

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G511		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/28/2013	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5949 FIESTA AVE PORTAGE, IN 46368			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 17, 18, 19, 21, 24 and 28, 2013.</p> <p>Facility number: 001025 Provider number: 15G511 AIM number: 100245170</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 15, 2013 by Dotty Walton, QIDP.</p>	W000000					

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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 5 of 6 clients residing at the group home (clients #1, #2, #4, #5 and #6) to provide assistance to exercise their rights by restricting access to the home's refrigerator.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 6/17/13 from 5:00 A.M. until 7:30 A.M.. At 6:25 A.M., Direct Support Professional (DSP) #1 prompted client #5 to get a gallon of milk out of the refrigerator. Client #5 walked to the refrigerator and pulled on the door but could not open it. Client #5 stood by the refrigerator and pulled on the door a second time but could not open the door, DSP #1 walked over to the door and pulled a latch located on the side of the door and opened the door, retrieved a gallon of milk and shut the door and put the latch back on the door. During the entire observation, the refrigerator located in the kitchen was latched.</p>	W000125	The kitchen refrigerator will have the lock removed to allow access to all residents in the home. To monitor for future compliance the Lead Manager and QDDPD will monitor at monthly house visits to ensure clients are able to exercise thier rights. In addition, the IDT will review any restrictive measures monthly to ensure compliance.	07/28/2013			

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	<p>An evening observation was conducted at the group home on 6/17/13 from 5:00 P.M. until 6:45 P.M.. During the entire observation, the refrigerator located in the kitchen was latched.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted at the group home on 6/17/13 at 6:30 A.M.. DSP #1 indicated the refrigerator door was latched at all times.</p> <p>A review of client #1's records were conducted on 6/21/13 at 2:15 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #1.</p> <p>A review of client #2's records were conducted on 6/21/13 at 2:40 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #2.</p> <p>A review of client #4's records were conducted on 6/21/13 at 3:25 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #4.</p> <p>A review of client #5's records were conducted on 6/21/13 at 3:50 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #5.</p> <p>A review of client #6's records were</p>				

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	<p>conducted on 6/21/13 at 4:15 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #6.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 3:30 P.M.. The QIDPD indicated the refrigerator locks were approved due to client #3 going into the refrigerators.</p> <p>9-3-2(a)</p>				

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W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #4) to ensure privacy during showering/hygiene tasks.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/17/13 from 5:00 A.M. until 7:30 A.M.. At 5:05 A.M., Direct Support Professional (DSP) #1 walked client #3 to the bathroom located off the main hallway, and began showering him with the bathroom door propped open. At 5:10 A.M., client #2 propelled himself in his wheelchair down the hallway and sat in front of the opened bathroom door, looked in and propelled himself down the hallway back to the living room. At 5:20 A.M., DSP #1 entered into client #4's bedroom and wheeled her into the bathroom. At 5:40 A.M., DSP #1 began showering client #4 with the bathroom door propped open as client #3 sat on the floor in front of the opened bathroom door. At 5:55 A.M., DSP #1 walked client #1 to the bathroom and began showering him with the</p>	W000130	The QDDPD will retrain group home staff on client privacy during treatment and care of personal needs. To ensure further compliance, the QDDPD will monitor at monthly house visits and the group home manager will monitor regularly each week to ensure privacy is always maintained.	07/28/2013
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	<p>bathroom door propped open as client #3 sat on the floor in front of the opened bathroom door. There was no training regarding privacy observed during the showering/hygiene task period.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDP) was conducted at the facility's administrative office on 6/24/13 at 3:30 P.M.. The QIDPD indicated all clients should have privacy while showering and performing hygiene tasks.</p> <p>9-3-2(a)</p>			

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W000186	<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 record review, observation and interview, the facility failed 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) residing at the group home, to provide sufficient numbers of direct care staff to supervise and to implement Individual Support Plans (ISP) during formal/informal training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/17/13 from 5:00 A.M. until 7:30 AM. From 5:00 A.M. until 6:10 A.M., Direct Support Professional (DSP) #1 was the only staff present and working with all clients at the group home. During the observation period clients #1, #2, #3, #4 and #5 sat in the living room unsupervised and with no activity. Client #6 stayed in her room alone until 6:25 A.M. DSP #1 assisted clients with showering and morning hygiene and assisted in meal preparation. DSP #2 arrived to the group home at 6:10</p>	W000186	Effective immediately the morning schedule was changed. At 5:00am second staff arrives on shift. At 5am a second staff will arrive to provide sufficient staffing and to implement individual support plans during formal/informal training opportunities. To ensure further compliance the Lead Manager will monitor schedules on an ongoing basis . The Lead Manager and QDDPD will also monitor at monthly house visits.	07/28/2013			

