

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/18/2014
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NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>This visit was done in conjunction with the post certification revisit to the investigation of complaint #IN00147437.</p> <p>This visit was done in conjunction with the post certification revisit to the post certification revisit to the investigation of complaint #IN00144005.</p> <p>Dates of Survey: July 8, 9, 11 and 18, 2014.</p> <p>Facility Number: 000899 Provider Number: 15G385 AIM Number: 100249270</p> <p>Surveyor: Christine Colon, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/28/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000140	<p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a</p>			

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>system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain an accurate accounting system for 4 of 4 sampled clients (clients #1, #2, #3 and #4), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the administrative office on 7/9/14 at 1:15 P.M.. A review of clients #1, #2, #3 and #4's personal financial records was conducted.</p> <p>Review of client #1's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 7/13, 8/13, 9/13, 10/13, 11/13, 12/13, 1/14 and 2/14. There were no records of withdrawals and/or deposits of clients #1's banking accounts and no receipts of expenditures available for review.</p> <p>Review of client #2's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 7/13, 8/13, 9/13, 10/13, 11/13, 12/13, 1/14 and 2/14. There were no records of withdrawals and/or deposits of clients</p>	W000140	<p>TradeWinds has a policy on the Management of Individual Funds. "It is TradeWinds policy to manage the funds of each individual for whom we are the Representative Payee in a way that ensures the funds are utilized to meet the individual's living expenses and daily needs, respect their rights to choice and to prevent any financial exploitation. (Please see attached Policies and Procedures on the Management of Individuals Funds).</p> <p>In addition, TradeWinds also has a Procedure in place for ongoing group home consumer bank record keeping. (Please see attached procedure for ongoing group home consumer bank record keeping)</p> <p>A financial Statement Ledger and Petty Cash Accountability Form has been developed and implemented to keep track of the consumer's finances and to ensure that each staff is counting the consumer's funds at the beginning and end of each shift. (Please see attached documents/forms). At the beginning and end of each shift, 2 staff members will count and account for the consumer's petty cash in the home. One of the staff members will be from the shift that is leaving (signing out) and the other staff member will be from the</p>	08/08/2014			

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	<p>#2's banking accounts and no receipts of expenditures available for review.</p> <p>Review of client #3's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 7/13, 8/13, 9/13, 10/13, 11/13, 12/13, 1/14 and 2/14. There were no records of withdrawals and/or deposits of clients #3's banking accounts and no receipts of expenditures available for review.</p> <p>Review of client #4's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 7/13, 8/13, 9/13, 10/13, 11/13, 12/13, 1/14 and 2/14. There were no records of withdrawals and/or deposits of clients #4's banking accounts and no receipts of expenditures available for review.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/18/14 at 1:15 P.M.. The QIDP indicated the facility managed clients #1, #2, #3 and #4's finances and further indicated the facility was to keep an accurate account of their finances at all times. The QIDP further indicated she did not know why the documentation was not available to indicate the facility maintained an</p>		<p>oncoming shift (signing in). Both staff members will initial the cash on hand account form and document the counted amount of petty cash available per each consumer. If there are any missing funds, it is the responsibility of the staff member to immediately contact the house manager and the QDDP.</p> <p>The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QDDP will observe during weekly unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individuals we serve.</p> <p>The Policies and Procedures on the Management of Individuals Funds, Procedures for ongoing group home consumer bank recordkeeping, Monthly Financial Statement and Petty Cash Accountability Forms have been developed and implemented to track the finances of each consumer. Any issues regarding consumer accounts holding balances that are "over resources" will be brought to the attention of the QDDP immediately.</p>				

