

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G303	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/11/2014
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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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W000000	<p>This visit was for a post-certification revisit (PCR) survey to the investigation of complaint #IN00147450 of 5/29/14.</p> <p>Complaint #IN00147450: Not corrected.</p> <p>Dates of Survey: July 10 and 11, 2014.</p> <p>Facility Number: 000822 Provider Number: 15G303 AIM Number: 100243630</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/21/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D) and for 3 additional clients (E, F and H), the governing body failed to exercise general policy and operating direction over the facility to ensure all</p>	W000104	<p><b><u>W104: Governing Body: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective action:</u></b> · Training provided to workshop staff in regard to internal reporting</p>	07/31/2014

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>allegations of abuse for client E were reported immediately to the administrator and to BQIS (Bureau of Quality Improvement Services) within 24 hours of the initial allegation of abuse in accordance with state law and to ensure all staff were trained/re-trained in regard to reporting allegations of abuse immediately to the administrator.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility staff were trained to provide clients A and F their modified diets as ordered by their physician.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and care for clients A, C, D, E, F and H throughout the day to meet the clients' needs and to ensure the house was maintained and in good repair in regard to client A's bedroom.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. Client A's bedroom walls had multiple holes and peeled paint on them and the bedroom door was scuffed with multiple black marks. Client A's lower window panes were frosted. Client A had no curtains and/or window treatment for the upper portion of her window.</p> <p>Review of the facility Maintenance Request/Work Order dated 2/21/14 reviewed on 7/11/14 at 11</p>		<p>requirements. <b><u>(ATTACHMENT A)</u></b></p> <ul style="list-style-type: none"> <li>· Training provided to workshop staff in regard to requirement for BQIS notification of allegations. <b><u>(ATTACHMENT A)</u></b></li> <li>· Training provided to nurse to ensure diet modifications/changes are updated in plans immediately. <b><u>(ATTACHMENT B)</u></b></li> <li>· Training provided to nurse and Residential Manager in regard to staff training occurring immediately upon receipt of any dietary changes. <b><u>(ATTACHMENT C)</u></b></li> <li>· Training provided to all staff on current dining plans/dining goals/modified diets/adaptive mealtime equipment. <b><u>(ATTACHMENT D)</u></b></li> <li>· Plan of corrective oversight developed. <b><u>(ATTACHMENT E)</u></b></li> <li>· Corrective oversight plan trained and implemented. <b><u>(ATTACHMENT F)</u></b></li> <li>· Schedule for this location had been updated to reflect 1 staff to 3 consumers during all waking hours. <b><u>(ATTACHMENT G)</u></b></li> <li>· Justification for increase in hours for this location, from a 6-hour to a 8-hour home, will be sought.</li> <li>· The facility will train/in-service workshop staff on policies and procedures concerning client neglect and abuse, the definition of all types of abuse including verbal abuse, emotional abuse, intimidation and psychological abuse <b><u>(ATTACHMENT A)</u></b></li> <li>· The facility will train/in-service workshop staff on policies and procedures concerning client rights and protections.</li> </ul>				

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	<p>AM indicated "R (right) side middle bedroom - need blinds, wall repaired and painted."</p> <p>Interview with client A on 7/10/14 at 5 PM indicated she would like to have her room cleaned up and painted pink.</p> <p>Interview with staff #1 on 7/10/14 at 5:15 PM indicated the walls and door were damaged by the previous client that was staying in client A's bedroom. Staff #1 indicated the previous client would pull the curtains down and would not leave anything at the window. Staff #1 stated she thought maintenance had bought the paint for client A's room, "But I'm not sure."</p> <p>During interview with the PM (Program Manager) on 7/11/14 at 1 PM, the PM stated, "I'm not sure what's going on with that. It would appear a request was submitted, but the room obviously hasn't been repaired." The PM indicated client A's bedroom was in need of painting and repair.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and to BQIS (Bureau of Quality Improvement Services) within 24 hours of the initial allegation of abuse in accordance with state law, to ensure all staff were trained/re-trained in regard to reporting allegations of abuse and to ensure sufficient direct care staff to supervise and care for clients A, C, D, E, F and H throughout the day to meet the clients' needs. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure an allegation of abuse for client E was reported immediately to the administrator and to BQIS (Bureau of Quality Improvement Services)</p>		<p><b>(ATTACHMENT A)</b> · All noted repairs made to Client A's bedroom, walls painted pink and flax per her stated request, door cleaned and window treatment provided. <b>(ATTACHMENT H)</b></p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b>(ATTACHMENT K)</b></li> <li>· All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <b>(ATTACHMENT K)</b></li> <li>· All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b></li> <li>· The Clinical Supervisor will ensure all workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b>(ATTACHMENT A)</b></li> <li>· Oversight procedure implemented effective 6/13/2014 to ongoing.</li> <li>· Monthly staff training to include attendance and call off procedures to ensure staffing ratio is met. <b>(ATTACHMENT K)</b></li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed.</li> <li>· Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing</li> </ul>				

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W000149	<p>within 24 hours of the initial allegation of abuse in accordance with state law. Please see W153.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and care for clients A, C, D, E, F and H throughout the day to meet the clients' needs. Please see W186.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure the staff were trained/retrained in regard to reporting allegations of abuse immediately to the administrator for client E and to ensure clients A and F were provided their modified diets as ordered by their physician. Please see W189.</p> <p>This deficiency was cited on 5/29/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D) and 3 additional clients (E, F and H), the facility failed to implement written policy and procedures to ensure all allegations of abuse were reported immediately to the administrator and to</p>	W000149	<p>need. <b>Completion Date: July 31, 2014</b></p> <p><b><u>W149: Staff treatment of clients: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.</u></b> <b>Corrective action:</b> · Staff suspended upon allegation being</p>	07/31/2014			

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	<p>BQIS (Bureau of Quality Improvement Services) within 24 hours of the initial allegation of abuse in accordance with state law.</p> <p>The facility failed to implement written policy and procedures to ensure all staff were trained/retrained in regard to reporting allegations of abuse immediately to the administrator for client E, to ensure clients A and F were provided their modified diets as ordered by the physician and to ensure sufficient direct care staff to supervise, care for and meet client A's, C's, D's, E's, F's and H's needs.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 7/11/14 at 11 AM. A 7/3/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 7/1/14 at 12 PM "During lunch, [client E] asked the staff to help her open her water bottle. The staff asked that [client E] try and open the water bottle by herself, reminding her that she [client E] does it everyday and [client E] continued to try and open the bottle. She (client E) was not able to open it after several attempts and asked the staff again if they could help her. When [name of DP (Day Program) staff #5] went to help her, [name of DP staff #6] told her (client E) 'No, that she could do it herself.' [DP staff #6] then said, '[Client E], I guess we will have to get the baby bottle out for you won't we.' [DP staff #5] proceeded to go ahead and open [client E's] water bottle for her and [client E] said nothing the rest of lunch. After lunch, [client E's] group went to music and [Client E] told her staff [DP staff #5] and [DP staff #7],</p>		<p>reported. · Investigation completed. <b>(ATTACHMENT I)</b> · Staff terminated. · Training provided to workshop staff in regard to internal reporting requirements. <b>(ATTACHMENT A)</b> · Training provided to workshop staff in regard to requirement for BQIS notification of allegations. <b>(ATTACHMENT A)</b> · Plan of corrective oversight developed. <b>(ATTACHMENT E)</b> · Corrective oversight plan trained and implemented. <b>(ATTACHMENT F)</b> · Schedule for this location had been updated to reflect 1 staff to 3 consumers during all waking hours. <b>(ATTACHMENT G)</b> · Justification for increase in hours for this location, from a 6-hour to an 8-hour home, will be sought. · The facility will train/in-service workshop staff on policies and procedures concerning client neglect and abuse, the definition of all types of abuse including verbal abuse, emotional abuse, intimidation and psychological abuse <b>(ATTACHMENT A)</b> · The facility will train/in-service workshop staff on policies and procedures concerning client rights and protections. <b>(ATTACHMENT A)</b> · Active treatment observation will be completed 2x weekly by RM, or appropriate parties. <b>(ATTACHMENT J)</b> · All Active treatment documentation will be submitted to CS weekly · Client A was evaluated for molded wheelchair and current</p>				

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	<p>that [DP staff #6] really hurt her feelings." The report indicated "Upon finding out about the comment that was made by [DP staff #6], I (Day Program Director - DPD) suspended [DP staff #6] until an investigation was completed. All staff [name of DPS #5, #7, #8 and #6] in the room were questioned about the incident and were asked to write a statement. The statements are all very similar as to how the incident occurred and the statement that was made. [DP staff #6] did state that she made the statement, but says that she did not mean the statement to be derogatory to [client E]. She [DP staff #6] stated that she says that to remind [Client E] to be more independent because her file says that she has to use those and baby spoons and that [client E] will often times laugh and say that she doesn't want to use them because she is not a baby. When reviewing [client E's] file, it is not listed anywhere that [client E] needs to use a 'baby bottle' or any other adaptive cup. The only things listed are a divided plate and small spoon. I spoke with [client E] and asked how her lunch went yesterday. She said it was fine, but she couldn't get her water bottle open. When I asked if she got it open she stated 'No, [DP staff #6] made me open it. But, I couldn't so another staff opened it for me.' I said okay and asked if anything was said when another staff opened it for her. She stated, '[DP staff #6] told me I needed a baby bottle. I'm not a baby. I'm 29 years old.' [Client E] also said that [DP staff #6] took her for a walk later that day and she was not mad at her. Upon completion of the investigation it was determined that [DP staff] violated the [Day Program] and BDDS policy on verbal abuse and is terminated effective 7/7/14."</p> <p>The facility records indicated the DP staff failed to report the allegation of abuse immediately to the administrator and to BQIS (Bureau of Quality Improvement Services) within 24 hours of the</p>		<p>wheelchair was adjusted for her height (ATTACHMENT L) <b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <b>(ATTACHMENT K)</b> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <b>(ATTACHMENT E)</b> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b>(ATTACHMENT A)</b> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b>(ATTACHMENT K)</b></p> <p><b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b></p>				

