

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G079	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-NORTH WILLOW	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 W 86TH ST INDIANAPOLIS, IN 46260
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W0000	<p>This visit was for the investigation of complaint #IN00115538.</p> <p>This visit was in conjunction with a post-certification revisit survey (PCR) to the pre-determined full recertification and state licensure survey. This visit included the PCR to the investigation of complaint #IN00113231 completed on 8/17/12.</p> <p>This visit was in conjunction with a PCR to the PCR completed on 8/17/12 to the PCR completed on completed on 6/29/12 to the investigation of complaints #IN00108475 and #IN00107965 completed on 5/23/12. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00115538-Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149, W154 and W227.</p> <p>Dates of Survey: 9/25, 9/26, 9/27 and 10/2/12</p> <p>Facility number: 000622 Provider number: 15G079 AIM number: 100272170</p> <p>Surveyors: Paula Chika, Medical Surveyor III-Team</p>	W0000		

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

TITLE

(X6) DATE

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

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	<p>Leader Brenda Nunan, RN, Public Health Nurse Surveyor (9/25/12 to 9/27/12) Dotty Walton, Medical Surveyor III (9/25/12 to 9/27/12) Mark Ficklin, Medical Surveyor III (9/25/12 to 9/27/12) Steven Schwing, Medical Surveyor III (9/25/12 to 9/27/12) Keith Briner, Medical Surveyor III (9/25/12 to 9/27/12)</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 10/11/12 by Ruth Shackelford, Medical Surveyor III.</p>			

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W0149	<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 interview and record review, the facility failed for 4 of 8 allegations of client abuse/neglect reviewed (clients #12, #13, #14), to implement policy and procedures to prevent reoccurrence of client elopement and to thoroughly investigate reported injuries of unknown origin.</p> <p>Findings include:</p> <p>1. Review of the facility's incidents/investigations was done on 9/25/12 at 4:12p.m. The following investigations were reviewed: 1. On 8/25/12, client #12 had a behavior with agitation in the dining room and was escorted by staff to her bedroom to calm down. The report indicated facility staff did not monitor client #12 while she was agitated and was in her bedroom to calm herself. The report indicated client #12 was to be observed closely during agitation due to this being an antecedent to her elopement behavior. Client #12 was reported to have eloped from the 3rd floor without staff knowledge including the 3rd floor hall monitor. Client #12 had exited the building on the 1st floor west exit which caused an alarm to sound and</p>	W0149	<p>W149 Staff Treatment of Clients</p> <p>I 1. Client 12 has had her Behavior Support Plan, BSP, competency tested with staff. 2. Client 12 has had her Behavior Support Plan, BSP, competency tested with staff. 3. The file for state reportable incident of an unknown injury to Client 12 on 8-29-12 was reviewed and updated to include more information that was remiss during the survey visit and review on 9-28-12. This investigation was completed prior to the plan of correction completion date of 9-16-12. The approved plan of correction for W154 is being followed with reportable unknown injury of client's thoroughly investigated.</p> <p>W154</p> <p>I The agency has policies in place to assure alleged violations are thoroughly investigated.</p> <p>(from previous POC 8-17-12) For injuries of unknown origin for clients #15, #93 and #148, the agency will review internal incident reports (BIRs), nursing notes, nursing verification of investigation (DQI), and nursing change of status notes (Sbars)</p>	11/01/2012	

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	<p>alert 1st floor staff. The facility 1st floor staff returned client #12 to the 3rd floor.</p> <p>2. On 9/15/12, client #12 had a behavior with agitation in the dining room and was escorted by staff to her bedroom to calm down. Staff did not monitor client #12 while she was agitated and was in her bedroom to calm self. Client #12 was reported to have eloped from the 3rd floor without 3rd floor staff knowledge including the 3rd floor hall monitor. Client #12 had exited the building on the 1st floor west exit which caused an alarm to sound and alert 1st floor staff. The facility 1st floor staff returned client #12 to the 3rd floor.</p> <p>3. On 8/29/12, client #12 was reported to have a 1cm (centimeter) by 4cm bruise of unknown origin to her right lower back. The bruise was discovered and reported on 8/29/12 by direct care staff #30. Staff #30 had assisted client #12 with bathing on 8/29/12. The investigation did not have documented interviews of facility staff, including the staff who had discovered the bruise, for the possible origin of the unknown injury.</p> <p>Record review for client #12 was done on 9/28/12 at 9:52a.m. Client #12 had a BSP dated 11/3/11. The BSP indicated client #12 displayed the behavior: elopement.</p>		<p>for the 72 hour period preceding the injury. Patterns and trends will be reviewed to determine if there is a history or common factor relating injuries or injuries of unknown origin. Clients #15, #93 and #148 will be interviewed, regardless of verbal skills, to determine any additional information.</p> <p>II All residents of North Willow have the potential to be harmed by the deficient practice.</p> <p>III In the future, documentation review specified above will be completed for all injuries of unknown origin. The template used to write investigation summaries will be modified to include prompts to include these items. To be completed by Client Advocates.</p> <p>For all injuries of unknown origin, the client advocates or designee will assure that the individual, regardless of verbal communication skills, is interviewed. The template will be modified to include a prompt specifically to interview the individual with the injury.</p> <p>At least 1 staff member from each shift for the 72 hours preceding discovery of the injury will be interviewed. The template will be modified to include a prompt specifically to interview these staff.</p>		