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	accurate accounting system of client #1, #2, #3 and #4's personal finances at all times.  9-3-2(a)		A copy of the monthly ledger is to be submitted to the QDDP by the 3rd working day of the month. The ledger is to be reconciled by the QDDP with the bank statement and reviewed for unusual transactions and signed off by the QDDP. Staff members must be prepared to provide explanations for any transactions they signed off on. A copy is to be sent to the Program Director. All new accounts will be pre-approved by the QDDP and established accounting to TradeWinds guidelines. These policies and procedures in place will provide oversight to ensure the Abuse, Neglect and Exploitation policy and policies and procedures on the Management of Individual Clients' funds are being implemented. The policies and procedures in place will also ensure accurate accounting systems for each consumer personal petty cash funds kept at the Residential Group Home maintained.  If there are any missing funds, it is the responsibility of the staff member to immediately contact the house manager and the QDDP. (Please see attached Monthly Financial Statement and Petty Cash Accountability Forms)  By developing and implementing the Policies, Procedures, Monthly Financial Statements and Petty Cash Accountability Forms		

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W000249	<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 4 of 4 sampled clients (clients #1, #2, #3 and #4), 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 7/8/14 from 5:15 A.M. until 7:00 A.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with the television on looking around with no meaningful activity. Direct Support Professionals (DSP) #1, #2 and #3 would</p>	W000249	<p>ensuresTradeWinds is maintaining an accurate accounting system for the finances ofTradeWinds consumers.</p> <p>By 8/8/14, all staffs were re-trained on client finances.(Please see attached training documents)</p> <p>A meaningful day activity has been developed and implemented into the Forest Group Home for all consumers. (Please see attached documents). The meaningful day schedule outlines active treatment opportunities, training objectives and various activities for the consumers to be involved in. In addition, each consumer has goals that are developed &amp;implemented. The goals developed are individualized based upon each consumer's needs, wants and desires. The group home manager is responsible for monitoring the meaningful day activities and individualized goals on a weekly basis. The QDDP will also conduct weekly unannounced visits to monitor the</p>	08/08/2014			

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	<p>walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any meaningful activity. DSP #1 was in the kitchen preparing breakfast, DSP #2 administered medications and DSP #4 walked back and forth from the bedrooms to the living room. Client #3 did not and was not prompted to communicate.</p> <p>An observation was conducted at the group home on 7/8/14 from 5:46 P.M. until 6:45 P.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with the television on looking around with no meaningful activity. Direct Support Professionals (DSP) #7, #8 and #9 would walk around the room and occasionally check and talk to clients #1, #2, #3 and #4, but did not offer any meaningful activity. DSP #7 was in the kitchen, DSP #8 stood in the dining room and DSP #9 walked back and forth from the bedrooms to the living room. Client #3 did not and was not prompted to communicate.</p> <p>A review of client #1's record was conducted on 7/11/14 at 12:00 P.M.. A review of client #1's Individual Support Plan (ISP) dated 6/24/14 indicated the following objectives that could have been implemented during both observations: "Will participate in 1 educational</p>		<p>meaningful day and active treatment schedules. In addition, the QDDP monitors the activities and goals for each consumer monthly. The QDDP also completes monthly Q notes based upon the attempts and or success of each of the consumer's activities and individualized goals. If a consumer has successfully reached his or her individualized goal then another goal will be developed and implemented by the QDDP with the input of the consumer's team. The new goal will then be monitored by the house manager on a weekly basis; in addition to the monthly review of the QDDP. The group home manager is responsible for monitoring the staff to ensure that the proper procedure is being followed and that all consumers are actively involved in their own care and ensuring that staff is implementing the consumer's training objectives when formal and or informal opportunities exists in the home. In addition, the QDDP observes staff during unannounced visits to the group home to ensure that staff is following proper procedure of all consumer's is being actively involved in their own care and ensuring that staff is implementing the consumer's training objectives when formal and or informal opportunities exists in the home. By 8/8/14, all staffs were re-trained on the</p>		

