

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G799		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/20/2014	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 10633 S AMERICA RD LA FONTAINE, IN 46940			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 3/11, 3/12, 3/13, 3/14, 3/18, 3/19, and 3/20/2014.</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>Provider Number: 15G799 Facility Number: 0012562 AIM Number: 201017540</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on April 3, 2014 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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W000149	<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 record review, and interview, for 1 of 1 incidents of PICA (eating inedible objects) behavior (client #1), the facility neglected to report to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law and neglected to supervise client #1 based on client #1's identified PICA behavior.</p> <p>Findings include:</p> <p>On 3/11/14 at 8:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 09/01/13 through 03/11/14 and did not include BDDS reports for client #1.</p> <p>Client #1's record was reviewed on 3/14/14 at 10:00am. Client #1's record indicated medical appointments and follow up medical appointments for 12/30/13, 12/31/13, 1/1/14, and 1/13/14 after client #1 swallowed a battery from his remote control.</p> <p>-Client #1's 12/30/13 "Medical Appointment Form" indicated "swallowed a battery...ingested a cylinder battery in stomach" signed by physician.</p> <p>-Client #1's 12/31/13 "Medical</p>	W000149	W149: Staff Treatment of Clients - Pica. (1) Corrective action for resident(s) found to have been affected: Client was a relatively new resident of the home when this incident occurred as reported via the BDDS incident reporting system (IR#57582). The BC met with the client who agreed to report to staff whenever he felt unsafe. This has occurred multiple times since, and the client has been able to take a lead role in keeping himself safe. He is very invested in the process because he would like to move to supported living, and he knows that causing himself harm is the largest barrier to this goal. (2) How facility will identify other residents potentially affected & what measures taken: This only specifically applies to this client, but other clients may benefit from seeing him model his attempts to overcome his tendency to harm himself. (3) Measures or systemic changes facility put in place to ensure no recurrence: Client reports own thoughts that he is about to hurt himself. Then corrective action is taken to remove the danger. (4) How corrective actions will be monitored to ensure no recurrence: The BC works directly with the client and with the IDT. The BC monitors the BSP and trains staff. The Director supervises the BC and ensures that	04/19/2014			

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	<p>Appointment Form" indicated "swallowed foreign body - battery...have abdomen...(recommended) X-Rays." -Client #1's 1/1/14 "Medical Appointment Form" indicated "X-Ray" completed. -Client #1's 1/2/14 hospital "Patient Visit Information" indicated "see your doctor on 1/2/14 for repeat X-ray. Watch for the battery in your stool...."</p> <p>Client #1's record was reviewed on 3/14/14 at 10:00am. Client #1 was admitted to the facility on 11/6/13. Client #1's 11/6/13 ISP (Individual Support Plan) and 11/6/13 BSP (Behavior Support Plan) indicated client #1 should be supervised by the facility staff due to his maladaptive behaviors. Client #1's BSP indicated targeted behaviors of Physical Aggression, Verbal Aggression, Elopement, Property destruction, SIB (Self Injurious Behavior), Inappropriate Social Behaviors, and "Suicidal Gestures: Wrapping things around his neck in an attempt to choke himself, swallowing inedible items (PICA), making cuts on his body or any other self-inflicted act that threatens his own physical safety. If any actual attempts to harm himself are made, staff must try to intervene to block the attempt while verbally redirecting him...."</p>		appropriate interventions are in place.				

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	<p>On 3/14/14 at 11:15am, the Residential Manager (RM) indicated client #1 was admitted on 11/6/13 and swallowed a battery from his remote control on 12/30/13. The RM indicated he would attempt to locate a BDDS report for client #1's incident. The RM indicated it was immediately reported to the administrator and client #1 was taken for an X ray in regards to the battery. The RM indicated client #1 was to have been supervised by the facility staff, however the staff was giving client #1 private time inside client #1's bedroom. The RM indicated batteries are now kept locked and clients are supervised when changing remote control batteries. The RM indicated client #1 had the identified behavior of PICA defined under suicidal gestures in client #1's BSP and this behavior was identified before 12/30/13.</p> <p>On 3/20/14 at 3:30pm, an interview with the Director was conducted. The Director indicated the facility staff supervise client #1 based on his identified behavioral needs. The Director indicated the 12/30/13 incident was reported to him immediately the same day. The Director indicated he was unsure regarding client #1's BDDS report. The Director indicated he thought the incident was reported in accordance with State Law. The Director indicated client #1 was</p>						

