

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G303	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/05/2016
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 12736 EVAN LN AURORA, IN 47001
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W 0000  Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: January 27, 28, 29 and February 5, 2016.</p> <p>Facility Number: 000822 Provider Number: 15G303 AIM Number: 100243630</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/12/16.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the floor in the home was maintained and in good repair, to ensure client #2 did not pay for special shoes recommended by the physician and to ensure the clients were provided the</p>	W 0104	<p><b>W104 Governing Body: The governing body must exercise general policy, budget, and operating direction over the facility.</b></p> <p><b>Corrective action:</b></p> <p>Program Manager contacted Sherwin Williams to complete</p>	03/06/2016

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>opportunity to attend church services/activities on a regular and ongoing basis.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 1/27/16 between 4 PM and 6 PM and on 1/28/16 between 5:45 AM and 7 AM. The living room, dining room and hallway flooring was wood laminate. A large section of the flooring in front of both bathrooms and portions of the laminate across the living room had separated and pulled apart in several places leaving cracks in the floor. One small corner of the laminate in front of the walk in shower/bath was peeling and had curled up.</p> <p>During interview with staff #1 and #2 on 1/27/16 at 5:30 PM, staff #1 and #2 indicated several months prior the commode in the walk in shower/bath had overflowed and spilled water out into the hallway and living room. Staff #1 stated, "The floor has been messed up ever since then." Staff #2 indicated the staff had reported the flooring several times to maintenance and stated, "We were told they weren't going to fix it because it was a cosmetic fix and it didn't need to be repaired." Staff #1 indicated the floor</p>		<p>repairs to the wood flooring. Sherwin Williams completed their assessment of the wood flooring on 2/17/16. Sherwin Williams to schedule work/repair date when materials are ordered and obtained. (Attachment A).</p> <ul style="list-style-type: none"> <li>· An appointment for Client #2 has been scheduled for March 3 with her podiatrist to obtain an order for the recommendation of specialized shoes for her diagnosis of edema.</li> <li>· Client #2's podiatrist has been contacted and a check for \$99 is being returned to client #2 as reimbursement for the repayment of the down payment Client #2 made on the pair of specialized shoes. .</li> <li>· The Clinical Supervisor/QIDP will submit a requisition to the facility requesting \$150.00 for payment of Client #2's purchase of specialized shoes as recommended by Client #2's podiatrist as medically beneficial. (Attachment B).</li> <li>· The Clinical Supervisor/QIDP will provide training to staff to ensure all areas of the monthly client counsel meetings are discussed including any client desired outing. (Attachment C).</li> <li>· The Clinical Supervisor/QIDP will provide training to staff to</li> </ul>	

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	<p>should be fixed or replaced.</p> <p>During interview with the Residential Manager (RM) on 1/29/16 at 2 PM, the RM indicated the home should be maintained and in good repair at all times.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2 did not pay for her specialized shoes recommended by the client's podiatrist. Please see W436.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the clients were provided the opportunity to attend church services/activities on a regular and ongoing basis for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W136.</p> <p>9-3-1(a)</p>		<p>ensure opportunities are presented to Client #3, as well as Client #1, Client #2, Client 4, Client #5, Client #6, Client #7, and Client #8 are provided the opportunity to attend church and any necessary travel arrangements are made to ensure clients attend church. (Attachment C).</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will complete the weekly residential manager preventative maintenance schedule to ensure the environment is in good repair. (Attachment D).</li> <li>· The Residential Manager will complete and submit a maintenance request form for any maintenance issues needing repair. (Attachment E)</li> <li>· The Residential Manager will report to the interdisciplinary team any adaptive equipment ordered by physician.</li> <li>· The Residential Manager will conduct monthly staff meeting to monitor and ensure client counsel meetings are being conducted monthly and all client requests are being observed. (Attachment F).</li> </ul>		