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	<p>The BSP indicated agitation was often an antecedent for elopement. The BSP for agitation indicated "staff should verbally prompt [client #12] to stop and direct her to a quiet area to calm." The BSP indicated client #12 "should be closely monitored while having quiet time to calm down. Staff should be in view of the quiet area at all times to ensure that [client #12] does not attempt to elope."</p> <p>Administrative staff #7 was interviewed on 9/26/12 at 9:38a.m. Administrative staff #7 indicated client #12 had eloped from the 3rd floor on 8/25/12 and on 9/15/12. Both elopements had occurred after client #12 was agitated in the dining room and had been directed by staff to her bedroom to calm. During both elopements staff did not observe client #12 in her bedroom until calm. Staff #7 indicated client #12's current behavior support plan (BSP), dated 11/3/11, indicated when client #12 was agitated and calming self in her bedroom, client #12 was to be observed by staff until calm to prevent elopement. Administrative staff #7 indicated staff had been retrained on the BSP following the 8/25/12 elopement. Staff #7 indicated facility staff had not followed client #12's BSP to prevent elopement on 8/25/12 and on 9/15/12.</p> <p>Administrative staff #3 was interviewed</p>		<p>IV Oversight will include Executive Director review of all incidents and investigation summaries for completeness. In addition to signing off on cover sheets in the hard files, investigation summary reports will be emailed to the Executive Director.</p> <p>Client 12 has had her Behavior Support Plan, BSP, competency tested with staff.</p> <p>4. Client 14's BSP has been reviewed and updated. Competency based testing for this BSP has been completed with staff. (or will be completed upon Written Informed Consent and approval of the Human Rights Committee which may not be prior to follow up).</p> <p>II All residents of North Willow have the potential to be harmed by the deficient practice.</p> <p>III 1. Staff will be competency tested on BSPs for the resident's on their regularly assigned hall by 12-31-12 and then quarterly thereafter.</p> <p>2. Staff will be competency tested on BSPs for the resident's on their regularly assigned hall by 12-31-12 and then quarterly thereafter.</p> <p>3. W154</p>				

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	<p>on 9/26/12 at 3:44p.m. Administrative staff #3 indicated an investigation had been done for client #12's reported injury of unknown origin on 8/29/12.</p> <p>Administrative staff #3 indicated the investigation did not include any documented staff interviews.</p> <p>Administrative staff #3 indicated the investigation (per the facility policy) should have included documented interviews of facility staff to help determine the cause of the injury of unknown origin.</p> <p>The facility's policy and procedures were reviewed on 9/26/12 at 4:44p.m. The policy, dated 5/01 and updated on 4/13/12, "Reporting Alleged Violations" indicated "It is the policy of this facility to take appropriate steps to prevent the occurrence of neglect and injuries of unknown source." The policy identified neglect as "neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness." The policy indicated "the investigation includes interviews of associates, visitors or residents who may have knowledge of the alleged incident." The policy indicated "An injury of unknown origin including a fracture of unknown origin must be investigated beginning 72 hours prior to the event." The policy indicated "Appropriate steps</p>		<p>I The agency has policies in place to assure alleged violations are thoroughly investigated.</p> <p>(from previous POC 8-17-12) For injuries of unknown origin for clients #15, #93 and #148, the agency will review internal incident reports (BIRs), nursing notes, nursing verification of investigation (DQI), and nursing change of status notes (Sbars) for the 72 hour period preceding the injury. Patterns and trends will be reviewed to determine if there is a history or common factor relating injuries or injuries of unknown origin. Clients #15, #93 and #148 will be interviewed, regardless of verbal skills, to determine any additional information.</p> <p>II All residents of North Willow have the potential to be harmed by the deficient practice.</p> <p>III In the future, documentation review specified above will be completed for all injuries of unknown origin. The template used to write investigation summaries will be modified to include prompts to include these items. To be completed by Client Advocates.</p> <p>For all injuries of unknown origin, the client advocates or designee will assure that the individual, regardless of verbal</p>				

