

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G418	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5105 N GUION RD INDIANAPOLIS, IN 46254
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 6/8, 6/9, 6/10, 6/11, 6/12, and 6/15/2015.</p> <p>Provider Number: 15G418 AIM Number: 100244560 Facility Number: 000932</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</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 (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the governing body failed to exercise operating direction over the facility to complete maintenance and repairs for clients #1, #2, #3, #4, #5, #6, and #7's group home. The governing body failed to ensure clients #1, #5, #6, and #7's bedroom closets had an enclosure.</p>	W 0104	<p>HM and QIDP will work with Indiana Mentor maintenance staff to address all maintenance concerns including the unpainted dry wall repairs in dining room, kitchen and hallway and areas that needed touched up or repainted. An appointment has already been scheduled with a contractor to complete an estimate for repair/painting. Once the estimate is received, a time to complete repairs will be scheduled as soon as possible. HM and QIDP will work with maintenance staff to install a</p>	07/15/2015

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>Findings include:</p> <p>On 6/8/15 from 3:15pm until 5:42pm and on 6/9/15 from 5:40am until 8:00am, observations were conducted and clients #1, #2, #3, #4, #5, #6, and #7 walked and accessed each room throughout the group home independently. During both observation periods clients #1, #2, #3, #4, #5, #6, and #7 used the hallway, dining room, and kitchen areas.</p> <p>During both observation periods the following maintenance items were observed with the Residential Manager (RM):</p> <ul style="list-style-type: none"> -On 6/8/15 at 3:15pm, the RM stated the dining room, hallway, and kitchen areas of the group home had patches measuring "approximately" two feet by two feet (2' x 2') each of unpainted dry wall repairs at eye level near the door casings at the exit areas of each room. The RM indicated clients living in the group home hit the areas on the walls, caused the damaged dry wall, and the areas needed to be painted. -The RM stated four of three (3 of 4) living room walls had black marks and chipped paint "throughout each" of the walls and needed to be repainted. -The RM indicated clients #1, #5, #6, and #7's bedroom closets doors were missing. 		<p>barrier on the four closets that had missing doors.</p> <p>HM and QIDP will receive retraining to include ensuring that any maintenance needs/repairs are identified and reported to Indiana Mentor maintenance staff and/or Area Director so that repairs can be scheduled as soon as possible. Training will also include ensuring that all consumers have a barrier of some sort over their closets to protect their personal items.</p> <p>Ongoing, the HM and/or QIDP will complete walkthroughs of the home a minimum of weekly to identify if any maintenance issues are present and need to be reported. The HM and/or QIDP will report maintenance issues to maintenance staff, maintenance supervisor and/or Area Director. HM and QIDP will follow up on maintenance requests a minimum of weekly to check on the status of scheduled repairs.</p> <p>Responsible Party: HM, QIDP, Area Director, maintenance staff</p>	

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W 0112 Bldg. 00	<p>-The RM indicated the hallway walls had worn paint and needed repairing.</p> <p>On 6/10/15 at 2:00pm, an interview was conducted with the Area Director (AD). The AD indicated the group home was scheduled to be repaired in the future. The AD indicated no further information was available for review.</p> <p>9-3-1(a)</p> <p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients (client #3) and 3 additional clients (clients #5, #6, and #7), the facility failed to keep client #3, #5, #6, and #7's personal information confidential by posting clients #3, #5, #6, and #7's names with their identified personal and medical interventions.</p> <p>Findings include:</p> <p>On 6/8/15 from 3:15pm until 5:42pm and on 6/9/15 from 5:40am until 8:00am, observations were conducted and clients</p>	W 0112	<p>The Home Manager and/or QIDP will remove and secure all confidential information posted in this home.</p> <p>The Home Manager and staff working in this home will be retrained on confidentiality requirements.</p> <p>QIDP will be retrained on the requirement to be in the home at least once weekly to monitor the implementation of policy/procedures including those for confidentiality.</p>	07/15/2015

