

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G493	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4160 N CAMPBELL AVE INDIANAPOLIS, IN 46226
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W 0000 Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to a pre-determined full annual recertification and state licensure survey completed on 8/18/15.</p> <p>This visit was done in conjunction with a PCR to a PCR completed 8/18/15 to the investigation of complaint #IN00175456 completed on 6/24/15.</p> <p>Dates of Survey: 9/16/15 and 9/17/15</p> <p>Facility Number: 001007 Provider Number: 15G493 AIMS Number: 100245090</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/24/15.</p>	W 0000		
W 0149 Bldg. 00	<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, record review and interview for 1 of 4 sampled clients (D),</p>	W 0149	CORRECTION:	10/17/2015

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>the facility failed to implement its policy and procedures to prevent mistreatment of client D regarding loading/unloading the facility van in a safe manner.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/16/15 from 4:40 PM through 6:20 PM. At 4:40 PM, staff #1 was carrying client D out of the group home van. Staff #1 physically picked client D up from her van seat, using both arms to hold client D's body horizontal to the ground, then stepped down from the van to the driveway where staff #1 then sat client D down in her wheelchair.</p> <p>Staff #1 was interviewed on 9/17/15 at 10:35 AM. Staff #1 stated, "The van only holds 1 wheelchair in the back. We can only use the lift for the one chair. There are 3 people in the house with wheelchairs. I have to pick her, [client D], up to get her in and out of the van."</p> <p>Staff #2 was interviewed on 9/17/15 at 10:44 AM. Staff #2 stated, "When [staff #1] is here we have him pick her, [client D], up. [Staff #1] is the only male and is strong enough to pick her up to put her in the van. The van is only set up to secure one wheelchair so the others have to sit in the seats."</p>		<p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, for Client D, the facility will reconfigure the van seating to allow two passengers using wheelchairs safely. Additionally, supervisory and direct support staff will be retrained regarding proper loading, unloading and tie-down procedures.</i></p> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring clients are loaded and unloaded safely from the facility van. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assure clients are loaded and unloaded safely from the facility van. Members of the Operations Team, comprised of Clinical Supervisors, the Program</p>	

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	<p>CS (Clinical Supervisor) #1 was interviewed on 9/17/15 at 12:00 PM. CS #1 indicated staff should not pick up or carry clients in loading/unloading the van. CS #1 indicated staff should re-configure the seats and wheelchair tie downs to accommodate more wheelchairs. CS #1 indicated physically carrying client D out of the van was unsafe and could potentially lead to injury. CS #1 indicated the facility should prevent injury to client D.</p> <p>The facility's policy and procedures were reviewed on 9/17/15 at 3:20 PM. The facility's Abuse, Neglect, Exploitation and mistreatment policy dated 2/26/11 indicated, "Adept staff actively advocate for the rights and safety of all individuals." The 2/26/11 Abuse, Neglect, Exploitation and mistreatment policy indicated, "Program intervention neglect: failure to provide goods an/or services necessary for the individual to avoid physical harm."</p> <p>9-3-2(a)</p>		<p>Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring</p>	

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W 0159 Bldg. 00	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 observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 3 additional clients (E, F and G), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients A, B, C, D, E, F and G's active treatment programs by failing to ensure client A's ISP (Individual Support Plan) was revised to include sensory integration techniques and materials, ensure clients B, D, E, F and G received continuous active treatment during	W 0159	will also include unannounced spot checks later in the evening toward bed time. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring clients are loaded and unloaded safely from the facility van. CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i> The QIDP will revise Client A's individual support plan to include sensory integration techniques.	10/17/2015

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	<p>available opportunities, ensure staff documented client A's targeted behavior regarding refusals to participate/non-compliance with active treatment or skills training and to ensure staff provided training in meal preparation activities when formal and informal opportunities existed for clients B, C, D, E, F and G.</p> <p>Findings include:</p> <p>1. The facility's POC (Plan of Correction) dated 9/15/15 was reviewed on 9/16/15 at 1:00 PM. The facility's POC dated 9/15/15 indicated, "Through recent assessment, the team has identified sensory stimulation as a mechanism to engage [client A's] interest. The facility will obtain additional sensory stimulation materials and incorporate them into [client A's] ISP."</p> <p>Client A's record was reviewed on 9/17/15 at 10:00 AM. Client A's ISP dated 5/26/15 did not indicate documentation of review or revision to incorporate sensory integration techniques or specify materials to be used to engage client A in active treatment.</p> <p>Clinical Supervisor (CS) #1 was interviewed on 9/17/15 at 12:00 PM. CS #1 indicated the QIDP did not update</p>		<p>All direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation and family style dining.</p> <p>Facility direct support staff will be trained toward proper documentation of Client #A's behavior interventions as well refusals to participate in active treatment. An audit of facility documentation indicated that this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to integrate interdisciplinary team recommendations into support documents in a timely manner.</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per</p>	