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	are taken to prevent recurrence of the incident."		<p>communication skills, is interviewed. The template will be modified to include a prompt specifically to interview the individual with the injury.</p> <p>At least 1 staff member from each shift for the 72 hours preceding discovery of the injury will be interviewed. The template will be modified to include a prompt specifically to interview these staff.</p> <p>IV Oversight will include Executive Director review of all incidents and investigation summaries for completeness. In addition to signing off on cover sheets in the hard files, investigation summary reports will be emailed to the Executive Director.</p> <p>4. Staff will be competency tested on BSPs for the resident's on their regularly assigned hall by 12-31-12 and then quarterly thereafter.</p> <p>IV. 1. Program Directors will assure competency based testing of BSPs by 12-31-12 and then quarterly thereafter as specified.</p> <p>2. Program Directors will assure competency based testing of BSPs by 12-31-12 and then quarterly thereafter as specified.</p> <p>3. W154</p>		

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			<p>I The agency has policies in place to assure alleged violations are thoroughly investigated.</p> <p>(from previous POC 8-17-12) For injuries of unknown origin for clients #15, #93 and #148, the agency will review internal incident reports (BIRs), nursing notes, nursing verification of investigation (DQI), and nursing change of status notes (Sbars) for the 72 hour period preceding the injury. Patterns and trends will be reviewed to determine if there is a history or common factor relating injuries or injuries of unknown origin. Clients #15, #93 and #148 will be interviewed, regardless of verbal skills, to determine any additional information.</p> <p>II All residents of North Willow have the potential to be harmed by the deficient practice.</p> <p>III In the future, documentation review specified above will be completed for all injuries of unknown origin. The template used to write investigation summaries will be modified to include prompts to include these items. To be completed by Client Advocates.</p> <p>For all injuries of unknown origin, the client advocates or designee will assure that the individual, regardless of verbal communication skills, is</p>	

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	4. Facility incidents and investigations were reviewed on 9/25/12 at 3:00 PM. The review indicated an investigation dated 9/7/12 by Administrative staff #4 regarding an incident on 8/31/12 at 8:10 AM between clients #13 and #14. The 9/7/12 investigation indicated the following: "Summary of Incident: [Client #13] reported that when he got up, he had seen that [client #14] had torn a button off a		interviewed. The template will be modified to include a prompt specifically to interview the individual with the injury. At least 1 staff member from each shift for the 72 hours preceding discovery of the injury will be interviewed. The template will be modified to include a prompt specifically to interview these staff. IV Oversight will include Executive Director review of all incidents and investigation summaries for completeness. In addition to signing off on cover sheets in the hard files, investigation summary reports will be emailed to the Executive Director. 4. Program Directors will assure competency based testing of BSPs by 12-31-12 and then quarterly thereafter as specified.		

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	<p>pair of his jeans. He got angry and threw the jeans. He attempt (sic) to assault [client #14] and hit him on the back with a rubber shoe. When staff tried to intervene, he assaulted staff, hitting, kicking, scratching and breaking her glasses. When it was time for breakfast, he again tried to hit [client #14], tried to take a chair from [client #14] and assaulted staff again. Asssitance (sic) was called for and [client #13] eloped down the west hall. When this writer went out side (sic) in response to the Code Green (facility wide call for staff assistance), (client #13) and 4 staff were across the street in the parking lot of the building. Staff were trying to redirect him back into the building and he refused, attempting multiple times to run from staff and running towards [name of] St. (a busy four lane city thoroughfare). When he was getting close to the intersection of the side street with [name of]St., staff did reach out and grab him by the shirt to stop him. They were able to bring him back to the building using a 2 person escort with the remaining staff following close by. [Client #13] continued to try to bite, kick and hit staff. At the doors to the building, he sat down on the ground and required an escort to go in the building. In the building he sat back down, continued to try to assault staff and elope. He pulled a plaque off the wall, slammed it down to</p>			