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	<p>#1, #2, #3, #4, #5, #6, and #7 walked and accessed each room throughout the group home independently. During both observation periods clients #3, #5, #6, and #7's personal names and identified medical interventions were posted at eye level on the bulletin board in the dining room.</p> <p>-Client #3's "Protect Lifesaver (a bracelet like device worn by the client for safety which allows the client to be electronically located by emergency personnel): [Client #3's name]...Care Giver Instructions: 1. Check the transmitter everyday with the tester provided...4. If the client is missing, first check obvious places around your home. If not located call 9-1-1! (sic)...."</p> <p>-Client #3 and #5's "Information: [client #3] can only call his parents on Mondays, Wednesdays, and Fridays...[Client #3] is not allowed in any of the client's (sic) bedroom without their permission... [Client #5] is to stop playing video games at 7:30pm and he is to turn off his TV (television) at 10:30pm every night."</p> <p>-Client #6's "Protect Lifesaver: [Client #6's name]...Care Giver Instructions: 1. Check the transmitter everyday with the tester provided...4. If the client is missing, first check obvious places</p>		<p>Ongoing the Home Manager and QIDP will ensure all confidential information remains secured and confidential.</p> <p>Ongoing the Area Director, Quality Assurance Specialist and Regional Director will monitor the home to ensure confidentiality requirements are met whenever they happen to be on site.</p> <p>The Area Director will determine appropriate corrective action for any breach of confidentiality if necessary.</p> <p>Responsible Staff: Home Manager, QIDP, Area Director, Quality Assurance Specialist</p>	

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W 0248 Bldg. 00	<p>around your home. If not located call 9-1-1! (sic)...."</p> <p>-Client #7's 1/27/15 "Dining Plan" indicated client #7's full name, regular "texture" diet, "prompting to slow down during drink (sic)...Prompt to slow down and take small bites size pieces chew the food in mouth before he eats (sic)...Sit upright...."</p> <p>On 6/10/15 at 2:00pm, an interview was conducted with the Area Director (AD). The AD indicated clients #3, #5, #6, and #7's personal information with their individual names should not have been posted on the bulletin board in full view of the dining room. The AD indicated the group home staff failed to keep clients #3, #5, #6, and #7's personal programming information confidential.</p> <p>9-3-1(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on observation, record review, and interview, for 4 of 4 sampled clients (clients</p>	W 0248	All consumers Individual Support plans and Behavior Support plans have been forwarded to all consumers respective Day	07/15/2015			

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	<p>#1, #2, #3, and #4) and 2 additional clients (clients #5 and #6) who attended day services, the facility failed to ensure the day services had access to clients #1, #2, #3, #4, #5, and #6's ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>On 6/9/15 from 12:50pm until 1:25pm, client #5 was observed at Day Service site #1 with WKS (Workshop Staff) #1. At 1:15pm, WKS #1 indicated clients #3 and #4 attended the contracted day service site on a part time basis and were not at Day Service site #1 today. WKS #1 stated clients #3, #4, and #5 were "good workers" and he "wished they would attend the paid workshop on a daily basis." At 1:15pm, WKS #1 stated "the most current ISPs" available for the workshop staff for client #3 was 3/12/2009, client #4 was 8/28/2010, and client #5 was 11/9/2010.</p> <p>On 6/10/15 from 9:30am until 11:00am, clients #1, #2, and #6 were observed at Day Services site #3 with WKS #2. At 11:00am, WKS #2 stated the workshop did not receive clients #1, #2, and #6's "current ISPs." WKS #2 indicated the "most current" ISPs available for the workshop staff for client #1 was 2/25/13,</p>		<p>Service Providers.</p> <p>Home Manager and QIDP will receive retraining to include ensuring all Day Service Providers are provided with a copy of consumers' Individual support Plans and Behavior Support plans a minimum of annually at the yearly review and more often as needed if any addendums are made.</p> <p>Ongoing the QIDP and/or Home Manager will ensure that Day services Providers are receiving consumers ISPs a minimum of annually or more often as needed if addendums are completed.</p> <p>Responsible Party: Home Manager, QIDP</p>	