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	<p>activity...Will participate in a structured activity...Will learn to look both ways when crossing the street...Will select an item to purchase in the community...Will exercise for 15 minutes...Will follow structured schedule."</p> <p>A review of client #2's record was conducted on 7/11/14 at 12:30 P.M.. A review of client #2's Individual Support Plan (ISP) dated 3/25/14 indicated the following objectives that could have been implemented during both observations: "Will do mild weight baring exercises...Will learn pedestrian safety...Will learn to write first name."</p> <p>A review of client #3's record was conducted on 7/11/14 at 1:00 P.M.. A review of client #3's Individual Support Plan (ISP) dated 5/13/14 indicated the following objectives that could have been implemented during both observations: "Will increase communication skills with learning new words daily...Will utilize my words to communicate my wants and needs."</p> <p>A review of client #4's record was conducted on 7/11/14 at 1:30 P.M.. A review of client #4's Individual Support Plan (ISP) dated 6/26/14 indicated the following objectives that could have been implemented during both observations:</p>		<p>meaningful day schedule and active treatment with all consumers. (Please see attached training documents)</p> <p>The house manager is responsible for observing the grouphomes and making sure all items that are needed are in the home and to ensure themeaningful day activities and individualized goals areimplemented at least 5 days a week. In addition, the QIDP will observeduring weekly unannounced visits that the group home has all items that areneeded and to ensure the meaningful day activities and individualized goals areimplemented. <b>A residential QIDP weekly sitevisit checklist has been developed, effective August 5, 2014 and will beutilized by the QIDP's on the weekly visits to ensure that all items that areneeded in the home are present and to ensure the meaningful day activities andindividualized goals are in place and being implemented.</b> (Please see attached form)<b>The weekly checklist will be turned intothe residential coordinator on a weekly basis for additional auditing for thegroup home.</b> In addition to the house managers and QIDPs, the residential coordinatorwill conduct monthly unannounced visits to the group homes to ensure themeaningful day activities and individualized goals are implemented.</p>				

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W000331	<p>"Will participate in a group activity... Will follow my daily schedule... Will learn to look both ways when crossing the street... Will choose where I will go in the community</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/18/14 at 1:15 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 clients observed during the morning medication administration, (client #1), the facility's nursing services failed to reconcile the medication label and Medication Administration Records (MAR).</p> <p>Findings include:  A morning observation was conducted at</p>	W000331	A prescription was e-scripted to Fagen Pharmacy on Saturday, July 5, 2014 increasing client #1's Levothyroxine from 25mcg to 50mcg one tablet daily. The Residential Nurse obtained the prescription on Saturday and delivered it to the Forest Group Home. Client #1 started the increase dose on Sunday, July 6, 2014 morning at 6am. To the right side of the label, in small letters the Pharmacy had included the	08/08/2014	

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	<p>the group home on 7/8/14 from 5:15 A.M. until 7:00 A.M.. At 5:27 A.M., client #1 ate his breakfast which consisted of cold cereal, toast, grapefruit juice and milk. At 6:17 A.M., Direct Support Professional (DSP) #2 administered client #1's prescribed medications. Review of the medication label indicated: "Levothyroxine 50 mcg (micrograms) tablet (hypothyroidism)...1 tablet daily...Separate vitamins and medications by 2 hours...Take 30 minutes before first food of the day....Calcium 400 mg tablet (supplement)...1 tablet twice daily...Certavite with Antioxidant tablet (supplement)...1 tablet daily." A review of the Medication Administration Record (MAR) dated July 1, 2014 to July 31, 2014 at 6:15 A.M. did not indicate "Take 30 minutes before first food of the day...Separate vitamins and medications by 2 hours."</p> <p>An interview with the Registered Nurse (RN) was conducted on 7/8/14 at 10:30 A.M.. The RN indicated the she was responsible for reconciling the MAR and medication label. The RN further indicated she had not reconciled the medication label and MAR for clients #1's medication.</p> <p>9-3-6(a)</p>		<p>following instructions at their own "Give Levothyroxine prior to breakfast. Do not give Calcium or multivitamin for 2 hours after Levothyroxine." The label on the bubble pack and the MAR sheet did not match. Staff gave all three medications together after breakfast. The Residential Nurse contacted the primary physician (Dr. San Juan) and he instructed to give client #1's thyroid medication as prescribed, "Levothyroxine 50mcg take one tablet daily," The Residential Nurse assigned the time at 6:00AM. The Residential Nurse returned to the pharmacy for a new label, (Please see attached document) and delivered it to the Forest Group Home and relabeled client #1's thyroid medication.</p> <p><i>The following is TradeWinds policy for distribution of monthly medications:</i></p> <ol style="list-style-type: none"> <li>1. Medications are prepared by the pharmacy by unit dose and are picked up by the Residential Nurse along with an MAR sheet and Physician order sheet for each client.</li> <li>2. The Residential Nurse must check all medications prior to their delivery to the group homes. This includes matching the physician order to the medication and MAR sheet. The Residential Nurse will correct any errors prior to the delivery of medications.</li> <li>3. Medications, MAR sheets and</li> </ol>				