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	<p>the ground breaking the wood. He was offered a glass of water which he took and then threw to the ground. He agreed to return upstairs, but at the elevator, sat back down and tried to elope and assault staff again. The ADON (Assistant Director of Nurses) called for police assistance. [Client #13] did calm enough to go upstairs and once in his room, accepted a glass of water from the social worker and agreed to talk to this writer. His room was searched and a glass cross was removed. The police arrived and talked to [client #13] but did not arrest him. His psychiatrist was contacted who directed the agency to call the police again if [client #13] AWOL/eloped and to request that he be transported to [local hospital stress unit] for an immediate detention order."</p> <p>The investigation indicated those two clients had three "altercations" in the past three months prior to this incident. The incident investigation indicated clients #13 and #14 had Behavior Support Plans/BSPs. Client #13's BSP dated 3/12 indicated his maladaptive behaviors included physical assault, property destruction, AWOL/elopement, agitation, and temper tantrums. Client #14's BSP dated 8/15/11 indicated he had the maladaptive behaviors of agitation (a frequent antecedent to property destruction), property destruction (which</p>						

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	<p>included stealing clothing), physical assault, inappropriate sexual behavior, sexual aggression, and AWOL/elopement. The investigation concluded client #14's taking of client #13's jeans precipitated the incident. Client #13's behaviors "escalated as has happened historically." The investigation recommendations component indicated the two clients had three episodes of "conflict" in the past three month period. The clients' behavior interventions should continue to be implemented by staff.</p> <p>Review on 9/26/12 at 4:45 PM of the agency's Nursing Policies and Procedures indicated the "Reporting Alleged Violations" procedure with revision date of April 13, 2012. The procedure indicated the agency promoted the welfare and protection of individuals and took steps to prevent the occurrence of : "abuse...willful infliction of injury...the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well being. Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Misappropriation of resident property means the deliberate...wrongful...use of a resident's belongings...without the resident's consent."</p>			

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	<p>The procedure indicated the agency implemented corrective actions regarding substantiated incidents of abuse, neglect or misappropriation of residents' personal property: "Appropriate steps are taken to prevent recurrence of the incident. This may include inservices or other measures as appropriate...."</p> <p>Interview with Administrative staff #3 on 9/26/12 at 4:05 PM indicated client #14 had a history of going into his peers' rooms, taking clothing and tearing it up. The interview indicated client #13 had a history of physical aggression. The interview indicated if client #14 had been adequately supervised by staff the incident of 8/31/12 may have been avoided.</p> <p>This federal tag relates to complaint #IN00115538.</p> <p>3.1-28(a)</p>						

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W0154	<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 record review and interview, the facility failed for 1 of 8 incidents of alleged neglect and injuries of unknown origin (client #12) to ensure that all injuries of unknown origin are thoroughly investigated.</p> <p>Findings include:</p> <p>Review of the facility's incidents/investigations was done on 9/25/12 at 4:12p.m. The following investigation was reviewed: On 8/29/12, client #12 was reported to have a 1cm (centimeter) by 4cm bruise of unknown origin to her right lower back. The bruise was discovered and reported on 8/29/12 by direct care staff #30. Staff #30 had assisted client #12 with bathing on 8/29/12. The investigation did not have documented interviews of facility staff, including the staff who had discovered the bruise, for the possible origin of the unknown injury.</p> <p>Administrative staff #3 was interviewed on 9/26/12 at 3:44p.m. Administrative staff #3 indicated an investigation had been done for client #12's reported injury of unknown origin on 8/29/12.</p>	W0154	<p>W154 The file for state reportable incident of an unknown injury to Client 12 on 8-29-12 was reviewed and updated to include more information that was remiss during the survey visit and review on 9-28-12. This investigation was completed prior to the plan of correction completion date of 9-16-12. The approved plan of correction for W154 is being followed with reportable unknown injury of client's thoroughly investigated.</p> <p>W154 I The agency has policies in place to assure alleged violations are thoroughly investigated.</p> <p>(from previous POC 8-17-12) For injuries of unknown origin for clients #15, #93 and #148, the agency will review internal incident reports (BIRs), nursing notes, nursing verification of investigation (DQI), and nursing change of status notes (Sbars) for the 72 hour period preceding the injury. Patterns and trends will be reviewed to determine if there is a history or common factor relating injuries or injuries of unknown origin. Clients #15, #93 and #148 will be interviewed,</p>	11/01/2012			

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	<p>Administrative staff #3 indicated the investigation did not include any documented staff interviews.</p> <p>Administrative staff #3 indicated the investigation should have included documented interviews of facility staff to help determine the cause of the injury of unknown origin.</p> <p>This federal tag relates to complaint #IN00115538.</p> <p>3.1-28(d)</p>		<p>regardless of verbal skills, to determine any additional information.</p> <p>II All residents of North Willow have the potential to be harmed by the deficient practice.</p> <p>III In the future, documentation review specified above will be completed for all injuries of unknown origin. The template used to write investigation summaries will be modified to include prompts to include these items. To be completed by Client Advocates.</p> <p>For all injuries of unknown origin, the client advocates or designee will assure that the individual, regardless of verbal communication skills, is interviewed. The template will be modified to include a prompt specifically to interview the individual with the injury.</p> <p>At least 1 staff member from each shift for the 72 hours preceding discovery of the injury will be interviewed. The template will be modified to include a prompt specifically to interview these staff.</p> <p>IV Oversight will include Executive Director review of all incidents and investigation summaries for completeness. In addition to signing off on cover</p>		

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			sheets in the hard files, investigation summary reports will be emailed to the Executive Director.		