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W 0382 Bldg. 00	<p>client #2 had no current ISP available for review, and client #6's was 2/26/14.</p> <p>On 6/10/15 at 12:10pm, client #1's record was reviewed. Client #1's record included an 4/8/2015 ISP.</p> <p>On 6/10/15 at 1:15pm, client #2's record was reviewed. Client #2's record included an 1/27/2015 ISP.</p> <p>On 6/9/15 at 11:10am, client #3's record was reviewed Client #3's record included an 9/22/2014 ISP.</p> <p>On 6/10/15 at 12:40pm, client #4's record was reviewed. Client #4's record included a 10/8/2014 ISP.</p> <p>On 6/10/15 at 2:00pm, an interview was conducted with the Area Director (AD). The AD indicated clients #1, #2, #3, #4, #5, and #6's ISPs were not current at the day services sites. The AD stated "We should have made sure they got them and didn't."</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p>			
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	<p>Based on observation, record review, and interview, for 4 of 4 sample clients (#1, #2, #3, and #4) and three additional clients (clients #5, #6, and #7) who resided in the home, the facility failed to keep medication locked when not being administered for clients #1, #2, #3, #4, #5, #6, and #7.</p> <p>Findings include:</p> <p>On 6/9/15 from 5:40am until 8:00am, clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home. From 6:25am until 7:00am, GHS (Group Home Staff) #4 exited/entered the medication area in the dining room with clients #1, #2, #3, #4, #5, #6, and #7 at different times to administer the morning medications, GHS #4 left sight of the area between administering clients' medications, and left the medication cabinet open and unsecured. At 6:32am, GHS #4 was observed to walk into/out of the dining room and left client #5 standing inside the two (2) open doors of the medication cabinet. While the medication was open and unsecured, clients #1, #2, #3, #5, and #7 were observed to walk into and out of the medication area in the dining room without facility staff present.</p>	W 0382	<p>All staff will receive retraining on ensuring that the medication cabinet is locked during medication administration when exiting the medication area for any reason.</p> <p>Home Manager and/or QIDP will complete medication administration observations at least twice per week for four weeks to ensure that all staff are locking the medication cabinet during medication administration when staff are out of the area for any reason.</p> <p>Ongoing, the Home Manager and/or QIDP will complete medication administration observations at least once per week to ensure that all staff are locking the medication cabinet during medication administration when staff are out of the area for any reason.</p> <p>Responsible Party: Home Manager, QIDP</p>	07/15/2015			

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W 0383 Bldg. 00	<p>On 6/11/15 at 9:10am, an interview with the Residential Manager (RM) was conducted. The RM indicated medications should be kept locked and secured when not being administered. The RM indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration.</p> <p>On 6/11/15 at 2:00pm, an interview with the Area Director (AD) was conducted. The AD indicated medications should be kept locked and secured when not being administered. The AD indicated the staff failed to ensure medications were kept secured.</p> <p>On 6/11/15 at 10:00am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications should be kept secured when not being administered.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p>			

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	<p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the facility staff failed to ensure the medication keys were kept secured and to ensure clients #1, #2, #3, #4, #5, #6, and #7 did not have access to the medication keys.</p> <p>Findings include:</p> <p>On 6/9/15 from 5:40am until 8:00am, clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home and the medication keys were left laying unattended on top of the table in the dining room. From 6:25am until 7:00am, GHS (Group Home Staff) #4 exited/entered the medication area in the dining room with clients #1, #2, #3, #4, #5, #6, and #7 at different times to administer the morning medications, GHS #4 left sight of the area between administering clients' medications, and left the medication cabinet open and the keys unsecured on the table. At 7:10am, the Residential Manager (RM) removed the unsecured medication cabinet keys from the lock on the medication cabinet in the dining room, entered the kitchen, and placed the keys into GHS #4's hand.</p> <p>On 6/11/15 at 9:10am, an interview with</p>	W 0383	<p>The keys to the medication cabinet have been moved so that the clients are not able access them. All staff will receive retraining on the need to ensure that the keys to the medication cabinet are in a location that is not accessible by the consumers.</p> <p>For 4 weeks, the Home Manager and/or QIDP will complete Medication observations a minimum of twice weekly to ensure staff are keeping the keys to the medication cabinet secure and in a spot that consumers cannot readily access them.</p> <p>After the four weeks and ongoing, the Home Manager and/or the QIDP will complete a weekly medication administration observation to ensure the staff are keeping the keys to the medication cabinet secure and in a spot that consumers cannot readily access them</p> <p>Responsible staff: Home Manager, QIDP</p>	07/15/2015