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			<p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will complete the weekly residential manager preventative maintenance schedule to ensure the environment is good repair. (Attachment D).</li> <li>· The Residential Manager will complete and submit a maintenance request form for any maintenance issues needing repair. (Attachment E)</li> <li>· The Residential Manger will report to the interdisciplinary team any adaptive equipment ordered by physician.</li> <li>· The Residential Manager will conduct monthly staff meeting to monitor and ensure client counsel meetings are being conducted monthly and all client requests are being observed. (Attachment F) .</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will complete the weekly residential manager preventative maintenance schedule to ensure the environment is good repair. (Attachment D).</li> </ul>	

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			<ul style="list-style-type: none"> <li>· The Residential Manager will complete and submit a maintenance request form for any maintenance issues needing repair. (Attachment E)</li> <li>· The Residential Manager will report to the interdisciplinary team any adaptive equipment ordered by physician..</li> <li>· The Residential Manager will conduct monthly staff meeting to monitor and ensure client counsel meetings are being conducted monthly and all client requests are being observed. (Attachment F). .</li> <li>· Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct periodic reviews to ensure polices are followed..</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul>	

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W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients were provided the opportunity to attend church services/activities on a regular and ongoing basis.</p> <p>Findings include:</p> <p>Review of client #1's, #2's, #3's and #4's Sign In and Out Forms for October through December 2015 and January 2016 on 1/29/16 at 1 PM indicated no outings for church related activities for clients #1, #2, #3 and #4.</p> <p>During interview with client #3 on 1/28/16 at 6 AM, client #3:          ___ Indicated she would like to go to church.          ___ Stated, "One of the staff used to take me but she doesn't work here anymore."          ___ Indicated she was not sure how long it</p>	W 0136	<p><b>Completion Date: 3/6/2016</b></p> <p><b>W136: Protection of clients rights: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>The Clinical Supervisor/QIDP will provide training to staff to ensure all areas of the monthly client counsel meetings are discussed including any client desired outing. (Attachment C).</li> <li>The Clinical Supervisor/QIDP will provide training to staff to ensure opportunities are presented to Client #3, as well as Client #1, Client #2, Client 4, Client #5, Client #6, Client #7, and Client #8 are provided the opportunity to attend church and any necessary travel arrangements are made to ensure</li> </ul>	03/06/2016
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	<p>had been since she had been to church. __ Indicated the current staff had not asked her if she wanted to go to church.</p> <p>During interview with the Team Lead (TL) on 1/28/16 at 6:30 AM, staff #1: __ Stated, "To my knowledge," clients #1, #2, #3, #4, #5, #6, #7 and #8 currently did not attend church services/activities. __ Indicated a staff had taken client #3 in the past but that staff was no longer employed at the facility. __ Stated, "I was not aware she (client #3) wanted to go to church." __ Indicated two staff worked on weekends and stated, "I don't know if we have the staff to take them (clients #1, #2, #3, #4, #5, #6, #7 and #8) to church."</p> <p>During interview with the Program Manager (PM) on 1/28/16 at 2:15 PM, the PM: __ Indicated there were two staff in the home on weekends and four staff during the week. __ Indicated a staffing ratio of one staff for three clients. __ Indicated two of the clients went home every weekend leaving six clients in the home. __ Indicated all clients were to be offered the option to attend the church of their choice. __ Indicated the facility had always</p>		<p>clients attend church. (Attachment C).</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>The Clinical Supervisor/QIDP will provide training to staff to ensure all areas of the monthly client counsel meetings are discussed including any client desired outing. (Attachment C).</li> <li>The Clinical Supervisor/QIDP will provide training to staff to ensure opportunities are presented to Client #3, as well as Client #1, Client #2, Client 4, Client #5, Client #6, Client #7, and Client #8 are provided the opportunity to attend church and any necessary travel arrangements are made to ensure clients attend church. (Attachment C).</li> <li>The Residential Manager will conduct monthly staff meeting to monitor and ensure client counsel meetings are being conducted monthly and all client requests are being observed. (Attachment F).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>The Clinical Supervisor/QIDP will provide training to staff to ensure all areas of the monthly</li> </ul>				