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	<p>initial allegation of abuse. The facility records did not indicate retraining of DP staff #5 in regard to immediately reporting allegations of abuse to the administrator.</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/10/14 at 3:30 PM indicated all allegations of abuse were to be reported immediately to the administrator and to BQIS within 24 hours of the initial allegation of abuse.</p> <p>Interview with the PC (Program Coordinator) on 7/11/14 at 2 PM indicated the incident reported on 7/3/14 in regard to client E had happened at the DP and the DP had conducted the investigation. The PC indicated she had not been provided a copy of the investigative summary and/or outcome to the investigation other than what was mentioned in the BDDS report and was unaware of any staff retraining in regard to the allegation of abuse for client E.</p> <p>2. Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. Clients A, B, C, D, E, F, G and H got home from the day program at 4 PM. There were two staff on the facility van with the clients. The lead staff and the QIDPD (Qualified Intellectual Disabilities Professional Designee) were in the group home. The lead staff indicated she had planned on leaving at 4 PM but would stay for a little while since this surveyor was in the group home. Staff #3 began the evening medications, staff #2 began the meal preparation and the lead staff began assisting client D in the bathroom to take a shower.</p> <p>During this observation period: __ Two staff assisted client A off of the facility van into a wheel chair. Client A used her arms to</p>			

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	<p>maneuver the wheelchair independently throughout the group home. The staff had to assist client A in and out of the wheel chair, bed and facility van. Client A would mumble a few words but was very difficult to understand. Client A's feet did not touch the floor and her legs dangled without support from the wheelchair. The staff had to assist client A whenever in the bathroom. Client A required staff assistance with all of her basic ADLs (Adult Daily Living Skills). Client A did not self motivate to participate in any activities and required staff supervision and direction throughout the observation.</p> <p>__ Client C required staff assistance with all of her basic ADLs. Client C did not self motivate to participate in any activities and required staff supervision and direction throughout the observation.</p> <p>__ Client D showered with staff assistance and sat in her room on her bed without activity until called for the evening meal at 5:41 PM. Client D finished her meal and returned to her bedroom. Client D required staff supervision and direction throughout the observation.</p> <p>__ Client E came home from the day program, went to her bedroom, put on a pair of soft long sleeve pajamas and then paced in and out of her bedroom, the living room and dining room until called for the evening meal at 5:40 PM. Client E did not self motivate to participate in any activities and required staff supervision and direction throughout the observation.</p> <p>__ Client F walked around the group home, sat curled up in her recliner in the living room, sat outside at the picnic table and lay in her bed. Off and on throughout the observation client F sucked her thumb. Whenever client F would head toward the kitchen, a staff would quickly be by her side and physically guide client F outside or back into the living room. Client F required staff assistance to meet all of her basic needs. Client F did not</p>			

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	<p>self motivate to participate in any activities and required staffs' constant supervision and direction throughout the day because of food seeking behaviors.</p> <p>During the evening observation period:            ___At 5:40 PM staff #2 stated, "Everybody wash your hands." Staff #3 went to the living room and stated to client F, "Come on, it's time to eat." Staff #3 guided client F to the dining room table. The broiler pan with hot chicken and gravy sat on the stove. While passing by the stove, staff #3 used her body to block client F from getting to the stove. Client F was escorted to the dining room table and guided to sit down at the far end of the table near the exit door, away from the stove and next to client B. Staff #3 placed a clothing protector on client F.</p> <p>___A 5:42 PM clients A, B, C, E, F, G and H were sitting at the dining room table. Staff #2 got out a loaf of bread and placed one slice of bread on each of client A's, B's, E's, F's and H's plates. As soon as clients F and C were given the bread, they immediately picked it up and began eating. After eating her own bread, client F then grabbed client B's bread and stuffed it into her mouth. Staff #3 stood behind client F with the staff's hands holding and blocking client F from grabbing any more food. Staff #3 asked staff #2 if she could get client F a bowl. Staff #3 stated, "I can't leave her [client E]."</p> <p>___At 5:45 PM staff #2 went to client D's room, opened the door and stated, "Come eat." The RM (Residential Manager) who was looking over the dining room table stated, "I don't think she [client E] uses a divided plate." The RM removed client E's divided plate and provided client E with a regular plate. Client E stated, "Yeah! I don't have to use a divided plate." Staff #3 then placed a portion of the baked chicken on client E's plate and proceeded around the table placing a portion</p>			

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	<p>of chicken on each client's plate. Client E began eating as soon as food was placed on her plate. The RM stated "[Client E] you're supposed to wait." Client E had already eaten her bread, chicken, peas and potatoes. Client E had finished her meal by 6 PM. At the same time, the PM (Program Manager) arrived at the group home.</p> <p>__At 6:01 PM client F grabbed client C's biscuit off of client C's plate. Staff #3 was able to get the biscuit away from client F. Client C then became upset and started hitting the table. Staff #2 who was sitting at the table beside client C informed client C that there were no more biscuits. Staff #2 asked, "Do you want a slice of bread?" Staff #2 picked up a slice of bread and handed the slice to client C.</p> <p>__At 6:02 PM client A was eating a large strip of chicken breast that had not been cut up. This surveyor asked staff #2 what consistency was client A's food to be. Staff #2 stated, "I'm not sure." The RM went to the refrigerator and looked at client A's dining plan. The RM stated, "It says pureed." Staff #3 stated, "She just has to have her meat cut up." The RM took client A's plate and proceeded to cut client A's meat into small pieces using a rocker knife and client A watching. The RM then sat down at the table beside client A while she finished the remainder of her meal.</p> <p>__At 6:07 PM client C was scooping up large bites of her peas, using her hands and eating at a fast pace.</p> <p>__At 6:12 PM staff #3 stated, "She's (client F's) done. She sniffed her food." Staff #3 stated when client F sniffs her food, "That means she's done." Staff #3 walked with client F from the table to the living room. Staff #3 used her body to block client F from getting to the food on the stove. Client F sat down for a second and then returned to the dining room. Staff #3 again blocked client F from grabbing food.</p> <p>__At 6:15 PM client H finished her meal, went to</p>			

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	<p>her bedroom, put on her pajamas and returned to the dining room and stated, "I'm going to bed." Staff #3 stated, "Good night."</p> <p>During this observation period the staff did not implement client A's, C's, E's, F's and H's dining plans. Clients C, E, F and H all ate at fast pace, took large bites and did not put their eating utensils down between bites of food. Client F was given 1:1 (one staff to one client) supervision. The facility failed to provide sufficient staff to implement the clients' dining plans.</p> <p>Client A's record was reviewed on 7/10/14 at 6:45 PM. Client A's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) and Dysphasia (difficulty swallowing). Client A's revised dining plan of 4/28/14 indicated client A was at risk for choking and aspiration and had a history of rapid spooning of foods, stuffing her mouth and chugging fluids. The plan indicated the staff were to encourage client A to chew her food thoroughly and swallow before spooning in more food and to put her spoon down between bites. The plan indicated the staff were to encourage client A to stay up for 30 minutes after eating a meal due to her risk of pneumonia. Client A's ISP (Individual Support Plan) of 5/28/14 indicated client A ambulated with the aid of a "Merry Walker" (a type of rolling walker) and a wheel chair with staff assistance for all transfers in and out of the wheelchair, the bed and the van. The ISP indicated client A required staff assistance with all ADLs. Client A's ISP indicated client A was at risk for aspiration and choking, was to be supervised while eating and had a formal objective to lay down her eating utensil between bites.</p>			

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	<p>Client C's record was reviewed on 7/10/14 at 7:15 PM. Client C's 3/20/14 revised dining plan indicated client C was at risk of pneumonia and was to be encouraged to eat/drink slowly, chew all food in her mouth before spooning additional bites, to swallow the food currently in her mouth before adding more and to put her fork down in-between bites of food. Client C's ISP of 12/17/13 indicated client C had an objective to set her spoon down between bites with verbal prompting from staff. The methodology for this objective indicated the staff were to supervise all meals, assist client C in serving herself appropriate sized portions and prompt client C to take appropriate sized bites "approximately 1/2 inch sized bites." Client C's ISP indicated the staff were to prompt client C to set her spoon down between bites and to take a drink in between each bite.</p> <p>Client E's record was reviewed on 7/10/14 at 8 PM. Client E's revised dining plan of 3/20/14 indicated client E had diagnoses of, but not limited to, blindness and Cerebral Palsy. The dining plan indicated client E had a "tendency to spoon food rapidly and chug liquids. Staff will encourage [client E] to eat/drink slowly; chew all food in her mouth before spooning additional bites, to swallow the food currently in her mouth before adding more, and to put her spoon down in-between bites of food." Client E's ISP of 1/20/14 indicated client E had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Client F's record was reviewed on 7/10/14 at 8:15 PM. Client F's revised 3/20/14 dining plan indicated "[Client F] was nonverbal; she has a Dx (diagnoses) of Autism and Impaired hearing. [Client F] has a Hx (history) of stealing food/drinks, rapid spooning of foods, stuffing her</p>						