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W 0391 Bldg. 00	<p>the Residential Manager (RM) was conducted. The RM indicated medications keys should be kept secured by the facility staff. The RM indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration.</p> <p>On 6/11/15 at 2:00pm, an interview with the Area Director (AD) was conducted. The AD indicated the medication keys should be kept secured. The AD indicated the staff failed to ensure the medication keys were kept secured.</p> <p>On 6/11/15 at 10:00am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications keys should be kept secured.</p> <p>9-3-6(a)</p> <p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 1 of 3 clients (client #5) who had medications administered during the morning medication administration,</p>	W 0391	HM and Program Nurse will receive retraining to include ensuring that all medications have a pharmacy label and have instructions for how staff are to	07/15/2015

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	<p>the facility failed to remove from use the medication containers without labels and/or illegible labels from the supply on 6/9/15.</p> <p>Findings include:</p> <p>On 6/9/15 at 6:32am, GHS (Group Home Staff) #4 selected client #5's morning medications which included an unlabeled "Sinus Rinse" for sinus allergies without directions for the medication's use, client's name, and/or prescription from client #5's physician. The "Sinus Rinse" box indicated "fill with water 65ml (milliliters) and 1 pkg (package)" of medication one time daily. GHS #4 filled the sinus bottle with "less than 3 ounces" of water, when questioned regarding the amount of water, GHS #4 added additional water to the rinse bottle, and the added water did not bring the water level on the bottle above the half way level to the dark black marked line which indicated 8 ounces on the clear plastic nasal bottle. GHS #4 added one package of mix to the bottle and went with client #5 to the bathroom to apply the nasal rinse over the sink. At 6:50am, client #5's 6/2015 MAR (Medication Administration Record) indicated "Sinus Rinse every day, rinse nose 1 pack in 8oz. (ounces) bottle warm water." Client #5's 4/21/15 "Physician's Order" indicated</p>		<p>administer the medication. All direct care staff will receive retraining on medication administration including ensuring that they are administering all medications/medical treatments as directed.</p> <p>If a new medication/treatment is added the HM and/or Program Nurse will ensure that the medication has a pharmacy label and instructions for how staff are to administer the medication prior to it being placed in the medication cabinet.</p> <p>Home Manager and/or QIDP will complete medication administration observations at least twice per week for four weeks to ensure that all staff are administering medications/treatments as directed.</p> <p>Ongoing, the Home Manager and/or QIDP will complete medication administration observations at least once per week to ensure that all staff are administering medications/treatments as directed. The HM or Program Nurse will go through the medication cabinet a minimum of weekly to ensure that all medications have a pharmacy label and instructions for use.</p> <p>Responsible Party: HM, QIDP, Program Nurse</p>	

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	<p>"Sinus Rinse every day, rinse nose 1 pack in 8oz. (ounces) bottle warm water." At 6:50am, GHS #4 indicated client #5's "Sinus Rinse" box did not have client #5's name on the box, did not have a pharmacy label, and did not have directions for the medication's use.</p> <p>On 6/11/15 at 9:10am, an interview with the Residential Manager (RM) was conducted. The RM indicated the pharmacy label should include the client's name and directions for the medication's use. The RM indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration.</p> <p>On 6/11/15 at 2:00pm, an interview with the Area Director (AD) was conducted. The AD indicated the facility staff should not administer medications without a pharmacy label on each medication to identify the client's name, directions for the medication's use, and prescribing physician. The AD indicated medications without a proper medication label should have been removed from use.</p> <p>On 6/11/15 at 9:10am, a review of the 2004 "Living in the Community" medication administration training</p>			