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	<p>A.M. and began administering medications while clients #1, #2, #3, #4, #5 and #6 sat unsupervised with no activity. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>A review of client #1's record was conducted on 6/21/13 at 2:15 P.M.. The Individual Support Plan (ISP) dated 1/25/13 indicated: "Will place clothes in the washer...will assist in food preparation by pressing the food processor button to chop food... Will point to a dollar bill in a coin line up...Will put his clothes away."</p> <p>A review of client #2's record was conducted on 6/21/13 at 2:40 P.M.. A review of client #2's ISP dated 5/23/13 indicated: "Will wipe area of kitchen table...Will put one item of his dinner into the food processor... Will work on the sign 'eat/snack'."</p> <p>A review of client #3's record was conducted on 6/21/13 at 3:00 P.M.. The ISP dated 4/23/13 indicated: "Will wash his clothes in the washer daily...Will remove all the containers from the lunch boxes... Will sign for medication... Will sign for the word 'break'... Will sign for penny and nickel."</p> <p>A review of client #4's record was</p>			

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	<p>conducted on 6/21/13 at 3:35 P.M.. The ISP dated 2/27/13 indicated: "Will measure dry ingredients with measuring spoons...Will clean her eyeglasses...Working on the goal to answer the telephone properly when it rings...Will point to a quarter, dime, nickel and penny...Will place her eyeglasses in the case...Will hold dust pan in place while person #2 sweeps materials into pan."</p> <p>A review of client #5's record was conducted on 6/21/13 at 3:50 P.M.The ISP dated 2/15/13 indicated: "Will get ingredients out to make breakfast...Will sign for snack...Will get \$5.00 from pouch for outing...Will take cloth and wipe his lens."</p> <p>A review of client #6's record was conducted on 4/3/13 at 4:15 P.M.. The ISP dated 8/21/12 indicated: "Will bring at least 2 condiments to the kitchen table...Will feel and state the names of coins...Will join in social activities...Will practice her counting techniques...Will wipe her area of the kitchen table with a wash cloth."</p>			

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	<p>The Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed on 6/24/13 at 3:30 P.M.. The QIDPD indicated active treatment should be ongoing and training should be both formal and informal. She further indicated there should be enough staff present to carry out the training objectives and to supervise the clients at all times.</p> <p>9-3-3(a)</p>			

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3) and 2 additional client (clients #4 and #5), the comprehensive functional assessments failed to indicate the facility had obtained a speech/communication assessment of the clients' language skills/abilities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/17/13 from 5:00 A.M. until 7:30 A.M.. During the entire observation clients #1, #2, #3, #4 and #5 were non-verbal in communication in that the clients did not speak.</p> <p>An evening observation was conducted at the group home on 6/17/13 from 5:00 P.M. until 6:45 P.M.. During the entire observation clients #1, #2, #3, #4 and #5 were non-verbal in communication in that the clients did not speak.</p> <p>A review of client #1's record was conducted on 6/21/13 at 2:15 P.M.. Review of the record indicated client #1 was admitted to the group home on 10/30/89. Review of client #1's most</p>	W000220	There are speech evaluations on file for these residents, however the referral process for current speech evaluations has begun for clients #1,#2,#3,#4,and #5. To ensure further compliance the IDT will review all assessments annually to determine if any changes in services are needed or if another assessment is needed. The QDDPD will monitor to ensure compliance at the monthly meetings.	07/28/2013	

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	<p>current Individual Support Plan (ISP) dated 1/25/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>A review of client #2's record was conducted on 6/21/13 at 2:40 P.M.. Review of the record indicated client #2 was admitted to the group home on 6/7/03. Review of client #2's most current Individual Support Plan (ISP) dated 5/23/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>A review of client #3's record was conducted on 6/21/13 at 3:00 P.M.. Review of the record indicated client #3 was admitted to the group home on 1/31/03. Review of client #3's most current Individual Support Plan (ISP) dated 4/23/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>A review of client #4's record was conducted on 6/21/13 at 3:25 P.M.. Review of the record indicated client #4 was admitted to the group home on 8/19/06. Review of client #4's most current Individual Support Plan (ISP) dated 2/27/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p>			