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	<p>mouth and chugging fluids." The dining plan indicated the staff were to encourage client F to chew her food thoroughly and swallow before spooning in more food and to put her spoon down between bites. Client F's ISP of 9/23/13 indicated client F required staff assistance for all ADLs and had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Client H's record was reviewed on 7/10/14 at 9:45 PM. Client H's revised dining plan dated 3/20/14 indicated client H had a tendency to over stuff her mouth while eating and should be encouraged to chew and swallow each bite before spooning in another bite. The plan indicated client H was at a high risk for pneumonia and the staff were to encourage client H to remain upright for at least 30 minutes after meals to prevent aspiration. Client H's ISP of 12/17/13 indicated client H had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Interview with staff #2 on 7/10/14 at 5 PM indicated staff #2 usually worked the night shift and she was just filling in to help out since the group home was short staffed. Staff #2 stated, "We don't have enough staff to do it the way it's supposed to be done."</p> <p>Interview with staff #3 on 7/10/14 at 6:30 PM indicated client F required close supervision whenever she was in the kitchen and/or around food. Staff #3 indicated client F required constant close staff supervision because of her food seeking behaviors. Staff #3 indicated client F would grab food from other clients, the hot stove or even from the freezer and would stuff her mouth. Staff #3 indicated there were insufficient staff to be able to supervise clients A, C, D, E and H when there were two staff and one of those staff had to be watching client F. Staff #3 indicated the</p>						

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	<p>bedroom door alarm was still on client F's bedroom door to alert the staff whenever client F came out of her room.</p> <p>Interview with the RM on 7/10/14 at 6 PM indicated the facility ratio of staff to client was one staff to four clients. The RM stated, "Two staff is not enough in the evenings. We need more staff." The RM indicated client F required one staff's full attention during meal prep and/or whenever food was being prepared. The RM stated, "It takes one staff just to look after [client F]." The RM indicated clients A, C, D, E and F did not participate in activities unless directed and/or prompted by the staff.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/11/14 at 2 PM, the QIDPD was asked how the staff were to implement client A's, C's, E's, F's and H's meal time objectives with only two staff and one staff had to provide 1:1 (one staff to one client) supervision for client F and the other staff was to assist and supervise all of the other clients. The QIDPD stated, "We can't. We need three staff when the clients are up and during meal time."</p> <p>3. The facility failed to implement written policy and procedures to ensure the staff were trained/retrained in regard to reporting allegations of abuse immediately to the administrator for client E and to ensure clients A and F were provided their modified diets as ordered by their physician. Please see W189.</p> <p>Review of the 7/18/11 revised facility Abuse, Neglect, Exploitation policy on 7/11/14 at 11 AM indicated "All allegations or</p>			

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W000153	<p>occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Community Alternatives South Central local, state and federal guidelines.... Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should immediately notify the direct supervisor, who will then notify the Director of Supported Group Living (DSGL) or Director of Supported Living (DSL). Staff will then complete an Incident Report. The DSGL/DSL will then notify the Executive Director. This step should be done within 24 hours. The Director of the program... or designee will report the suspected abuse, neglect, or exploitation within 24 hours of the initial report to the appropriate contacts, which may include... Adult or Child Protective Services, as applicable...."</p> <p>This deficiency was cited on 5/29/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 additional client (E), the facility failed to ensure all allegations of abuse for</p>	W000153	<u>W153: Staff treatment of Clients: The Facility must ensure that all allegations of</u>	07/31/2014			

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	<p>client E were reported immediately to the administrator and to BQIS (Bureau of Quality Improvement Services) within 24 hours of the initial allegation of abuse in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 7/11/14 at 11 AM. A 7/3/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 7/1/14 at 12 PM "During lunch, [client E] asked the staff to help her open her water bottle. The staff asked that [client E] try and open the water bottle by herself, reminding her that she [client E] does it everyday and [client E] continued to try and open the bottle. She (client E) was not able to open it after several attempts and asked the staff again if they could help her. When [name of DP (Day Program) staff #5] went to help her, [name of DP staff #6] told her (client E) 'No, that she could do it herself.' [DP staff #6] then said, '[Client E], I guess we will have to get the baby bottle out for you won't we.' [DP staff #5] proceeded to go ahead and open [client E's] water bottle for her and [client E] said nothing the rest of lunch. After lunch, [client E's] group went to music and [Client E] told her staff [DP staff #5] and [DP staff #7], that [DP staff #6]</p>		<p><b><u>mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures.</u></b> <b>Corrective action:</b> · Staff suspended upon allegation being reported. · Investigation completed. <b><u>(ATTACHMENT J)</u></b> · Staff terminated. · Training provided to workshop staff in regard to internal reporting requirements. <b><u>(ATTACHMENT A)</u></b> · Training provided to workshop staff in regard to requirement for BQIS notification of allegations. <b><u>ATTACHMENT A)</u></b> · The facility will train/inserve workshop staff on policies and procedures concerning client neglect and abuse, the definition of all types of abuse including verbal abuse, emotional abuse, intimidation and psychological abuse <b><u>(ATTACHMENT A)</u></b> · The facility will train/inserve workshop staff on policies and procedures concerning client rights and protections. <b><u>(ATTACHMENT A)</u></b> <b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <b><u>(ATTACHMENT K)</u></b> · All documentation for oversight compliance visits will be submitted as laid out in the</p>				

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	really hurt her feelings." The report indicated "Upon finding out about the comment that was made by [DP staff #6], I (Day Program Director - DPD) suspended [DP staff #6] until an investigation was completed. All staff [name of DPS #5, #7, #8 and #6) in the room were questioned about the incident and were asked to write a statement. The statements are all very similar as to how the incident occurred and the statement that was made. [DP staff #6] did state that she made the statement, but says that she did not mean the statement to be derogatory to [client E]. She [DP staff #6] stated that she says that to remind [Client E] to be more independent because her file says that she has to use those and baby spoons and that [client E] will often times laugh and say that she doesn't want to use them because she is not a baby. When reviewing [client E's] file, it is not listed anywhere that [client E] needs to use a 'baby bottle' or any other adaptive cup. The only things listed are a divided plate and small spoon. I spoke with [client E] and asked how her lunch went yesterday. She said it was fine, but she couldn't get her water bottle open. When I asked if she got it open she stated 'No, [DP staff #6] made me open it. But, I couldn't so another staff opened it for me.' I said okay and asked if anything was said when another staff		attached plan. <b><u>(ATTACHMENT E)</u></b> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b><u>(ATTACHMENT A)</u></b> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b><u>(ATTACHMENT K)</u></b> <b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b>		

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	<p>opened it for her. She stated, '[DP staff #6] told me I needed a baby bottle. I'm not a baby. I'm 29 years old.' [Client E] also said that [DP staff #6] took her for a walk later that day and she was not mad at her. Upon completion of the investigation it was determined that [DP staff #6] violated the [day program] and BDDS policy on verbal abuse and is terminated effective 7/7/14."</p> <p>The facility records indicated the DP staff failed to report the allegation of abuse immediately to the administrator and to BQIS (Bureau of Quality Improvement Services) within 24 hours of the initial allegation of abuse.</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/10/14 at 3:30 PM indicated all allegations of abuse were to be reported immediately to the administrator and to BQIS within 24 hours of the initial allegation of abuse.</p> <p>Interview with the PC (Program Coordinator) on 7/11/14 at 2 PM indicated the incident reported on 7/3/14 in regard to client E had happened at the DP and the DP had conducted the investigation. The PC indicated she had not been provided a copy of the investigative summary and/or outcome to</p>			
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W000186	<p>the investigation other than what was mentioned in the BDDS report and was unaware of any staff retraining in regard to the allegations of abuse for client E. The PC indicated the provider was responsible for client E's care while at the DP and the DP was to follow the same policies as the provider.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D) and 3 additional clients (E, F and H), the facility failed to provide sufficient direct care staff to supervise, care for and meet the clients' needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/10/14 between 4 PM</p>	W000186	<p><b>W186: Direct Care Staff</b> The facility must provide sufficient direct care staff to manage and supervise clients in accordance with Their individual program plans. <b>Corrective action:</b> · Schedule for this location had been updated to reflect 1 staff to 3 consumers during all waking hours. <b>(ATTACHMENT G)</b> · Justification for increase in hours for this location, from a 6-hour to an 8-hour home, will be sought. <b>How we will identify others:</b> ·</p>	07/31/2014