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W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and	W000369	Physician order sheets are then delivered to the homes, where the designated staff again checks the medication label to the MAR sheet and Physician orders prior to dispensing them into the individual client's medication box. Any discrepancies are to be reported immediately to the Residential Nurse immediately. In turn, these discrepancies are reported by the Residential Nurse to the pharmacy. 4. The Residential Nurse personally meets with the Family Physician quarterly to review the Physician order sheets and to make any corrections. These quarterly reviews are given to the pharmacy to update their records.  The group home manager is responsible to monitor staff to ensure that they are following the physician's order and that the proper procedure is being followed accordingly. The Residential Nurse is responsible for ensuring that all labels on all medications are correct and correspond with the physician's order and MAR sheet.  Client #1 had been taking Naprosyn	08/08/2014

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	<p>interview, the facility failed for 1 of 3 clients observed during medication administration (client #1) to ensure staff administered 1 of 12 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/8/14 from 5:15 A.M. until 7:00 A.M.. At 5:27 A.M., client #1 ate his breakfast which consisted of cold cereal, toast, grapefruit juice and milk. At 6:17 A.M., Direct Support Professional (DSP) #2 administered client #1's prescribed medications. At 6:25 A.M., a review of the medication packet, Physician Order dated 7/14 and Medication Administration Record (MAR) dated 7/1/14 to 7/31/14 indicated: "Naproxen 500 mg (milligram) tablet (pain)...1 tablet twice daily...6:00 A.M. and 6:00 P.M....As needed for pain...Levothyroxine 50 mcg (micrograms) tablet (hypothyroidism)...1 tablet daily...Take 30 minutes before first food of the day." DSP #2 did not ask client #1 if he had any pain and client #1 did not indicate he had any pain. Client #1 did not take his Levothyroxine 30 minutes before his first food of the day.</p> <p>An interview with DSP #2 was</p>		<p>500mg twice daily PRN.This order was identical to both on the MAR sheet and client #1's bubble packlabel. The staff however had given the medication twice a day consistently withno rotation on the reverse side of the MAR as to the indication for giving thePRN. The primary physician (Dr. San Juan) was notified and discontinued client#1 Naprosyn. A nursing memo was faxed to the Forest Group Home withinstructions and to discontinue and return unused portion of Naprosyn to thenursing office. (Please see attached document).</p> <p>A training session was conducted for the Forest GroupHome on: July 9, 2014 from 12N-12:30 PM. (Please see attached documents)General considerations for preparing medications and PRN medication principalsand documentation were discussed.</p> <p><i>The following isTradeWinds policy for distribution of monthly medications:</i></p> <ol style="list-style-type: none"> <li>1. Medications are prepared by the pharmacy by unit doseand are picked up by the Residential Nurse along with an MAR sheet andPhysician order sheet for each client.</li> <li>2. The Residential Nurse must check all medications prioerto their delivery to the group homes. This includes matching the physicianorder to the medication and MAR sheet. The</li> </ol>		

