 were on pureed diets and sometimes their lunches came from the group home not in the proper texture.</p> <p>Record review for client #3 was done on 3/10/16 at 1:23p.m. Client #3 had an ISP dated 3/4/16. The ISP indicated client #3 was to receive a pureed diet with thickened drinks. Client #3 was to be supervised during all meals, encouraged to eat at a slow pace, had issues with liquid stealing and to alternate between fluid and food.</p> <p>Record review for client #5 was done on 3/10/16 at 2:38p.m. Client #5 had a Dining Plan dated 2/16. The Dining Plan indicated client #5 was to receive a pureed diet. The plan indicated client #5 required staff supervision at all meals.</p> <p>Staff #1 was interviewed on 3/10/16 at 2:47p.m. Staff #1 indicated clients' #3 and #5's dining programs should have been implemented at all opportunities.</p> <p>Staff #3 (nurse) was interviewed on</p>		<p>· Group Home Program Director (QIDP) will document weekly observation of meals to ensure that all diets are being followed in accordance with dietary recommendations and dining plans.</p> <p>· Area Director will review all documentation of observations.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>April 13, 2016</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G517	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2016
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	3/9/16 at 10:16a.m. Staff #3 indicated client #3's current diet order indicated client #3 was to receive a pureed diet. Staff #3 indicated the pureed diets were not to receive bread. Staff #3 indicated cereal should have been given in place of the bread. 9-3-8(a)				