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	<p>and 6:30 PM. Clients A, B, C, D, E, F, G and H got home from the day program at 4 PM. There were two staff on the facility van with the clients. The lead staff and the QIDPD (Qualified Intellectual Disabilities Professional Designee) were in the group home. The lead staff indicated she had planned on leaving at 4 PM but would stay for a little while since this surveyor was in the group home. Staff #3 began the evening medications, staff #2 began the meal preparation and the lead staff began assisting client D in the bathroom to take a shower.</p> <p>During this observation period: __ Two staff assisted client A off of the facility van into a wheel chair. Client A used her arms to maneuver the wheelchair independently throughout the group home. The staff had to assist client A in and out of the wheel chair, bed and facility van. Client A would mumble a few words but was very difficult to understand. Client A's feet did not touch the floor and her legs dangled without support from the wheelchair. The staff had to assist client A whenever in the bathroom. Client A required staff assistance with all of her basic ADLs (Adult Daily Living Skills). Client A did not self motivate to participate in any activities and required staff supervision and direction throughout the observation.</p>		<p>RM will conduct monthly staff meetings and address all scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <b>(ATTACHMENT K)</b> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <b>(ATTACHMENT E)</b> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b>(ATTACHMENT A)</b> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b>(ATTACHMENT K)</b> <b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b></p>				

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	<p>__ Client C required staff assistance with all of her basic ADLs. Client C did not self motivate to participate in any activities and required staff supervision and direction throughout the observation.</p> <p>__ Client D showered with staff assistance and sat in her room on her bed without activity until called for the evening meal at 5:41 PM. Client D finished her meal and returned to her bedroom. Client D required staff supervision and direction throughout the observation.</p> <p>__ Client E came home from the day program, went to her bedroom, put on a pair of soft long sleeve pajamas and then paced in and out of her bedroom, the living room and dining room until called for the evening meal at 5:40 PM. Client E did not self motivate to participate in any activities and required staff supervision and direction throughout the observation.</p> <p>__ Client F walked around the group home, sat curled up in her recliner in the living room, sat outside at the picnic table and lay in her bed. Off and on throughout the observation client F sucked her thumb. Whenever client F would head toward the kitchen, a staff would quickly be by her side and physically guide client F outside or back into the living room. Client F required staff assistance to meet all of her basic needs. Client F did not self motivate to</p>			

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	<p>participate in any activities and required staffs' constant supervision and direction throughout the day because of food seeking behaviors.</p> <p>During the evening observation period:                      ___ At 5:40 PM staff #2 stated, "Everybody wash your hands." Staff #3 went to the living room and stated to client F, "Come on, it's time to eat." Staff #3 guided client F to the dining room table. The broiler pan with hot chicken and gravy sat on the stove. While passing by the stove, staff #3 used her body to block client F from getting to the stove. Client F was escorted to the dining room table and guided to sit down at the far end of the table near the exit door, away from the stove and next to client B. Staff #3 placed a clothing protector on client F.                      ___ A 5:42 PM clients A, B, C, E, F, G and H were sitting at the dining room table. Staff #2 got out a loaf of bread and placed one slice of bread on each of client A's, B's, E's, F's and H's plates. As soon as clients F and C were given the bread, they immediately picked it up and began eating. After eating her own bread, client F then grabbed client B's bread and stuffed it into her mouth. Staff #3 stood behind client F with the staff's hands holding and blocking client F from grabbing any more food. Staff #3 asked staff #2 if she could get client F a bowl.</p>			

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	<p>Staff #3 stated, "I can't leave her [client E]."</p> <p>__At 5:45 PM staff #2 went to client D's room, opened the door and stated, "Come eat." The RM (Residential Manager) who was looking over the dining room table stated, "I don't think she [client E] uses a divided plate." The RM removed client E's divided plate and provided client E with a regular plate. Client E stated, "Yeah! I don't have to use a divided plate." Staff #3 then placed a portion of the baked chicken on client E's plate and proceeded around the table placing a portion of chicken on each client's plate. Client E began eating as soon as food was placed on her plate. The RM stated "[Client E] you're supposed to wait." Client E had already eaten her bread, chicken, peas and potatoes. Client E had finished her meal by 6 PM. At the same time, the PM (Program Manager) arrived at the group home.</p> <p>__At 6:01 PM client F grabbed client C's biscuit off of client C's plate. Staff #3 was able to get the biscuit away from client F. Client C then became upset and started hitting the table. Staff #2 who was sitting at the table beside client C informed client C that there were no more biscuits. Staff #2 asked, "Do you want a slice of bread?" Staff #2 picked up a slice of bread and handed the slice to client C.</p>			
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	<p>__At 6:02 PM client A was eating a large strip of chicken breast that had not been cut up. This surveyor asked staff #2 what consistency was client A's food to be. Staff #2 stated, "I'm not sure." The RM went to the refrigerator and looked at client A's dining plan. The RM stated, "It says pureed." Staff #3 stated, "She just has to have her meat cut up." The RM took client A's plate and proceeded to cut client A's meat into small pieces using a rocker knife and client A watching. The RM then sat down at the table beside client A while she finished the remainder of her meal.</p> <p>__At 6:07 PM client C was scooping up large bites of her peas, using her hands and eating at a fast pace.</p> <p>__At 6:12 PM staff #3 stated, "She's (client F's) done. She sniffed her food." Staff #3 stated when client F sniffs her food, "That means she's done." Staff #3 walked with client F from the table to the living room. Staff #3 used her body to block client F from getting to the food on the stove. Client F sat down for a second and then returned to the dining room. Staff #3 again blocked client F from grabbing food.</p> <p>__At 6:15 PM client H finished her meal, went to her bedroom, put on her pajamas and returned to the dining room and stated, "I'm going to bed." Staff #3 stated, "Good night."</p>			

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	<p>During this observation period the staff did not implement client A's, C's, E's, F's and H's dining plans. Clients C, E, F and H all ate at fast pace, took large bites and did not put their eating utensils down between bites of food. Client F was given 1:1 (one staff to one client) supervision. The facility failed to provide sufficient staff to implement the clients' dining plans.</p> <p>Client A's record was reviewed on 7/10/14 at 6:45 PM. Client A's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) and Dysphasia (difficulty swallowing). Client A's revised dining plan of 4/28/14 indicated client A was at risk for choking and aspiration and had a history of rapid spooning of foods, stuffing her mouth and chugging fluids. The plan indicated the staff were to encourage client A to chew her food thoroughly and swallow before spooning in more food and to put her spoon down between bites. The plan indicated the staff were to encourage client A to stay up for 30 minutes after eating a meal due to her risk of pneumonia. Client A's ISP (Individual Support Plan) of 5/28/14 indicated client A ambulated with the aid of a "Merry</p>			

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	<p>Walker" (a type of rolling walker) and a wheel chair with staff assistance for all transfers in and out of the wheelchair, the bed and the van. The ISP indicated client A required staff assistance with all ADLs. Client A's ISP indicated client A was at risk for aspiration and choking, was to be supervised while eating and had a formal objective to lay down her eating utensil between bites.</p> <p>Client C's record was reviewed on 7/10/14 at 7:15 PM. Client C's 3/20/14 revised dining plan indicated client C was at risk of pneumonia and was to be encouraged to eat/drink slowly, chew all food in her mouth before spooning additional bites, to swallow the food currently in her mouth before adding more and to put her fork down in-between bites of food. Client C's ISP of 12/17/13 indicated client C had an objective to set her spoon down between bites with verbal prompting from staff. The methodology for this objective indicated the staff were to supervise all meals, assist client C in serving herself appropriate sized portions and prompt client C to take appropriate sized bites "approximately 1/2 inch sized bites." Client C's ISP indicated the staff were to prompt client C to set her spoon down between bites and to take a drink in between each bite.</p>						

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	<p>Client E's record was reviewed on 7/10/14 at 8 PM. Client E's revised dining plan of 3/20/14 indicated client E had diagnoses of, but not limited to, blindness and Cerebral Palsy. The dining plan indicated client E had a "tendency to spoon food rapidly and chug liquids. Staff will encourage [client E] to eat/drink slowly; chew all food in her mouth before spooning additional bites, to swallow the food currently in her mouth before adding more, and to put her spoon down in-between bites of food." Client E's ISP of 1/20/14 indicated client E had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Client F's record was reviewed on 7/10/14 at 8:15 PM. Client F's revised 3/20/14 dining plan indicated "[Client F] was nonverbal; she has a Dx (diagnoses) of Autism and Impaired hearing. [Client F] has a Hx (history) of stealing food/drinks, rapid spooning of foods, stuffing her mouth and chugging fluids." The dining plan indicated the staff were to encourage client F to chew her food thoroughly and swallow before spooning in more food and to put her spoon down between bites. Client F's ISP of 9/23/13 indicated client F required staff assistance for all ADLs and had an</p>			

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	<p>objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Client H's record was reviewed on 7/10/14 at 9:45 PM. Client H's revised dining plan dated 3/20/14 indicated client H had a tendency to over stuff her mouth while eating and should be encouraged to chew and swallow each bite before spooning in another bite. The plan indicated client H was at a high risk for pneumonia and the staff were to encourage client H to remain upright for at least 30 minutes after meals to prevent aspiration. Client H's ISP of 12/17/13 indicated client H had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Interview with staff #2 on 7/10/14 at 5 PM indicated staff #2 usually worked the night shift and she was just filling in to help out since the group home was short staffed. Staff #2 stated, "We don't have enough staff to do it the way it's supposed to be done."</p> <p>Interview with staff #3 on 7/10/14 at 6:30 PM indicated client F required close supervision whenever she was in the kitchen and/or around food. Staff #3 indicated client F required constant close staff supervision because of her food seeking behaviors. Staff #3 indicated</p>			