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W000440	<p>conducted on 7/8/14 at 6:30 A.M.. DSP #2 indicated staff administer client #1's Naproxen everyday at 6:00 A.M. and 6:00 P.M.. Review of the MAR at 6:33 A.M. indicated staff administered client #1's Naproxen everyday at 6:00 A.M. and 6:00 P.M.. Review of the reverse side of the MAR failed to indicate staff administered client #1's Naproxen as needed for pain.</p> <p>An interview with the Registered Nurse (RN) was conducted on 7/8/14 at 10:30 A.M.. The RN indicated client #1's medications should have been administered as directed on the label, Physician Order and MAR. The RN further indicated client #1's medication should have been as needed for pain.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>		<p>Residential Nurse will correct any errors prior to the delivery of medications.</p> <p>3. Medications, MAR sheets and Physician order sheets are then delivered to the homes, where the designated staff again checks the medication label to the MAR sheet and Physician orders prior to dispensing them into the individual client's medication box. Any discrepancies are to be reported immediately to the Residential Nurse immediately. In turn, these discrepancies are reported by the Residential Nurse to the pharmacy.</p> <p>4. The Residential Nurse personally meets with the Family Physician quarterly to review the Physician order sheets and to make any corrections. These quarterly reviews are given to the pharmacy to update their records.</p> <p>The group home manager is responsible to monitor staff to ensure that they are following the physician's order and that the proper procedure is being followed accordingly. The Residential Nurse is responsible for ensuring that all labels on all medications are correct and correspond with the physician's order and MAR sheet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/18/2014
NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373		
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	<p>Based on record review and interview, the facility failed to conduct evacuation drills during the morning shift (7:00 A.M. to 3:00 P.M.) and evening shift (3:00 P.M. to 11:00 P.M.) during the first quarter (January 1st through March 31st) of 2014 and during the overnight/asleep shift during the second quarter (April 1st through June 30th) of 2014 which affected 8 of 8 clients living in the facility (clients #1, #2, #3, #4, #5, #6, #7 and #8.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/8/14 at 5:43 A.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7 and #8 on the morning shift (7:00 A.M. to 3:00 P.M.) and evening shift (3:00 P.M. to 11:00 P.M.) during the first quarter (January 1st through March 31st) of 2014 and during the overnight/asleep shift during the second quarter (April 1st through June 30th) of 2014.</p> <p>The Qualified Intellectual Disabilities Professional (PD/QIDP) was interviewed on 7/18/14 at 1:15 P.M.. The QIDP indicated evacuation drills are to be conducted during each quarter for each shift.</p>	W000440	By 8/8/14, all staffs at the Forest Group Home werere-trained on the Evacuation Drills (life safety issues, including fire/tornadodrills) at the group home. (Please see attached training documents) The house manager is responsible for ensuringthat all drills (fire and tornado drills) are conducted at least once a quarteron every shift and that the paperwork is filled out correctly in thefire/tornado drill book/log. In addition, the QDDP will conduct weeklyunannounced visits to the group home to ensure evacuations are conductedaccordingly. (Please see attachedEvacuation Drills/Policy/Procedure/Forms)	08/08/2014	

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W000488	<p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed to assure 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/8/14 from 5:15 A.M. until 7:00 A.M.. At 5:15 A.M., Direct Support Professional (DSP) #1 placed bread into the toaster and placed each slice on a serving plate while clients #1, #2, #3, #4, #5, #6, #7 and #8 sat with no activity. At 5:25 A.M., DSP #1 placed the plate of toast on the table. At 5:27 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their meal which consisted of cold cereal, grapefruit juice and toast independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A review of client #6's record was conducted on 7/11/14 at 2:15 P.M..</p>	W000488	<p>By 8/8/14, all staffs at the Forest Group Home werere-trained on the Dining Areas and Services at the group home. (Please seeattached trainings) The group home manager is responsible for monitoring staffto ensure that the consumers are involved in the meal preparations. Inaddition, the QDDP's will also observe staff during weekly unannounced visitsto the group home to ensure the consumers are involved in the meal preparationsand serving the meals according to their level of functioning.</p> <p>A schedule has been developed and implemented to ensurethe clients are involved in meal preparation. (Please see attached document)</p>	08/08/2014			

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	<p>Review of the most current Individual Support Plan (ISP) dated 4/24/14 indicated: "Will assist in making breakfast."</p> <p>A review of client #7's record was conducted on 7/11/14 at 2:30 P.M.. Review of the most current ISP dated 12/12/13 indicated: "Will learn to make a side dish."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/18/14 at 1:15 P.M.. The QIDP indicated clients could assist in meal preparation and further indicated they should be assisting in meal preparation at all times.</p> <p>9-3-8(a)</p>						