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	<p>client A's ISP dated 5/26/15 to include sensory integration goals.</p> <p>2. The QIDP failed to integrate, coordinate and monitor clients B, D, E, F and G's active treatment programs by failing to ensure clients B, D, E, F and G received continuous active treatment during available opportunities. Please see W249.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure staff documented client A's targeted behavior regarding refusals to participate/non-compliance with active treatment or skills training. Please see W252.</p> <p>4. The QIDP failed to integrate, coordinate and monitor clients B, C, D, E, F and G's active treatment programs to ensure staff provided training in meal preparation activities when formal and informal opportunities existed for clients B, C, D, E, F and G. Please see W488.</p> <p>This federal deficiency was cited on 8/18/15. The facility failed to implement a systemic POC to prevent recurrence.</p> <p>9-3-3(a)</p>		<p>week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. Initial hands-on training will focus on meal preparation and family style dining. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	

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			<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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			<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, with emphasis on meal preparation and family style dining.</p> <p>The QIDP has been trained regarding the need to assure staff record the implementation of behavior interventions in clients' records as well as the need to track refusals to participate in active treatment. Along with the QIDP, members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, will conduct documentation reviews to assure documentation occurs as required at the facility and that interdisciplinary team decisions are incorporated into support documents no less than weekly for the next 30 days, and</p>	

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (B and D) plus 3 additional clients (E, F and G), the facility failed to ensure clients B, D, E, F and G received continuous active treatment during available opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/16/15 from 4:40 PM</p>	W 0249	<p>no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the</i></p>	10/17/2015

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	<p>through 6:20 PM. Clients B, D, E, F and G were present in the home throughout the observation period. At 4:55 PM, staff #3 began preparing the evening meal. Staff #3 prepared baked fish, cooked spinach and rice in the kitchen area. Clients B, D, E, F and G were seated and not encouraged or prompted to assist staff #3 with the preparation of the evening meal. At 5:30 PM, staff #4 joined staff #3 in the home's kitchen area and assisted staff #3 prepared the evening meal. Clients B, D, E, F and G were seated in the home's living room area and were not encouraged to assist in the evening meal preparation. At 5:45 PM, staff #3 began placing utensils, plates, cups and napkins on the dining room table. Staff #3 filled the cups on the table with milk. Clients B, D, E, F and G were not encouraged to participate in setting the table for the evening meal or pouring their own drinks.</p> <p>1. Client B's record was reviewed on 9/17/15 at 11:35 AM. Client B's ISP (Individual Support Plan) dated 4/6/15 indicated, "2. Team member will implement this objective anytime [client B] needs to help assist with meal preparation. Objective: Given skills training and 3 verbal prompts, [client B] will assist staff in completing a meal twice a week 80% of the time for 3</p>		<p><i>individual program plan.</i> Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation and family style dining.</p> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. Initial hands-on training will focus on meal preparation and family style dining. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities.</p>	

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	<p>consecutive months."</p> <p>2. Client D's record was reviewed on 9/17/15 at 11:21 AM. Client D's ISP dated 5/14/15 indicated, "Given skills training, 3 verbal prompts and 3 physical models (hand over hand assist), [client D] will assist staff in preparing a side dish for dinner once a week, 50% of the time for 3 consecutive months."</p> <p>3. Client E's record was reviewed on 9/17/15 at 4:38 PM. Client E's ISP dated 5/15/15 indicated, "Given skills training and 3 verbal prompts and 3 physical prompts, [client E] will learn to pour her own milk at meal time 40% of the time for three consecutive months. Given skills training, 3 verbal prompts and 3 physical models (hand over hand assistance), [client E] will assist staff in setting the dinner table three times a week, 50% of the time for 3 consecutive months."</p> <p>4. Client F's record was reviewed on 9/17/15 at 4:45 PM. Client F's ISP dated 5/27/15 indicated, "4. Given skills training and 3 verbal prompts, [client F] will assist with meal preparation once a week, 55% of the time for three consecutive months."</p> <p>5. Client G's record was reviewed on</p>		<p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure</p>	

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	<p>9/17/15 at 5:00 PM. Client G's ISP dated 5/29/15 indicated, "4.) Given skills training and hand over hand assistance if necessary, with 3 verbal prompts and 3 physical prompts, [client G] will assist with meal preparation once a week, 50% of the time for 3 consecutive months."</p> <p>Clinical Supervisor (CS) #1 was interviewed on 9/17/15 at 12:00 PM. CS #1 indicated clients B, D, E, F and G should be encouraged to participate in meal preparation training.</p> <p>This deficiency was cited on 8/18/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, with emphasis on meal preparation and family style dining.</p>		