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	<p>provided and/or arranged transportation between facility homes to ensure everyone that wanted to attend church services had the option to go.</p> <p>__ Indicated she was not aware clients #1, #2, #3, #4, #5, #6, #7 and #8 were not being offered the option of attending church services and/or activities.</p> <p>9-3-2(a)</p>		<p>client counsel meetings are discussed including any client desired outing. (Attachment C).</p> <ul style="list-style-type: none"> <li>· The Clinical Supervisor/QIDP will provide training to staff to ensure opportunities are presented to Client #3, as well as Client #1, Client #2, Client 4, Client #5, Client #6, Client #7, and Client #8 are provided the opportunity to attend church and any necessary travel arrangements are made to ensure clients attend church. (Attachment C).</li> <li>· The Residential Manager will conduct monthly staff meeting to monitor and ensure client counsel meetings are being conducted monthly and all client requests are being observed. (Attachment F).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will monitor monthly to ensure client counsel meetings are being conducted monthly and all client requests are being observed.</li> <li>· Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct periodic reviews to ensure polices are followed..</li> <li>· Clinical Supervisor, Program</li> </ul>	

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W 0369  Bldg. 00	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  Based on observation, record review and	W 0369	<p>Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</p> <ul style="list-style-type: none"> <li>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly</li> <li>Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 3/6/2016</b></p>	03/06/2016	

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	<p>interview for 2 of 25 medications observed being administered, the facility failed to ensure all medications were administered without error to clients #4 and #7.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/28/16 between 5:45 AM and 7 AM.</p> <p>__At 5:45 AM clients #4 and #7 were up and dressed. Staff #5 indicated clients #4 and #7 had already eaten their breakfast and were waiting for their morning medications.</p> <p>__At 6:04 AM the Residential Manager (RM) gave client #4 Protonix 40 mg (milligrams) for GERD (Gastric Esophageal Reflux Disease). Review of the pharmacy instructions on the medication pack indicated client #4 was to receive the Protonix prior to eating her meals.</p> <p>__At 6:15 AM the RM gave client #7 Levothyroxine (a thyroid hormone) 100 mcg (micrograms). Review of the pharmacy instructions on the medication pack of Levothyroxine indicated client #7 was to receive the Levothyroxine on an empty stomach.</p> <p>Review of client #4's and client #7's January 2015 MARs (Medication</p>		<p><b>W369 Drug Administration: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>The Nurse will re-train direct care Of Client #4 and Client #7's administration of medication needs as it relates to Client #4's Protonix prior to meals and Client #7's Levothyroxine medication to receive on an empty stomach. (Attachment G).</li> <li>The Nurse will re-train direct care staff of the 6 rights of administration of medication. (Attachment G).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Daily administration of medication observations will be performed in home for two weeks to ensure that Client #4 and Client #7's medications are given as ordered by the physician and as indicated on each client's MAR. Observations will be completed by the Residential Manager, QIDP, Clinical Supervisor and Nurse for two weeks at which time observations will be reviewed</li> </ul>		

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	<p>Administration Records) on 1/28/16 at 12 PM indicated:            __ Client #4 was to receive Protonix prior to meals.            __ Client #7 was to receive the Levothyroxine on an empty stomach.</p> <p>Client #4's record was reviewed on 1/28/16 at 2 PM. Client #4's 1/8/16 physician's orders indicated client #4 was to receive Protonix 40 mg at 7 AM. The order indicated the Protonix was to be given "30 minutes before a meal for GERD."</p> <p>Interview with the facility's nurse on 1/28/16 at 3 PM indicated all medications were to be given as ordered by the physician and as indicated on each client's MAR.</p> <p>9-3-6(a)</p>		<p>for staff competence and need to continue. (Attachment H).</p> <ul style="list-style-type: none"> <li>Residential Manager, QIDP, Clinical Supervisor and Nurse will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Daily administration of medication observations will be performed in home for two weeks to ensure that Client #4 and Client #7's medications are given as ordered by the physician and as indicated on each client's MAR. Observations will be completed by the Residential Manager, QIDP, Clinical Supervisor and Nurse for two weeks at which time observations will be reviewed for staff competence and need to continue. (Attachment H).</li> <li>Residential Manager, QIDP, Clinical Supervisor and Nurse will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <p><b>Monitoring of Corrective Action:</b></p>		