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	<p>alone inside client #1's bedroom and took the battery out of his remote control and consumed it.</p> <p>On 3/11/14 at 1:00pm, the facility's 12/5/12 policy on "Abuse and Neglect" was reviewed and indicated "Purpose. To educate and inform staff of the definition, define reporting requirements and stress that AWS will not tolerate abuse, neglect or exploitation of any kind...Description, AWS does not tolerate abuse in any form by any person; this includes physical abuse, verbal abuse, psychological abuse or sexual abuse." The policy indicated abuse, neglect, and/or mistreatment was "not tolerated" by the agency.</p> <p>On 3/11/14 at 1:30pm, a record review was completed of the 6/11/2002 BDDS "Incident Reporting" policy/procedure and indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>9-3-2(a)</p>			

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview, and record review for 1 of 2 sampled clients (client #2), the facility failed to ensure accurate assessments/reassessments of client #2's night time toileting issues were conducted for program development.</p> <p>Findings include:</p> <p>On 3/13/14 from 5:45am until 9:50am, client #2 was at the group home. At 7:25am, client #2 exited his bedroom, carried his sheets to the laundry room, walked into the kitchen, retrieved a glass, filled the glass with water, and went inside the medication area for his morning medications. At 7:53am, client #2 exited the medication area, walked to his bedroom, and went back to bed. At 7:53am, Group Home Staff (GHS) #3 stated client #2 was incontinent of urine "sometimes" during the night. GHS #3 indicated client #2 did not have a toileting goal/objective or a toileting schedule to get up during the night to use the bathroom.</p>	W000210	<p>W210: Individual Program Plan. (1) Corrective action for resident(s) found to have been affected: QIDP will add ISP goal for staff to prompt client once each night to use the bathroom. (2) How facility will identify other residents potentially affected &amp; what measures taken: N/A – this correction applies to this client. (3) Measures or systemic changes facility put in place to ensure no recurrence: summarize. (4) How corrective actions will be monitored to ensure no recurrence: The Interdisciplinary Team (IDT) includes the Qualified Intellectual Disability Professional (QIDP), Group Home Manager, Behavior Clinician (BC), Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings. The QIDP is responsible for writing and implementing programs. The Director supervises the QIDP to ensure that appropriate programs are in place.</p>	04/19/2014	

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	<p>On 3/14/14 at 11:00am, client #2's record was reviewed. Client #2's 4/18/13 ISP (Individual Support Plan) and 4/15/11 BSP and 4/18/13 revised BSP documents indicated, "Isolation Behavior: Defined as refusing to participate in routine and scheduled events, such as day activities, daily chores, active treatment programming, etc. Isolating himself in his bedroom and only coming out for food, medications, and to use the restroom...It has been reported that during periods of non-cooperation and isolation [client #2] does not want to come in contact with his peers and therefore, will urinate on his bedroom floor. Staff should do as follows in order to reduce the occurrence of inappropriate urination. Ensure that the bathroom closest to [client #2's] room is empty and that no one needs to use it. Knock on [client #2's] bedroom door every 2-3 hours and let him know that the bathroom is free if he needs to use it." Client #2's 9/10/13 Physician's Order indicated a diagnosis of "Enuresis (incontinent of urine/bowel)" and prescribed medication of "Desmopressin Acetate 0.2mg (milligrams), give 1 tab (tablet) orally one time a day for Enuresis." Client #2's 4/18/13 Risk Plan indicated "Enuresis: Uncontrolled or involuntary discharge of urine. Often at night for [client #2]. Takes routine medication. see</p>			
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	<p>Mar. (Medication Administration Record) Notify Nurse if urine is discolored or (has) foul smell." Client #2's 2/2014 nursing assessment indicated "Urinary: Enuresis" and no further information. Client #2's record did not indicate a formal and/or informal toileting goal or toileting schedule available to address client #2's night time toileting needs.</p> <p>On 3/14/14 at 11:35am, an interview with the Residential Manager (RM) was conducted. The RM indicated client #2 was, at times, incontinent of urine at night. The RM indicated client #2 did not have a formal and/or informal toileting goal or toileting schedule to address client #2's night time toileting needs.</p> <p>An interview with the Agency Registered Nurse (RN) and the Residential Manager (RM) was conducted on 3/14/14 at 11:35am. The RN and RM both indicated client #2 did not have a formal toileting goal or schedule. The RN indicated client #2 was incontinent of urine and was on a medication for his incontinence. The RN indicated client #2's incontinence was Enuresis. The RN indicated an assessment of client #2's incontinence was not available (whether the issues were behavioral, training needs, or medical) to assist in forming</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, interview, and record review, for 2 of 2 sampled clients (clients #1 and #2) and for 2 additional clients (clients #3 and #4), the facility failed to ensure client #1, #2, #3 and #4's BSPs (Behavior Support Plans) were implemented to secure locked chemicals when not in direct staff supervision for clients #1, #2, #3, and #4 and failed to provide staff supervision for client #1 when he ingested a remote control battery.</p> <p>Findings include:</p> <p>1. On 3/13/14 from 5:45am until 9:50am, clients #1, #2, #3, and #4 were observed at the group home and the chemicals of toilet bowl cleaner, bleach, hand soap, laundry detergent, and cleaning disinfectants were locked with staff holding all keys. At 6:12am, GHS (Group Home Staff) #2 unlocked the secured chemical closet removed a pint size bottle of toilet bowl cleaner and a 28 ounce bottle of Lysol bathroom cleaner. GHS #2 carried the two bottles of chemicals into the hallway bathroom and set the two bottles on the towel rack at eye level beside the bathroom sink and mirror. From 6:12am until 7:10am, the two bottles of unsecured chemicals were observed to be in the hallway bathroom and no staff was using the chemicals and/or within eye sight of the unsecured chemicals. From 6:12am until 7:10am, clients #3 and #4 were awake, out of their rooms,</p>	W000249	<p>W249: Program Implementation – Locked Chemicals and Pica. (1) Corrective action for resident(s) found to have been affected: Keeping chemicals locked is part of the BSP and was reviewed at a staff meeting. The BC met with the client who engaged in Pica, and he agreed to report to staff whenever he felt unsafe. This has occurred multiple times since, and the client has been able to take a lead role in keeping himself safe. He is very invested in the process because he would like to move to supported living, and he knows that causing himself harm is the largest barrier to this goal. (2) How facility will identify other residents potentially affected &amp; what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. (3) Measures or systemic changes facility put in place to ensure no recurrence: Chemicals will remain locked when not in use, and client who engages in pica is taking lead role in keeping himself safe. (4) How corrective actions will be monitored to ensure no</p>	04/19/2014			