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	<p>client F would grab food from other clients, the hot stove or even from the freezer and would stuff her mouth. Staff #3 indicated there were insufficient staff to be able to supervise clients A, C, D, E and H when there were two staff and one of those staff had to be watching client F. Staff #3 indicated the bedroom door alarm was still on client F's bedroom door to alert the staff whenever client F came out of her room.</p> <p>Interview with the RM on 7/10/14 at 6 PM indicated the facility ratio of staff to client was one staff to four clients. The RM stated."Two staff is not enough in the evenings. We need more staff." The RM indicated client F required one staff's full attention during meal prep and/or whenever food was being prepared. The RM stated, "It takes one staff just to look after [client F]." The RM indicated clients A, C, D, E and F did not participate in activities unless directed and/or prompted by the staff.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/11/14 at 2 PM, the QIDPD was asked how the staff were to implement client A's, C's, E's, F's and H's meal time objectives with only two staff and one staff had to provide 1:1 (one staff to one client) supervision for</p>						

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W000189	<p>client F and the other staff was to assist and supervise all of the other clients. The QIDPD stated, "We can't. We need three staff when the clients are up and during meal time."</p> <p>This deficiency was cited on 5/29/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 4 sample clients (A) and 2 additional clients (E and F), the facility failed to ensure the staff were trained/retrained in regard to reporting allegations of abuse immediately to the administrator for client E and to ensure clients A and F were provided their modified diets as ordered by the physician.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 7/11/14 at 11 AM.</p>	W000189	<p><b><u>W189: Staff training program: The facility must provide each employee with initial and continuing training that enables the employee to perform His or her duties effective, efficiently, and competently. Corrective action:</u></b></p> <ul style="list-style-type: none"> <li>· Staff suspended upon allegation being reported.</li> <li>· Investigation completed.</li> <li>· <b><u>(ATTACHMENT I)</u></b> · Staff terminated.</li> <li>· Training provided to workshop staff in regard to internal reporting requirements.</li> </ul>	07/31/2014			

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	A 7/3/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 7/1/14 at 12 PM "During lunch, [client E] asked the staff to help her open her water bottle. The staff asked that [client E] try and open the water bottle by herself, reminding her that she [client E] does it every day and [client E] continued to try and open the bottle. She (client E) was not able to open it after several attempts and asked the staff again if they could help her. When [name of DP (Day Program) staff #5] went to help her, [name of DP staff #6] told her (client E) 'No, that she could do it herself.' [DP staff #6] then said, '[Client E], I guess we will have to get the baby bottle out for you won't we.' [DP staff #5] proceeded to go ahead and open [client E's] water bottle for her and [client E] said nothing the rest of lunch. After lunch, [client E's] group went to music and [Client E] told her staff [DP staff #5] and [DP staff #7], that [DP staff #6] really hurt her feelings." The report indicated "Upon finding out about the comment that was made by [DP staff #6], I (Day Program Director - DPD) suspended [DP staff #6] until an investigation was completed. All staff [name of DPS #5, #7, #8 and #6] in the room were questioned about the incident and were asked to write a statement. The statements are all very similar as to how the incident occurred and the statement that was made. [DP staff #6] did state that she made the statement, but says that she did not mean the statement to be derogatory to [client E]. She [DP staff #6] stated that she says that to remind [Client E] to be more independent		(ATTACHMENT A) · Training provided to workshop staff in regard to requirement for BQIS notification of allegations. (ATTACHMENT A) · Plan of corrective oversight developed. (ATTACHMENT E) · The facility will train/inservice workshop staff on policies and procedures concerning client neglect and abuse, the definition of all types of abuse including verbal abuse, emotional abuse, intimidation and psychological abuse (ATTACHMENT A) · The facility will train/inservice workshop staff on policies and procedures concerning client rights and protections. (ATTACHMENT A) · Active treatment observation will be completed 2x weekly by RM, or appropriate parties. (ATTACHMENT J) · All Active treatment documentation will be submitted to CS weekly · Training provided to nurse to ensure diet modifications/changes are updated in plans immediately. (ATTACHMENT B) · Training provided to nurse and Residential Manager in regard to staff training occurring immediately upon receipt of any dietary changes. (ATTACHMENT C) · Training provided to all staff on current dining plans/dining goals/modified diets/adaptive mealtime equipment. (ATTACHMENT D) <b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all				

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	<p>because her file says that she has to use those and baby spoons and that [client E] will often times laugh and say that she doesn't want to use them because she is not a baby. When reviewing [client E's] file, it is not listed anywhere that [client E] needs to use a 'baby bottle' or any other adaptive cup. The only things listed are a divided plate and small spoon. I spoke with [client E] and asked how her lunch went yesterday. She said it was fine, but she couldn't get her water bottle open. When I asked if she got it open she stated 'No, [DP staff #6] made me open it. But, I couldn't so another staff opened it for me.' I said okay and asked if anything was said when another staff opened it for her. She stated, '[DP staff #6] told me I needed a baby bottle. I'm not a baby. I'm 29 years old.' [Client E] also said that [DP staff #6] took her for a walk later that day and she was not mad at her. Upon completion of the investigation it was determined that [DP staff] violated the [Day Program] and BDDS policy on verbal abuse and is terminated effective 7/7/14."</p> <p>The facility records indicated the DP staff failed to report the allegation of abuse immediately to the administrator. The facility records did not indicate retraining of DP staff #5 in regard to immediately reporting allegations of abuse to the administrator.</p> <p>Interview with the PC (Program Coordinator) on 7/11/14 at 2 PM indicated the incident reported on 7/3/14 in regard to</p>		<p>scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <b>(ATTACHMENT K)</b> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <b>(ATTACHMENT E)</b> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b>(ATTACHMENT A)</b> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b>(ATTACHMENT K)</b></p> <p><b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b></p>	

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	<p>client E had happened at the DP and she had not been provided a copy of the investigative records and/or outcome to the investigation other than what was mentioned in the BDDS report.</p> <p>2. Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. Clients A and F were served baked chicken breasts with potatoes and gravy, peas, chunk pineapple and biscuits. The chicken breasts were large pieces of chicken. Staff #2 cut the breasts into strips and served them to clients A and F. Clients A and F ate the strips of chicken served to them.</p> <p>Client A's record was reviewed on 7/10/14 at 6:45 PM. Client A's Dining Plan dated 4/28/14 indicated client A was at risk for Pneumonia and was to have a pureed diet. Client A's Modified Barium Swallow dated 5/21/14 indicated a recommendation for client A to have a mechanical soft diet with thin liquids. Client A's physician's orders indicated no diet order.</p> <p>Client F's record was reviewed on 7/10/14 at 8:15 PM. Client F's quarterly physician's orders for 2014 and client F's revised 3/20/14 dining plan indicated client F was to have a mechanical soft diet with ground meats and all other foods to be cut into one inch pieces.</p> <p>Staff #2, #3 and the RM (Residential Manager) were interviewed on 7/10/14 at 6:02 PM. When asked what consistency client A's food was to be, staff #2 stated, "I'm not sure." The RM went to the refrigerator and looked at client A's dining plan. The RM stated, "It says pureed." Staff #3 stated, "She just has to have her meat cut up." The RM indicated a need to retrain the staff to ensure</p>			

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W000249	<p>diets were provided as ordered and dining plans were followed.</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/11/14 at 2 PM indicated a physician's order from client A's PCP (Primary Care Physician) for a mechanical soft diet with thin liquids had just been received today. The QIDPD indicated strips of chicken would not be suitable for a mechanical soft and/or a pureed diet. The QIDPD indicated client F was to have her meats chopped.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient 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 3 of 4 sampled clients (A, C and D) and 3 additional clients (E, F and H), the facility failed to ensure the staff implemented client A's, C's, D's, E's, F's and H's dining plans and client A's Behavior Support Plan (BSP).</p> <p>Findings include:</p>	W000249	<p>Addendum 9/16/14 <b>W249: 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.</b></p>	07/31/2014

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	<p>Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. During this observation period clients A, C, D, E, F and H were served baked chicken with potatoes and gravy, peas, chunk pineapple and biscuits for their evening meal.</p> <p>__ Client A sat slouched in her wheelchair while eating and did not put her utensils down between bites of food.</p> <p>__ Client C ate at a fast pace, used her fingers to scoop up her food and took large bites.</p> <p>__ Client D did not put her eating utensil down between bites of food.</p> <p>__ Client E ate at a fast pace and took large bites of food.</p> <p>__ Client F was observed sucking her thumb off and on throughout the observation period.</p> <p>__ Client H finished her evening meal, went to her bedroom, put on her pajamas and returned to the dining room and stated to staff #3, "I'm going to bed." Staff #3 stated, "Good night."</p> <p>The staff did not:</p> <p>__ Prompt clients A, C, D, E and F to put their eating utensils down between bites, to slow their pace of eating, to take smaller bites, to chew their food, to take a drink between bites and/or to swallow before taking another bite each time the clients took a bite.</p>		<p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager 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>Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active</li> </ul>	
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	<p>__ Prompt client A to sit up straight while eating when client A was slouching and/or to lift her head up.</p> <p>__ Prompt client H to remain up for 30 minutes after eating her evening meal.</p> <p>__ Redirect client F from sucking her thumb and/or offer client F any favored/appropriate self-stimulant activity.</p> <p>Client A's record was reviewed on 7/10/14 at 6:45 PM. Client A's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) and Dysphasia (difficulty swallowing). Client A's revised dining plan of 4/28/14 indicated client A was at risk for choking, aspiration and pneumonia and had a history of rapid spooning of foods, stuffing her mouth and chugging fluids. The plan indicated the staff were to encourage client A to chew her food thoroughly and swallow before spooning in more food and to put her spoon down between bites. Client A's (Individual Support Plan) of 5/28/14 indicated client A was at risk for aspiration and choking, was to be supervised while eating and had a formal objective to lay down her eating utensil between bites.</p> <p>Client C's record was reviewed on</p>		<p>Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</p> <ul style="list-style-type: none"> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> <li>· Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are</li> </ul>		