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			<ul style="list-style-type: none"> <li>· Daily administration of medication observations will be performed in home for two weeks to ensure that Client #4 and Client #7's medications are given as ordered by the physician and as indicated on each client's MAR. Observations will be completed by the Residential Manager, QIDP, Clinical Supervisor and Nurse for two weeks at which time observations will be reviewed for staff competence and need to continue. (Attachment H).</li> <li>· Residential Manager, QIDP, Clinical Supervisor and Nurse will offer immediate correction, training and feedback to all staff during observations.</li> <li>· Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct periodic reviews to ensure polices are followed..</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 12736 EVAN LN AURORA, IN 47001
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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2) with adaptive equipment, the facility failed to ensure client #2 did not pay for her specialized shoes recommended by the client's podiatrist.</p> <p>Findings include:</p> <p>Client #2's finances were reviewed on 1/28/16 at 2 PM. Client #2's record indicated a receipt for a \$99.00 deposit from client #2's podiatrist for a pair of shoes for client #2.</p> <p>During interview with the RM on 1/28/16 at 2:15 PM, the RM:            ___ Indicated she had taken client #2 to see her podiatrist.            ___ Indicated the podiatrist sold special shoes in his office.            ___ Indicated the podiatrist recommended</p>	W 0436	<p><b>Completion Date: 3/6/2016</b></p> <p><b>W436: 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. W104 Governing Body: The governing body must exercise general policy, budget, and operating direction over the facility.</b></p> <p><b>Corrective action:</b></p> <p>· An appointment for Client #2 has been scheduled for March 3 with her podiatrist to obtain an order for the recommendation of specialized shoes for her diagnosis of edema.</p>	03/06/2016

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	<p>client #2 purchase a pair of special shoes sold from the physician's office.            ___ Indicated the shoes were \$150.00.            ___ Indicated client #2 still owed \$50.00 for the shoes.            ___ Indicated client #2 could not make medical and/or financial decisions for herself.            ___ Indicated a prescription was not obtained for the shoes and stated, "I just thought since he (the podiatrist) recommended the shoes for her (client #2) that she would like them."</p> <p>During interview with the Program Manager (PM) on 1/28/16 at 2:15 PM, the PM:            ___ Indicated clients were not to use their finances to purchase medical supplies.            ___ Indicated the RM should have gotten a physician's prescription for the shoes.            ___ Indicated the facility would reimburse client #2 for the purchase of the shoes.</p> <p>9-3-7(a)</p>		<ul style="list-style-type: none"> <li>· Client #2's podiatrist has been contacted and a check for \$99 is being returned to client #2 as reimbursement for the repayment of the down payment Client #2 made on the pair of specialized shoes. .</li> <li>· The Clinical Supervisor/QIDP will submit a requisition to the facility requesting \$150.00 for payment of Client #2's purchase of specialized shoes as recommended by Client "2's podiatrist as medically beneficial. (Attachment B).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will report to the interdisciplinary team any adaptive equipment ordered by physician</li> <li>· The nurse will review all medical consults monthly to ensure clients receive any adaptive equipment ordered by physician.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will report to the interdisciplinary team any adaptive equipment ordered by physician.</li> </ul>		