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	<p>and were prompted and encouraged by GHS #1 and GHS #2 to use the hallway bathroom, to look at themselves in the mirror inside the bathroom, and the unsecured chemicals continued to sit at eye level on the towel rack. At 7:10am, GHS #2 retrieved the two unsecured bottles of chemicals and returned the chemicals into the locked chemical closet.</p> <p>Client #1's record was reviewed on 3/14/14 at 10:00am. Client #1 was admitted on 11/6/13. Client #1's 11/6/13 ISP (Individual Support Plan) and 11/6/13 BSP (Behavior Support Plan) indicated client #1 should be supervised by the facility staff due to maladaptive behaviors. Client #1's BSP indicated targeted behaviors of Physical Aggression, Verbal Aggression, Elopement, Property destruction, SIB (Self Injurious Behavior), Inappropriate Social Behaviors, and "Suicidal Gestures: Wrapping things around his neck in an attempt to choke himself, swallowing inedible items, making cuts on his body or any other self-inflicted act that threatens his own physical safety. If any actual attempts to harm himself are made, staff must try to intervene to block the attempt while verbally redirecting him...." Client #1's BSP indicated he needed sharps and chemicals secured at "all times" for his safety.</p> <p>On 3/14/14 at 11:00am, client #2's record was reviewed. Client #2's 4/18/13 ISP (Individual Support Plan) and 4/15/11 BSP and 4/18/13 revised BSP documents did not indicate client #2 needed supervision regarding locked chemicals. Client #2's documents indicated client #2 lived in the group home and required staff supervision to teach him regarding locked items. Client #2's documents indicated he required a living environment with security to ensure client #2's safety.</p>		<p>recurrence: The Interdisciplinary Team (IDT) includes the Qualified Intellectual Disability Professional (QIDP), Group Home Manager, Behavior Clinician (BC), Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings. The BC is the primary IDT member responsible for monitoring and updating BSPs, which include chemicals restriction. The Group Home Manager supervises staff, including ensuring that their training needs are met. The Behavior Clinician BC trains staff on BSPs, including restrictions on chemicals. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. The Manager completes home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week.</p>				