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W 0436 Bldg. 00	<p>manual, Core Lesson 2: Responsibilities in the Area of Medication Administration indicated medications should be labeled.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 1 sampled clients (client #2) with adaptive equipment, the facility failed to teach and encourage client #2 to wear her prescribed eye glasses at the group home.</p> <p>Findings include:</p> <p>On 6/8/15 from 3:15pm until 5:42pm and on 6/9/15 from 5:40am until 8:00am, observations were conducted and client #2 did not wear her prescribed eye glasses. During the observation periods, client #2 watched television, looked at the newspaper, completed writing on a sheet of paper, completed medication administration, and consumed meals. During the observation periods, client #2</p>	W 0436	<p>A formal goal has been developed for Client #2 to encourage her to use her eyeglasses. All staff will be trained on the implementation of this goal.</p> <p>QIDP will receive retraining to include ensuring that all consumers have goals in place to encourage them to use their adaptive equipment as directed and how to maintain it in good working order.</p> <p>Ongoing, QIDP will ensure that goals and objectives are developed for consumers that have challenges with using their adaptive equipment as directed and/or maintaining it in good working order. These formal goals will be reviewed for progress a minimum of quarterly</p>	07/15/2015

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W 0484 Bldg. 00	<p>was not taught or encouraged to wear her prescribed eye glasses.</p> <p>On 6/10/15 at 1:15pm, client #2's record was reviewed. Client #2's 1/27/15 ISP (Individual Support Plan) indicated client #2 wore prescribed eye glasses and did not include a goal/objective to teach client #2 to wear her eye glasses at the group home. Client #2's 1/9/15 visual examination indicated client #2 wore prescribed eye glasses to see.</p> <p>On 6/10/15 at 2:00pm, an interview was conducted with the Area Director (AD). The AD indicated client #2 should have been taught and encouraged to wear her eye glasses.</p> <p>9-3-7(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to encourage the use of utensils to eat, knife use, and to have salt and pepper available</p>	W 0484	<p>and revised as necessary to adapt to progress achieved.</p> <p>Responsible Party: Home Manager, QIDP</p> <p>Direct care staff, Home Manager and QIDP will receive retraining to include ensuring that all tables, chairs, eating utensils and dishes are designed to meet the developmental needs of each consumer. Training will include ensuring that all utensils (knife,</p>	07/15/2015

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	<p>for use.</p> <p>Findings include:</p> <p>On 6/8/15 from 3:15pm until 5:42pm clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home. From 4:45pm until 5:42pm, clients #1, #2, #3, #4, #5, #6, and #7 prepared with GHS (Group Home Staff) #1 and GHS #2 the evening meal of a whole baked Chicken Breast, Pasta with Tomato Sauce, Texas Toast, mixed Vegetables, four inch by four inch slices of Watermelon, and leaves of lettuce for a salad. Clients #1, #2, #3, #4, #5, #6, and #7 consumed bites from a whole Chicken Breast, oversized bites from their Texas Toast slices, and large pieces of the Lettuce into their mouths at one bite. Clients #1, #2, #3, #4, #5, #6, and #7 consumed their meal with a fork and spoon, scooping their food onto their utensils, and eating foods with their fingers. No knives and no salt or pepper were available on the table during dining. Clients were not properly taught and/or encouraged to use utensils (knives, forks, spoons) to eat with by the facility staff.</p> <p>On 6/10/15 at 2:00pm, an interview with the Area Director (AD) was conducted. The AD indicated clients #1, #2, #3, #4, #5, #6, and #7 received meals at the</p>		<p>fork, spoon) are provided to clients and condiments such as salt and pepper are available on the table for consumer use. If there are issues with furniture, eating utensils and chairs not meeting client's developmental needs, staff will report the need to the HM and PD so that the issue can be resolved in a timely manner so that all consumers' needs are being met.</p> <p>For 4 weeks the HM and/or QIDP will complete walkthroughs of the home and mealtime observations a minimum of twice weekly to ensure that all furniture, dishes, eating utensils are meeting consumers developmental needs. Ongoing, the HM and/or QIDP will complete walkthroughs of the home and mealtime observations a minimum of weekly to ensure that all furniture, dishes, eating utensils are meeting consumers developmental needs. Any needs that need to be addressed will be brought to the attention of the QIDP, Area Director and/or Program Nurse as needed to ensure needs are getting resolved in a timely manner.</p> <p>Responsible Party: Home Manager, QIDP, Area Director</p>	

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	<p>facility. The AD indicated clients should be taught and encouraged to use utensils to eat with, knives and salt and pepper should be available for use during dining opportunities.</p> <p>9-3-8(a)</p>				