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			<ul style="list-style-type: none"> <li>· The nurse will review all medical consults monthly to ensure clients receive any adaptive equipment ordered by physician.</li> <li>·</li> <li><b>Monitoring of Corrective Action:</b></li> <li><b>Monitoring of Corrective Action:</b></li> <li>· The Residential Manager will report to the interdisciplinary team any adaptive equipment ordered by physician.</li> <li>· The nurse will review all medical consults monthly to ensure clients receive any adaptive equipment ordered by physician.</li> <li>· Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct periodic reviews to ensure polices are followed..</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review</li> </ul>	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to provide the clients with training in food/meal preparation and to ensure the clients packed their own lunch boxes for the day services.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 1/28/16 between 5:45 AM and 7 AM. At 5:45 AM clients #1, #2, #3, #4, #5, #6, #7 and #8 were out of bed, dressed and sitting in the living room and dining room. Staff #5 indicated all clients had already eaten their breakfast and were waiting for their morning medications. Staff #5 was asked who prepared the morning meal. Staff #5</p>	W 0488	<p>of 10% of ICF homes, up to 5, be reviewed quarterly.</p> <p><b>Completion Date: 3/6/2016</b></p> <p><b>W488: Dining Areas and Service: The facility must assure that each client eats in a manner consistent with his or her developmental level.</b> <b>Corrective action:</b> · The Clinical Supervisor/QIDP will re-train direct care staff of Client @1, Client @2, Client @3, Client #4, Client #5, client #6, Client #7, Client #8's abilities and need to complete breakfast meal preparations. Training to include ensuring all client are involved with preparing their breakfasts and packing their own lunches. (Attachment C). · The Clinical Supervisor/QIDP will re-train direct care staff of Client #1, Client #2, Client #3, Client #4, Client #5, Client #6, Client #7, Client #8's abilities and need to pack their own lunch before leaving for the day services. (Attachment C). <b>How we will identify others:</b> · Daily breakfast mealtime observations</p>	03/06/2016	

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	<p>stated, "I did." Staff #5 indicated she had prepared cooked oatmeal, toast and orange juice for the clients for their morning meal.</p> <p>During interview with client #3 on 1/28/16 at 6 AM, client #3:          ___ Indicated she had oatmeal and toast for breakfast.          ___ Indicated she did not prepare her breakfast.          ___ Indicated the night shift staff had prepared the morning meal for all clients in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8).          ___ Indicated the evening shift had prepared the lunch boxes for all clients in the home to take to the workshop and/or day services the morning of 1/28/16.          ___ Indicated she could prepare a meal and pack her own lunch box independently.          ___ Stated, "They (the staff) have been packing our lunch boxes for awhile now. I think it has something to do with making sure we (the clients) don't take a bunch of junk or something to work."</p> <p>During interview with clients #4 and #5 on 1/28/16 at 6:05 AM, clients #4 and #5 indicated the staff had prepared the breakfast for clients #1, #2, #3, #4, #5, #6, #7 and #8 the morning of 1/28/16.</p> <p>During interview with the Program</p>		<p>will be performed in home for two weeks to ensure that Client 1, Client, 2, Client 3, Client 4, Client 5, Client 6, Client 7 and Client 8 are involved with preparing their won breakfast and packing their own lunches. Observations will be completed by the Residential Manager, QIDP and Clinical Supervisor for two weeks at which time observations will be reviewed for staff competence and need to continue.          (Attachment H ) · Residential Manager, QIDP and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations.  <b>Measures to be put in place:</b>          · Daily breakfast mealtime observations will be performed in home for two weeks to ensure that Client 1, Client, 2, Client 3, Client 4, Client 5, Client 6, Client 7 and Client 8 are involved with preparing their won breakfast and packing their own lunches. Observations will be completed by the Residential Manager, QIDP and Clinical Supervisor for two weeks at which time observations will be reviewed for staff competence and need to continue. (Attachment H) · Residential Manager, QIDP and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. <b>Monitoring of Corrective Action:</b> · Daily breakfast mealtime observations will be performed in home for two</p>				

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	<p>Manager (PM) on 1/28/16 at 2:15 PM, the PM:</p> <p>__ Indicated clients were to assist with preparing all meals.</p> <p>__ Indicated the clients were to pack their own lunch boxes in preparation for day services.</p> <p>9-3-8(a)</p>		<p>weeks to ensure that Client 1, Client, 2, Client 3, Client 4, Client 5, Client 6, Client 7 and Client 8 are involved with preparing their won breakfast and packing their own lunches. Observations will be completed by the Residential Manager, QIDP and Clinical Supervisor for two weeks at which time observations will be reviewed for staff competence and need to continue.</p> <p>(Attachment H ) · Residential Manager, QIDP and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. · Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</p> <p><b>Completion Date: 3-6-2016</b></p>		