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W 0252 Bldg. 00	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure staff documented incidents of client A's targeted behavior regarding refusals to participate/non-cooperation with active treatment or skills training.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 9/16/15 from 11:00 AM through 1:00 PM. At 12:08 PM, client A was encouraged to sit at the dining room table to eat his lunch. Client A refused to leave the couch where he was seated. Client A ate lunch while seated on the couch in the living room.</p> <p>Observations were completed at the group home on 9/16/15 from 4:40 PM through 6:20 PM. At 6:07 PM, client A</p>	W 0252	<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Specifically, facility direct support staff will be trained toward proper documentation of Client #A's behavior interventions as well refusals to participate in active treatment. An audit of facility documentation indicated that this deficient practice did not affect any additional clients.</i></p> <p>PREVENTION:</p> <p>The QIDP has been trained regarding the need to assure staff record the implementation of behavior interventions in clients' records as well as the</p>	10/17/2015

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	<p>was encouraged to sit at the dining room table to eat his evening meal. Client A refused to leave the couch where he was seated. Client A ate lunch while seated on the couch in the living room.</p> <p>Client A's record was reviewed on 9/17/15 at 10:00 AM. Client A's BSP (Behavior Support Plan) revised 9/11/15 indicated client A's targeted behaviors included but were not limited to non-cooperation. Client A's BSP dated 9/11/15 defined non-cooperation as "Failure to comply with requests to participate in skills training activities, evacuate during monthly fire drills and other programming, refusing to eat, going to the restroom refusing to get on van for appointments and community integration." Client A's BSP dated 9/11/15 indicated, "Data will be collected on [client A's] ABC (Antecedent Behavior Consequence) data collection sheet across all shifts. Each time a target behavior occurs, record the date, time and staff initials. Check the target behavior(s) that occurred. Circle the corresponding letter typed into the box (i.e. for physical aggressing toward a Peer, circle the P). check the location, activity and antecedent (before) and consequence (after). If none of the behaviors occurred during the entire shift, document the date, shift and staff initials and 'no target</p>		<p>need to track refusals to participate in active treatment. Along with the QIDP, members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, will conduct documentation reviews to assure documentation occurs as required at the facility no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 0488 Bldg. 00	<p>behaviors."</p> <p>Client A's record did not indicate documentation of ABC data tracking sheets being completed.</p> <p>Staff #2 was interviewed on 9/17/15 at 10:44 AM. Staff #2 indicated client A's targeted behaviors included non-cooperation with programming and refusing to eat his meal in the dining area with his peers. Staff #2 indicated client A's refusals to participate in skills training and meals should be documented on an ABC data tracking sheet. Staff #2 indicated there was not additional documentation of ABC data tracking available for review regarding client A.</p> <p>9-3-4(a)</p> <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 3 of 4 sampled clients (B, C and D) plus 3 additional clients (E, F and G), the facility failed to ensure staff provided training in meal preparation activities when formal and informal opportunities</p>	W 0488	<p>CORRECTION:</p> <p><i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained regarding the need to</i></p>	10/17/2015

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	<p>existed for clients B, C, D, E, F and G.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/16/15 from 4:40 PM through 6:20 PM. Clients B, C, D, E, F and G were present in the home throughout the observation period. At 4:55 PM, staff #3 began preparing the evening meal. Staff #3 prepared baked fish, cooked spinach and rice in the kitchen area. Clients B, C, D, E, F and G were seated and not encouraged or prompted to assist staff #3 with the preparation of the evening meal. At 5:30 PM, staff #4 joined staff #3 in the home's kitchen area and assisted staff #3 prepared the evening meal. Clients B, C, D, E, F and G were seated in the home's living room area and were not encouraged to assist in the evening meal preparation. At 5:45 PM, staff #3 began placing utensils, plates, cups and napkins on the dining room table. Staff #3 filled the cups on the table with milk. Clients B, C, D, E, F and G were not encouraged to participate in setting the table for the evening meal or pouring their own drinks. At 6:07 PM, staff #3 and staff #4 placed portions of baked fish, rice and cooked spinach on clients B, C, D, E, F and G's plates. Clients B, C, D, E, F and G were not encouraged to serve</p>		<p>assure all clients participate in all aspects of meal preparation to the extent of their capabilities.</p> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation and other domestic activities.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and</p>	

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	<p>themselves portions of food.</p> <p>Clinical Supervisor (CS) #1 was interviewed on 9/17/15 at 12:00 PM. CS #1 indicated clients B, C, D, E, F and G could assist in the preparation of the evening meal, setting the table and serving themselves portions of the meal with assistance from staff. CS #1 indicated clients B, C, D, E, F and G should be encouraged to participate in the preparation of the evening meal, setting the table and serving themselves portions of the meal to the extent of their individual capabilities.</p> <p>9-3-8(a)</p>		<p>documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>	

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			<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining.</p>	

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