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	<p>A review of client #5's record was conducted on 6/21/13 at 3:50 P.M.. Review of the record indicated client #5 was admitted to the group home on 10/30/89. Review of client #5's most current Individual Support Plan (ISP) dated 2/15/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 3:30 P.M.. The QIDPD indicated clients #1, #2, #3, #4 and #5's speech and/or language skills had not been assessed since they were admitted to the facility.</p> <p>9-3-4(a)</p>			

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/17/13 from 5:00 A.M. until 7:30 A.M.. During the entire observation period, clients #1, #2, #3, #4, #5 sat in the living room with no activity and client #2 propelled his wheelchair back and forth to and from the living room, client #6 stayed in her bedroom. Direct Support Professionals (DSP) #1, #2 and #3 would walk into the rooms and occasionally check on clients #1, #2, #3, #4, #5 and #6, but did not offer any meaningful activity. During the above mentioned observation period, clients #2, #3, #4 and #5 were non-verbal in communication in that the clients did not</p>	W000249	<p>Due to the length of time it took for us to receive this POC there was not enough time to schedule the appropriate staff training. The training will occur on 7/31/2013. QDDPD will retrain staff to ensure implementation of IPP goals are being completed properly. The QDDPD will review that goals are to be implemented formally/informally at all time of opportunity. To ensure further compliance, the ODDPD will monitor on a monthly basis through completed data and monthly observations at the home. Grou Home manager will monitor on an ongoing basis to ensure choice activities are offered and clients goals are being implemented consistenly.</p>	07/31/2013			

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	<p>speak. No communication training was provided and/or offered to each client.</p> <p>An evening observation was conducted at the group home on 6/17/13 from 5:00 P.M. until 6:45 P.M.. During the entire observation period, clients #1, #3, #4, #5 sat in the living room with no activity, client #2 propelled his wheelchair back and forth to and from the living room and client #6 stayed in her bedroom. DSPs #2, #3 and #4 would walk into the room and occasionally check on the clients, but did not offer any meaningful activity. During the above mentioned observation period, clients #2, #3, #4 and #5 were non-verbal in communication in that the clients did not speak. No communication training was provided and/or offered to each client.</p> <p>A review of client #1's record was conducted on 6/21/13 at 2:15 P.M.. The Individual Support Plan (ISP) dated 1/25/13 indicated: "Will place clothes in the washer...will assist in food preparation by pressing the food processor button to chop food... Will point to a dollar bill in a coin line up... Will put his clothes away."</p> <p>A review of client #2's record was conducted on 6/21/13 at 2:40 P.M.. A review of client #2's ISP dated 5/23/13 indicated: "Will wipe area of kitchen</p>			

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	<p>table...Will put one item of his dinner into the food processor...Will work on the sign 'eat/snack'."</p> <p>A review of client #3's record was conducted on 6/21/13 at 3:00 P.M.. The ISP dated 4/23/13 indicated: "Will wash his clothes in the washer daily...Will remove all the containers from the lunch boxes...Will sign for medication...Will sign for the word 'break'...Will sign for penny and nickel."</p> <p>A review of client #4's record was conducted on 6/21/13 at 3:35 P.M.. The ISP dated 2/27/13 indicated: "Will measure dry ingredients with measuring spoons...Will clean her eyeglasses...Working on the goal to answer the telephone properly when it rings...Will point to a quarter, dime, nickel and penny...Will place her eyeglasses in the case...Will hold dust pan in place while person #2 sweeps materials into pan."</p> <p>A review of client #5's record was conducted on 6/21/13 at 3:50 P.M.. The ISP dated 2/15/13 indicated: "Will get ingredients out to make breakfast...Will sign for snack...Will get \$5.00 from</p>			