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	<p>7/10/14 at 7:15 PM. Client C's 3/20/14 revised dining plan indicated client C was at risk of pneumonia and was to be encouraged to eat/drink slowly, chew all food in her mouth before spooning additional bites, to swallow the food currently in her mouth before adding more and to put her fork down in-between bites of food. Client C's ISP of 12/17/13 indicated client C had an objective to set her spoon down between bites with verbal prompting from staff. The methodology for this objective indicated the staff were to supervise all meals, assist client C in serving herself appropriate sized portions and prompt client C to take appropriate sized bites "approximately 1/2 inch sized bites." Client C's ISP indicated the staff were to prompt client C to set her spoon down between bites and to take a drink in between each bite.</p> <p>Client E's record was reviewed on 7/10/14 at 8 PM. Client E's revised dining plan of 3/20/14 indicated client E had diagnoses of, but not limited to, blindness and Cerebral Palsy. The dining plan indicated client E had a "tendency to spoon food rapidly and chug liquids. Staff will encourage [client E] to eat/drink slowly; chew all food in her mouth before spooning additional bites, to swallow the food currently in her</p>		<p>being completed.</p> <p><b>Completion Date: 9-17-2014</b> Addendum <b>W249: 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. Corrective action:</b></p> <ul style="list-style-type: none"> <li>· All staff have been in-serviced on individual dining plans. (ATTACHMENT A )</li> <li>· All staff have been in-serviced on all individuals' formal dining goals. (ATTACHMENT A )</li> <li>· All staff have been in-serviced on family style dining/prep/clean-up. (ATTACHMENT A )</li> <li>· All staff will complete Food Prep Training during orientation and training. (ATTACHMENT B )</li> <li>· Prior to being able to participate in meal prep/dining plan implementation independently: (ATTACHMENT B ) <ul style="list-style-type: none"> <li>o All staff will show 100% proficiency during supervised Food Prep Skills Competency in all food modifications.</li> <li>o Supervised Food Prep / modification Skills Competency will be done with a certified trainer or nurse during Orientation.</li> </ul> </li> </ul>	

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	<p>mouth before adding more, and to put her spoon down in-between bites of food." Client E's ISP of 1/20/14 indicated client E had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Client F's record was reviewed on 7/10/14 at 8:15 PM. Client F's revised 3/20/14 dining plan indicated "[Client F] was nonverbal; she has a Dx (diagnosis) of Autism and Impaired hearing. [Client F] has a Hx (history) of stealing food/drinks, rapid spooning of foods, stuffing her mouth and chugging fluids." The dining plan indicated the staff were to encourage client F to chew her food thoroughly and swallow before spooning in more food and to put her spoon down between bites. Client F's ISP of 9/23/13 indicated an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>Client F's revised 11/6/13 BSP indicated client F had targeted behaviors of "Non-abusive self-stimulation, defined as: Sucking thumb...." Client F's BSP indicated when client F was sucking her thumb the staff were to "Offer [client F] options of a favored/appropriate self-stimulant activity or training opportunity. Use actual items or pictures from communication board. 2. Redirect</p>		<p>Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · All staff will take a written competency exam and do a skills demonstration for food prep and modification for compliance annually. (ATTACHMENT B ) <b>How we will identify others:</b> · Clinical Supervisor, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program</p>				

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	<p>to task at hand."</p> <p>Client H's record was reviewed on 7/10/14 at 9:45 PM. Client H's revised dining plan dated 3/20/14 indicated client H had a tendency to over stuff her mouth while eating and should be encouraged to chew and swallow each bite before spooning in another bite. The plan indicated client H was at a high risk for pneumonia and the staff were to encourage client H to remain upright for at least 30 minutes after meals to prevent aspiration. Client H's ISP of 12/17/13 indicated client H had an objective to set her spoon down between bites with verbal prompting from staff.</p> <p>During telephone interview with the facility LPN on 7/11/14 at 2 PM, the LPN stated, "They (all the clients in the group home) shouldn't be going straight to bed after eating. It's just not a good idea."</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/11/14 at 2 PM indicated the staff were to follow the clients dining plans whenever the clients were eating. The QIDPD indicated the staff were to implement the clients ISPs and BSPs and provide the clients training objectives and leisure time choices at every available opportunity.</p>		<p>Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. <b>Measures to be put in place:</b> · Clinical Supervisor, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. (ATTACHMENT E/D ) · Nursing Coordinators will perform</p>				

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	This deficiency was cited on 5/29/14. The facility failed to implement a systemic plan of correction to prevent recurrence.  9-3-4(a)		<p>quarterly reviews on all dining plans. (ATTACHMENT E) · Nursing Coordinator will make any needed alterations to dining plans as they are identified. (ATTACHMENT E) · Nursing Coordinator will train Residential Manager on all dining plan changes immediately. (ATTACHMENT E) · Residential Manager or Nursing Coordinator will train all dining plan changes to all staff in a timely manner. (ATTACHMENT E) · Residential Manager will ensure all dining plans are implemented as training is completed. (ATTACHMENT D/E ) · All staff will be trained on all current dining plans before independently implementing any dining plan. (ATTACHMENT A )</p> <p>· <b>Monitoring of Corrective Action:</b> · Clinical Supervisor, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT E/C ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Clinical Supervisor and appropriate Management personnel will perform periodic</p>		

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			<p>service reviews to ensure that Active Treatment observations and staff trainings are being completed. <b>Completion Date: 9-10-2014 W249:</b></p> <p><b>Program Implementation</b> As soon as the interdisciplinary team has formulated a client's individual program plan each client must receive a continuous active treatment program plan 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><b>Corrective action:</b> · The facility will train/in-service workshop staff on policies and procedures concerning client neglect and abuse, the definition of all types of abuse including verbal abuse, emotional abuse, intimidation and psychological abuse</p> <p><b>(ATTACHMENT A)</b> · The facility will train/in-service workshop staff on policies and procedures concerning client rights and protections. <b>(ATTACHMENT A)</b></p> <p>· Active treatment observation will be completed 2x weekly by RM, or appropriate parties.</p> <p><b>(ATTACHMENT J)</b> · All Active treatment documentation will be submitted to CS weekly · Training provided to nurse to ensure diet modifications/changes are updated in plans immediately. <b>(ATTACHMENT B)</b> · Training provided to nurse and Residential</p>	

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			<p>Manager in regard to staff training occurring immediately upon receipt of any dietary changes. <u>(ATTACHMENT C)</u>. Training provided to all staff on current dining plans/dining goals/modified diets/adaptive mealtime equipment. <u>(ATTACHMENT D)</u></p> <p><b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <u>(ATTACHMENT K)</u> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <u>(ATTACHMENT E)</u> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <u>(ATTACHMENT A)</u> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <u>(ATTACHMENT K)</u></p> <p><b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being</p>	

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W000474	<p>483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review, and interview for 2 of 2 clients with modified diets (A and F), the facility failed to provide the clients their food in a form consistent with the clients' dietary needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. Clients A and F were served baked chicken breasts with potatoes and gravy, peas, chunk pineapple and biscuits. The chicken breasts were large pieces of chicken. Staff #2 cut the breasts into strips and served them to clients A and F. Clients A and F ate the strips of chicken served to them.</p> <p>Client A's record was reviewed on 7/10/14 at 6:45 PM. Client A's Dining Plan dated 4/28/14 indicated client A was at risk for Pneumonia and was to have a pureed diet. Client A's Modified Barium</p>	W000474	<p>followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b></p> <p><b>Addendum 9/16/14</b> <b>474 MEAL SERVICES: Food must be served in a form consistent with the developmental level of the client.</b> <b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>How we will identify others:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> </ul>	07/31/2014	

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	<p>Swallow dated 5/21/14 indicated a recommendation for client A to have a mechanical soft diet with thin liquids. Client A's physician's order indicated no diet order.</p> <p>Client F's record was reviewed on 7/10/14 at 8:15 PM. Client F's quarterly physician's orders for 2014 and client F's revised 3/20/14 dining plan indicated client F was to have a mechanical soft diet with ground meats and all other foods to be cut into one inch pieces.</p> <p>Staff #2, #3 and the RM (Residential Manager) were interviewed on 7/10/14 at 6:02 PM. When asked what consistency client A's food was to be, staff #2 stated, "I'm not sure." The RM went to the refrigerator and looked at client A's dining plan. The RM stated, "It says pureed." Staff #3 stated, "She just has to have her meat cut up."</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/11/14 at 2 PM indicated a physician's order from client A's PCP (Primary Care Physician) for a mechanical soft diet with thin liquids had just been received today. The QIDPD indicated strips of chicken would not be suitable for a mechanical soft and/or a pureed diet. The QIDPD indicated client</p>		<ul style="list-style-type: none"> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> </ul>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	F was to have her meats chopped.  9-3-8(a)		<ul style="list-style-type: none"> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> <li>Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed.</li> </ul> Completion Date: 9-17-2014		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G303	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/11/2014
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			<p>W484 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>Corrective action: <u>Addendum W474 MEAL SERVICES: Food must be served in a form consistent with the developmental level of the client.</u> Corrective action: · All staff have been in-serviced on individual dining plans. (ATTACHMENT A ) · All staff have been in-serviced on all individuals' formal dining goals. (ATTACHMENT A ) · All staff have been in-serviced on family style dining/prep/clean-up. (ATTACHMENT A ) · All staff will complete Food Prep Training during orientation and training. (ATTACHMENT B ) · Prior to being able to participate in meal prep/dining plan implementation independently: (ATTACHMENT B</p>	