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W0227	<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, record review and interview, the facility failed for 3 of 16 sampled clients (#12, #14, #15) to ensure client #12's individual support plan (ISP) had training programs in place to address the identified need of pedestrian safety skills and clients #14 and #15's identified ding skills needs.</p> <p>Findings include:</p> <p>1. Review of the facility's incidents/investigations was done on 9/25/12 at 4:12p.m. The following investigations were reviewed: on 8/25/12 and on 9/15/12, client #12 had a behavior with agitation in the dining room and eloped out of the building to the front parking area. Record review for client #12 was done on 9/28/12 at 9:52a.m. Client #12 had an 11/11/11 ISP. Client #12's 11/10/11 functional skills assessment indicated client #12 had training needs with pedestrian safety skills and skills with identifying her address/phone number. Client #12's ISP did not address her identified pedestrian safety needs.</p>	W0227	<p>W227</p> <p>I Client 12's IDT has implemented a pedestrian skills objective for them. Client 14's IDT has implemented a dining goal for them and Client 15's IDT has implemented a dining and toileting goal for them.</p> <p>II All residents of North Willow have the potential to be harmed by the deficient practice.</p> <p>III Residents have been assessed by the IDT for need of mealtime and toileting goals and for those needing goals those have been implemented by the IDT. Residents who have the behavior of elopement have been assessed for the need of pedestrian skills and for those needing it a goal has been implemented.</p> <p>IV Program Directors in review of plans, ISP, BSP assure that needed toileting, mealtime and for those with issues of elopement assure these issues have been addressed appropriately.</p>	11/01/2012			

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	<p>Administrative staff #7 was interviewed on 9/26/12 at 9:38a.m. Staff #7 indicated client #12 had eloped out of the building on 8/25/12 and on 9/15/12. Staff #7 indicated client #12 was in need of pedestrian safety skills. Staff #7 indicated client #12 did not have training programs in place to address the identified need for pedestrian safety skills.</p> <p>2. During observations at the facility on 9/25/12 from 4:55 PM until 5:18 PM client #15 had his evening meal. Client #15 ate the meal (meat patties, cabbage casserole, potatoes Au gratin and jello) in a fast pace. The client pushed the food onto his spoon with his right hand. Client #15 accelerated his eating pace when direct contact staff #2 left the table to get serving spoons and napkins. Client #15 did not cut his meat patties. Client #15 ate it by scooping it onto his spoon and eating bites off the entire patty. Client #15 overfilled his 8 ounce glass, spilling soda on the table when offered a 20 ounce bottle. Client #15 drank the soda in a fast manner. Staff #2 did not offer mealtime training to client #15.</p> <p>Client #14 ate dinner on 9/25/12 at 5:45 PM. Client #14 served himself 3 beef patties and a large unmeasured amount of potatoes augratin. The client ate in a fast manner without cutting the meat. Client</p>			

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	<p>#14 served himself more potatoes and two more beef patties. He helped himself to a large serving of jello. Client #14 went to the serving steam table for more food. Staff #3 assisted client #14 with getting another beef patty and more potatoes. Client #14 ate this and also had 2 slices of bread along with a bottle of lemonade.</p> <p>Review of client #14's record on 9/26/12 at 3:02 PM indicated an ISP/Individual Support Plan dated 10/11/11. The ISP contained no mealtime training goal to address client #14's portioning, manners, or rate of consumption.</p> <p>Review of client #15's record on 9/26/12 at 2:00 PM indicated an ISP/Individual Support Plan dated 03/28/12. The ISP contained no training for client #15 in regards to indicating to staff when he needed to use the restroom or other skill development in that area. The ISP contained no training in mealtime skills of cutting food, serving himself food beverages appropriately or slowing his rate of eating.</p> <p>Interview was conducted with Administrative Staff #7 on 9/27/12 at 10:08 AM. The interview indicated client #14 did not have a mealtime training objective. The interview indicated client #15 did not have training goals in</p>			

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	<p>toileting and mealtime.</p> <p>This federal tag relates to complaint #IN00115538.</p> <p>3.1-35(a)</p>				