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	<p>pouch for outing...Will take cloth and wipe his lens."</p> <p>A review of client #6's record was conducted on 4/3/13 at 4:15 P.M.. The ISP dated 8/21/12 indicated: "Will bring at least 2 condiments to the kitchen table...Will feel and state the names of coins...Will join in social activities...Will practice her counting techniques...Will wipe her area of the kitchen table with a wash cloth."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 3:30 P.M. The QIDPD indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #1), to promote his dignity by not ensuring he was clothed in public areas.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/17/13 from 5:00 A.M. until 7:30 A.M. At 5:55 A.M., Direct Support Professional (DSP) #1 assisted client #1 off of the living room couch and assisted him in walking by holding onto him. Client #1's pants fell to his ankles, and DSP #1 walked him with his pants around his ankles from the living room to the bathroom, while clients #2, #3, #4 and #5 sat in the living room. DSP #1 did not prompt or assist client #1 with pulling his pants up.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 3:30 P.M. The QIDPD indicated clients should have clothing on while in public areas. The QIDPD further indicated DSP #1 should have assisted client #1 with pulling his pants up before walking him to the bathroom.</p> <p>9-3-5(a)</p>	W000268	The QDDPD will retrain staff to promote dignity to all individuals. The training will include ensuring all individuals are clothed properly in public areas. To ensure proper compliance, the QDDPD will monitor at monthly house visits and the grou home manager will monitor on an ongoing basis to ensure dignity is promoted at all times.	07/28/2013	

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, record review and interview, the facility failed for 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6), to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/17/13 from 5:00 A.M. until 7:30 A.M. At 6:25 A.M., clients #1, #2, #3, #4, #5, and #6, ate breakfast which consisted of oat cereal and toasted bread. There was no sugar/sugar substitute and no butter or jelly available for each client to use. Direct Support Professionals (DSP) #1, #2 and #3 failed to offer condiments to clients #1, #2, #3, #4, #5 and #6 for their food.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/12 at 3:30 P.M. The QIDPD indicated condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>	W000484	The QDDPD will retrain group home staff to ensure that condiments and utensels are available at the dining table for use. To ensure further compliance the QDDPD and dietitian will monitor at monthly house visits and the group home manager will monitor on an ongoing basis.	07/28/2013	

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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.</p> <p>Based on observation, record review and interview, the facility failed to assure 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6), were involved in meal preparation and served themselves at meal times as independently as possible.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 6/17/13 from 5:00 A.M. until 7:30 A.M.. At 6:20 A.M., Direct Support Professional (DSP) #1 put bread in the toaster and poured cold cereal into bowls while standing at the counter, while clients #1, #2, #3, #4 and #5 sat with no activity. DSP #1 placed each bowl on the dining table in front of each client. At 6:25 A.M., clients #1, #2, #3, #4, #5 and #6 began eating their breakfast. Clients #1, #2, #3, #4, #5 and #6 did not assist in meal preparation and did not serve themselves.</p> <p>An evening observation was conducted at the group on 6/17/13 from 5:00 P.M. until 6:45 P.M. During the observation period, clients #1, #2, #3, #4, #5 and #6 sat with no activity. At 5:45 P.M., DSP #4 cut up</p>	W000488	The QDDPD will retrain staff on active treatment which includes involving the clients in meal prep and serving themselves according to their abilities. To ensure further compliance, the QDDP will monitor at the monthly house visits and the Grou Home Manager will monitor on an ongoing basis.	07/28/2013

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	<p>lettuce, cucumbers, bell peppers and tomatoes as client #4 sat in her wheelchair in the kitchen with no activity, client #1 walked around with no activity, client #2 mobilized in his wheelchair with no activity, clients #3 and #5 sat in the living room with no activity and client #6 lay in her bed with no activity. At 6:20 P.M., DSPs #2, #3 and #4 served each clients' food onto their plates. At 6:15 P.M., clients #1, #2, #3, #4, #5 and #6 ate their meal which consisted of chicken pot pie, tossed salad, oranges, water and milk. Clients #1, #2, #3, #4, #5 and #6 did not assist in meal preparation and did not serve themselves.</p> <p>A review of client #1's record was conducted on 6/21/13 at 2:15 P.M. The Individual Support Plan (ISP) dated 1/25/13 indicated: "Will assist in food preparation by pressing the food processor button to chop food."</p> <p>A review of client #4's record was conducted on 6/21/13 at 3:35 P.M. The ISP dated 2/27/13 indicated: "Will measure dry ingredients with measuring spoons."</p> <p>A review of client #5's record was conducted on 6/21/13 at 3:50 P.M. The ISP dated 2/15/13 indicated: "Will get ingredients out to make breakfast."</p>			

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	<p>A review of client #6's record was conducted on 4/3/13 at 4:15 P.M. The ISP dated 8/21/12 indicated: "Will bring at least 2 condiments to the kitchen table."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 3:30 P.M. The QIDPD indicated clients were capable assisting in meal preparation and of serving themselves with assistance and further indicated they should be assisting in preparation and serving themselves with assistance at all meal times.</p> <p>9-3-8(a)</p>			