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			<p>) o All staff will show 100% proficiency during supervised Food Prep Skills Competency in all food modifications. o Supervised Food Prep / modification Skills Competency will be done with a certified trainer or nurse during Orientation. · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · All staff will take a written competency exam and do a skills demonstration for food prep and modification for compliance annually. (ATTACHMENT B ) How we will identify others: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining</p>	

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			<p>plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. Measures to be put in place: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during</p>	

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			<p>observations. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. (ATTACHMENT E/D ) · Nursing Coordinators will perform quarterly reviews on all dining plans. (ATTACHMENT E) · Nursing Coordinator will make any needed alterations to dining plans as they are identified. (ATTACHMENT E) · Nursing Coordinator will train Residential Manager on all dining plan changes immediately. (ATTACHMENT E) · Residential Manager or Nursing Coordinator will train all dining plan changes to all staff in a timely manner. (ATTACHMENT E) · Residential Manager will ensure all dining plans are implemented as training is completed. (ATTACHMENT D/E ) · All staff will be trained on all current dining plans before independently implementing any dining plan. (ATTACHMENT A )</p> <p>· Monitoring of Corrective Action: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly.</p>	

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			<p>(ATTACHMENT C/E) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C) · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed. Completion Date: 9-10-2014 <u>W474: Meal services <b>Food must be served in a form consistent with the developmental of the client.</b></u></p> <p><b>Corrective action:</b> · Active treatment observation will be completed 2x weekly by RM, or appropriate parties.</p> <p><u>(ATTACHMENT J)</u> · All Active treatment documentation will be submitted to CS weekly · Training provided to nurse to ensure diet modifications/changes are updated in plans immediately.</p> <p><u>(ATTACHMENT B)</u> · Training provided to nurse and Residential Manager in regard to staff training occurring immediately upon receipt of any dietary changes.</p> <p><u>(ATTACHMENT C)</u> · Training provided to all staff on current dining plans/dining goals/modified diets/adaptive mealtime equipment. <u>(ATTACHMENT D)</u></p> <p><b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all scheduling, oversight compliance,</p>		

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W000484	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		continuing education and training as needed for policy and procedure. <b>(ATTACHMENT K)</b> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <b>(ATTACHMENT E)</b> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b>(ATTACHMENT A)</b> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b>(ATTACHMENT K)</b> <b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b>		

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	<p>client.</p> <p>Based on observation, record review and interview for 2 additional clients (E and F), the facility failed to provide the clients with a divided plate and/or a small spoon while dining.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. During this observation period the following food was prepared and served to clients E and F for their evening meal: baked chicken with potatoes and gravy, peas, chunk pineapple and biscuits. The clients had sat down for their evening meal when the RM (Residential Manager) stated, "I don't think she [client E] uses a divided plate." The RM removed client E's divided plate and provided client E with a regular plate. Client E stated, "Yeah! I don't have to use a divided plate." Clients E and F both ate at a rapid pace and took large bites of food. Clients E and F were not provided a divided plate and/or a small spoon for their evening meal.</p> <p>Client E's record was reviewed on 7/10/14 at 8 PM. Client E's revised 3/20/14 dining plan indicated "[Client E] has a tendency to spoon food rapidly and chug liquids." Client E's dining plan</p>	W000484	<p><b>Addendum 9/16/14</b></p> <p><b>W484 DINING AREAS AND SERVICE:</b></p> <p><b>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</b></p> <p>Corrective action:</p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>How we will identify others:</p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer</li> </ul>	07/31/2014			

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	<p>indicated client E was to be provided a divided plate and a small spoon for every meal.</p> <p>Client F's record was reviewed on 7/10/14 at 8:15 PM. Client F's revised 3/20/14 dining plan indicated "[Client F] has a Hx (history) of stealing food/drinks, rapid spooning of foods, stuffing her mouth and chugging fluids." Client F's dining plan indicated client F was to be provided a divided plate and a small spoon for every meal.</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 7/11/14 at 2 PM indicated the staff were to ensure clients C and F were provided a divided plate and a small spoon for every meal.</p> <p>9-3-8(a)</p>		<p>immediate correction, training and feedback to all staff during observations.</p> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer</li> </ul>		

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			<p>immediate correction, training and feedback to all staff during observations.</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed.</li> </ul> <p>Completion Date: 9-17-2014</p> <p><u>Addendum W 484 DINING AREAS AND SERVICE:</u> The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Corrective action: · All staff have been in-serviced on adaptive equipment, and on completing the adaptive equipment maintenance checklist. (ATTACHMENT A ) · Residential Manager will review all documentation for adaptive equipment maintenance daily and replace/ repair/ maintain items as needed. (ATTACHMENT E ) · All staff have been in-serviced on individual dining plans. (ATTACHMENT A ) · All staff have been in-serviced on all</p>		

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			<p>individuals' formal dining goals. (ATTACHMENT A ) · All staff have been in-serviced on family style dining/prep/clean-up. (ATTACHMENT A ) · All staff will complete Food Prep Training during orientation and training. (ATTACHMENT B ) · Prior to being able to participate in meal prep/dining plan implementation independently: (ATTACHMENT B ) o All staff will show 100% proficiency during supervised Food Prep Skills Competency in all food modifications. o Supervised Food Prep / modification Skills Competency will be done with a certified trainer or nurse during Orientation. · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during</p>	

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			<p>observations. · All staff will take a written competency exam and do a skills demonstration for food prep and modification for compliance annually. (ATTACHMENT B ) How we will identify others: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. Measures to be put in place: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly.</p>	

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			<p>(ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals.</p> <p>(ATTACHMENT E/D ) · Nursing Coordinators will perform quarterly reviews on all dining plans. (ATTACHMENT E) · Nursing Coordinator will make any needed alterations to dining plans as they are identified.</p> <p>(ATTACHMENT E) · Nursing Coordinator will train Residential Manager on all dining plan changes immediately.</p> <p>(ATTACHMENT E) · Residential Manager or Nursing Coordinator will train all dining plan changes to all staff in a timely manner.</p> <p>(ATTACHMENT E) · Residential Manager will ensure all dining plans are implemented as training is completed. (ATTACHMENT D/E ) · All staff will be trained on all current dining plans before independently implementing any dining plan. (ATTACHMENT A )</p> <p>· Monitoring of Corrective Action: · Clinical Supervisor,</p>	

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			<p>QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed. Completion Date: 9-10-2014 W484 : Dining Areas and Service. <u>The facility must equip areas with tables, chairs, eating utensils and dishes designed to meet the developmental needs of each client.</u> Corrective action: · Active treatment observation will be completed 2x weekly by RM, or appropriate parties. (ATTACHMENT J) · All Active treatment documentation will be submitted to CS weekly · Training provided to nurse to ensure diet modifications/changes are updated in plans immediately. (ATTACHMENT B) · Training</p>		

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			<p>provided to nurse and Residential Manager in regard to staff training occurring immediately upon receipt of any dietary changes. <u>(ATTACHMENT C)</u>. Training provided to all staff on current dining plans/dining goals/modified diets/adaptive mealtime equipment. <u>(ATTACHMENT D)</u></p> <p><b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <u>(ATTACHMENT K)</u> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <u>(ATTACHMENT E)</u> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures to be put in place:</b> · The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <u>(ATTACHMENT A)</u> · Oversight procedure implemented effective 6/13/2014 to ongoing. · Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <u>(ATTACHMENT K)</u></p> <p><b>Monitoring of Corrective Action:</b> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all</p>	

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W000488	<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 8 of 8 clients living in the group home (clients A, B, C, D, E, F, G and H), the facility failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/10/14 between 4 PM and 6:30 PM. During this observation period the following food was prepared and served to clients A, B, C, D, E, F, G and H for their evening meal: baked chicken with potatoes and gravy, peas, chunk pineapple and biscuits. __At 5:30 PM staff #2 took the chicken and potatoes out of the oven and placed them on top of the stove, stirred the peas that were cooking in a pan on the top of the stove and began pulling the chicken</p>	W000488	<p>policies and procedures are being followed. · Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b></p> <p><b>Addendum 9/16/14</b> <b>W 488 DINING AREAS AND SERVICE:</b> <b>The facility must assure that each client eats in a manner consistent with his or her developmental level.</b></p> <p>Corrective action:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>How we will identify others:</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Residential Manager, QIDP, or</li> </ul>	07/31/2014	

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	<p>breasts apart to make smaller pieces. Clients A, B, C and H were sitting in the dining room watching staff #2 prepare the chicken. Client D sat in her bedroom on her bed without activity, client E paced in and out of her bedroom, client F sat in her recliner curled up sucking her thumb and client G sat in the living room writing on a paper. During this time the RM (Residential Manager) asked staff #2, "Who's supposed to be cooking?" Staff #2 stated, "[Client B], but I just wanted to take it out of the oven cause it was so hot." The RM informed staff #2 that client B could have assisted her with the chicken.</p> <p>__A 5:42 PM clients A, B, C, E, F, G and H were sitting at the dining room table. Staff #2 got out a loaf of bread and pulled several slices of bread out of the bag and began walking around the table and placing one slice of bread on each of client A's, B's, E's, F's and H's plates. The RM informed staff #2 the clients did not need the bread since they were having biscuits. Staff #2 stopped serving the bread and left several slices of bread sitting out on the table on top of the plastic bread wrapper the bread was packaged in. The bread was not placed on a plate, platter and/or paper towel. The staff did not prompt each client to get their own bread. As soon as clients F and C were given the bread, they immediately</p>		<p>designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</p> <ul style="list-style-type: none"> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Residential Manager, QIDP, or designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</li> <li>Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Residential Manager, QIDP, or</li> </ul>				

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	<p>picked it up and began eating. Client F ate her bread then grabbed client B's bread and stuffed it into her mouth. Staff #3 stood behind client F with her (staff #3's) hands holding and blocking client F's hands and preventing client F from grabbing any more food. Staff #3 asked staff #2 if she could get client F a bowl. Staff #3 stated, "I can't leave her [client E]." Staff #2 got a bowl from the cabinet and gave it to staff #3.</p> <p>__At 5:45 PM staff #2 placed a serving size portion of baked chicken on client E's plate and proceeded around the table placing a portion of chicken on each client's plate.</p> <p>__At 5:47 PM staff #2 took the biscuits out of the oven and proceeded to give one biscuit to each client.</p> <p>__At 5:50 PM staff #2 sat down at the table between clients D and C. Client E had already eaten her bread, chicken, peas and potatoes. The RM stated, "[Client E] you're supposed to wait for everyone. Not everyone has their food yet and you're already done." Client E ate her meal at a fast pace and took large bites of food. The staff did not prompt client E to slow her pace of eating and/or to take smaller bites while she was eating her meal. The RM sat down at the table between clients A and E.</p> <p>__At 6:01 PM client F grabbed client C's biscuit from client C's plate. Staff #3 was</p>		<p>designee will perform Active Treatment Observations 1 time daily to ensure all dining plans are being completed correctly. (ATTACHMENT A,B )</p> <ul style="list-style-type: none"> <li>· Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations.</li> <li>· Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed.</li> </ul> <p>Completion Date: 9-17-2014</p> <p><u>Addendum W 488 DINING AREAS AND SERVICE</u>: The facility must assure that each client eats in a manner consistent with his or her developmental level. Corrective Action: · All staff have been in-serviced on individual dining plans. (ATTACHMENT A ) · All staff have been in-serviced on all individuals' formal dining goals. (ATTACHMENT A ) · All staff have been in-serviced on family style dining/prep/clean-up.</p>				

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	<p>able to get the biscuit away from client F. Client C then became upset and started hitting the table. Staff #2, who was sitting at the table beside client C, stated to client C, "We don't have any more biscuits. Do you want a slice of bread?" Staff #2 picked up a slice of bread with her hands and handed it to client C. Client C took the slice of bread and laid it down on the table beside her plate. The staff did not prompt client C to put her bread on her plate and/or a napkin. Client C used her fingers to scoop up large bites of peas onto her spoon and continued to eat the remainder of her meal at a fast pace.</p> <p>__ Clients C and F ate at fast pace and took large bites of food. The staff did not prompt clients C and F to slow down, to take smaller bites, to lay their utensils down between bites.</p> <p>_ Client A sat slouched in her wheelchair with her head down while eating her evening meal. The staff did not prompt client A to sit up straighter and/or to hold her head up while eating.</p> <p>During this observation period the staff did not provide the clients with formal and informal training in meal preparation and/or family style dining when opportunity existed.</p> <p>During interview with client B on</p>		<p>(ATTACHMENT A ) · All staff will complete Food Prep Training during orientation and training. (ATTACHMENT B ) · Prior to being able to participate in meal prep/dining plan implementation independently: (ATTACHMENT B ) o All staff will show 100% proficiency during supervised Food Prep Skills Competency in all food modifications. o Supervised Food Prep / modification Skills Competency will be done with a certified trainer or nurse during Orientation. · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · All staff will take a written competency exam and do a skills demonstration for food prep and modification for</p>				

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	<p>7/10/14 at 5 PM, client B stated, "I like to cook. I could have taken the chicken out of the oven and cut it up." Client B indicated she was wanting to move out of the group home and into an apartment.</p> <p>During interview with the RM on 7/10/14 at 6:30 PM, the RM indicated the staff were to provide the clients with training in meal preparation and family style dining at every available opportunity. The RM stated the clients "should be" doing as much as possible for themselves and the staff were to act as role models during every meal. The RM indicated the staff were to prompt the clients verbally and physically with hand over hand assistance as needed during meal time.</p> <p>9-3-8(a)</p>		<p>compliance annually. (ATTACHMENT B ) · QDIP will complete assessment packets for each individual upon admission. (ATTACHMENT I ) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (ATTACHMENT I ) · QIDP will update assessment packets for each individual annually. (ATTACHMENT I ) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. (ATTACHMENT I ) How we will identify others: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · QDIP will complete assessment packets for each individual upon admission.</p>	

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			(ATTACHMENT I ) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (ATTACHMENT I ) · QIDP will update assessment packets for each individual annually. (ATTACHMENT I ) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. (ATTACHMENT I ) Measures to be put in place: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) · Residential Manager, Clinical Supervisor, QIDP, or designee, and Program Manager will offer immediate correction, training and feedback to all staff during observations. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals.		

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			(ATTACHMENT D/E ) · Nursing Coordinators will perform quarterly reviews on all dining plans. (ATTACHMENT E) · Nursing Coordinator will make any needed alterations to dining plans as they are identified. (ATTACHMENT E) · Nursing Coordinator will train Residential Manager on all dining plan changes immediately. (ATTACHMENT E) · Residential Manager or Nursing Coordinator will train all dining plan changes to all staff in a timely manner. (ATTACHMENT E) · Residential Manager will ensure all dining plans are implemented as training is completed. (ATTACHMENT D/E ) · All staff will be trained on all current dining plans before independently implementing any dining plan. (ATTACHMENT A ) · QDIP will complete assessment packets for each individual upon admission. (ATTACHMENT I ) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (ATTACHMENT I ) · QIDP will update assessment packets for each individual annually. (ATTACHMENT I ) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. (ATTACHMENT I ) · All staff will be trained on all programming implemented for each individual. (ATTACHMENT A ) · All staff will be trained on active treatment and continuous training at all	

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			<p>opportunities based on each individuals assessed skill set. (ATTACHMENT A ) ·</p> <p>Monitoring of Corrective Action: · Clinical Supervisor, QIDP, or designee, QIDP, or designee will perform Active Treatment Observations 1 times weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) ·</p> <p>Residential Manager will perform two (2) Active Treatment Observations weekly in home weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C/E ) · Program Manager will perform one (1) Active Treatment Observation monthly weekly to ensure all dining plans are being completed correctly. (ATTACHMENT C ) ·</p> <p>Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed. · QDIP will complete assessment packets for each individual upon admission. (ATTACHMENT I ) · QIDP will review with IDT any identified changes to assessed skill set quarterly. (ATTACHMENT I ) · QIDP will update assessment packets for each individual annually. (ATTACHMENT I ) · QIDP will complete/train/implement formal programming goals for each individual based on assessed skill</p>	

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			<p>set. (ATTACHMENT I ) Completion Date: 9-10-2014 W488: Dining Areas and Service. - <b><u>The facility must assure that each client eats in a manner consistent with his or her developmental level.</u></b> <b>Corrective action:</b> · Active treatment observation will be completed 2x weekly by RM, or appropriate parties. <b>(ATTACHMENT J)</b> · All Active treatment documentation will be submitted to CS weekly · Training provided to nurse to ensure diet modifications/changes are updated in plans immediately. <b>(ATTACHMENT B)</b> · Training provided to nurse and Residential Manager in regard to staff training occurring immediately upon receipt of any dietary changes. <b>(ATTACHMENT C)</b> · Training provided to all staff on current dining plans/dining goals/modified diets/adaptive mealtime equipment. <b>(ATTACHMENT D)</b> <b>How we will identify others:</b> · RM will conduct monthly staff meetings and address all scheduling, oversight compliance, continuing education and training as needed for policy and procedure. <b>(ATTACHMENT K)</b> · All documentation for oversight compliance visits will be submitted as laid out in the attached plan. <b>(ATTACHMENT E)</b> · All schedules will be submitted to CS, and PM before being implemented. <b>Measures</b></p>		

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			<p><b>to be put in place:</b></p> <ul style="list-style-type: none"> <li>· The Clinical Supervisor will ensure workshop staff have been trained on client's rights and protections, and have been trained on abuse and neglect. <b>(ATTACHMENT A)</b></li> <li>· Oversight procedure implemented effective 6/13/2014 to ongoing.</li> <li>· Monthly staff training to include attendance and call off procedures to ensure staffing ratios is met. <b>(ATTACHMENT K)</b></li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Program Manager, and or appropriate parties will conduct Quarterly Best in Class reviews, and periodic reviews to ensure all policies and procedures are being followed.</li> <li>· Program Manager and Appropriate Parties will review all oversight compliance checks to determine ongoing need. <b>Completion Date: July 31, 2014</b></li> </ul>		