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	<p>On 3/14/14 at 11:35am, an interview with the Residential Manager (RM) was conducted. The RM stated facility staff should have ensured that "all" chemicals were kept secured and locked when not directly supervised by the facility staff. The RM indicated the unsecured chemicals should not have been left out inside the bathroom or out of the line of sight by the group home staff. The RM indicated clients #1, #2, #3, and #4 had the identified need for locked chemicals for their safety.</p> <p>2. Client #1's record was reviewed on 3/14/14 at 10:00am. Client #1's record indicated medical appointments and follow up medical appointments for 12/30/13, 12/31/13, 1/1/14, and 1/13/14 after client #1 swallowed a battery from his remote control.</p> <p>-Client #1's 12/30/13 "Medical Appointment Form" indicated "swallowed a battery...ingested a cylinder battery in stomach" signed by physician.</p> <p>-Client #1's 12/31/13 "Medical Appointment Form" indicated "swallowed foreign body - battery...have abdomen...(recommended) X-Rays."</p> <p>-Client #1's 1/1/14 "Medical Appointment Form" indicated "X-Ray" completed.</p> <p>-Client #1's 1/2/14 hospital "Patient Visit Information" indicated "see your doctor on 1/2/14 for repeat X-ray. Watch for the battery in your stool...."</p> <p>Client #1's record was reviewed on 3/14/14 at 10:00am. Client #1 was admitted on 11/6/13. Client #1's 11/6/13 ISP (Individual Support Plan) and 11/6/13 BSP (Behavior Support Plan) indicated client #1 should be supervised (due to maladaptive behaviors) by the facility staff. Client #1's BSP indicated targeted behaviors of Physical Aggression, Verbal Aggression, Elopement,</p>						

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	<p>Property destruction, SIB (Self Injurious Behavior), Inappropriate Social Behaviors, and "Suicidal Gestures: Wrapping things around his neck in an attempt to choke himself, swallowing inedible items, making cuts on his body or any other self-inflicted act that threatens his own physical safety. If any actual attempts to harm himself are made, staff must try to intervene to block the attempt while verbally redirecting him...."</p> <p>On 3/14/14 at 11:15am, the Residential Manager (RM) indicated client #1 was admitted on 11/6/13 and swallowed a battery from his remote on 12/30/13. The RM indicated client #1 was taken to the emergency room for an X ray in regards to the battery. The RM indicated client #1 was to have been supervised by the facility staff, however the staff was giving client #1 private time inside client #1's bedroom. The RM indicated batteries are now kept locked and clients are supervised when changing remote control batteries. The RM indicated client #1 had the identified behavior of PICA defined under suicidal gestures in client #1's BSP and this behavior was identified before 12/30/13.</p> <p>On 3/20/14 at 3:30pm, an interview with the Director was conducted. The Director indicated the facility staff supervise client #1 based on his identified need. The Director indicated client #1 was alone inside client #1's bedroom and took the battery out of his remote control and consumed it. The BSP was not implemented.</p> <p>9-3-4(a)</p>				

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, for 2 of 2 sampled clients (clients #1 and #2), the facility failed to complete nursing quarterlies.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/14/14 at 10:00am. Client #1's record indicated he was admitted on 11/6/13. Client #1's record did not indicate a "Nursing Quarterly" had been completed. Client #1's record indicated nursing assessments completed on 2/2014, 1/2014, but no nursing assessments were available for review before 1/2014. Client #1's record indicated he was seen by the emergency room, his personal physician, or a nurse practitioner on 11/19/13, 12/2013, and 1/2014.</p> <p>On 3/14/14 at 11:00am, client #2's record was reviewed. Client #2's record indicated he was admitted to the facility in 2011. Client #2's record did not include a "Nursing Quarterly." Client #2's record indicated nursing assessments</p>	W000336	<p>W336: Nursing Services – Nurse Quarterlies. (1) Corrective action for resident(s) found to have been affected: A new RN has been hired and will complete all nursing reports as required. (2) How facility will identify other residents potentially affected &amp; what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. (3) Measures or systemic changes facility put in place to ensure no recurrence: New nurse hired – she already has been working with other nurses in the agency and has reviewed reporting procedures. (4) How corrective actions will be monitored to ensure no recurrence: Nurse is part of IDT that meets at least quarterly for client meetings; each quarterly meeting includes an IDT note and nurse report; the Director is the supervisor of the RN and will ensure that the reports are included.</p>	04/19/2014			

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	<p>completed 2/2014, 1/2014 but no assessments were available from 3/2013 through 1/2014. Client #2's record indicated he was seen by his personal physician and/or a nurse practitioner on 9/10/13.</p> <p>On 3/14/14 at 11:35am, an interview with the facility's Registered Nurse (RN) was completed. The RN indicated client #1 and #2's nursing quarterly assessments were not available for review. The RN indicated she had completed the 2/2014 and 1/2014 monthly nursing assessments. The RN indicated the facility had experienced a change in nursing personnel at the facility and it was possible the quarterly documents were completed but not available.</p> <p>On 3/20/14 at 3:30pm, an interview with the Director of the facility was conducted. The Director indicated the facility had experienced a change in the nursing personnel who completed client #1 and #2's nursing quarterly physical assessments. The Director indicated no additional documentation was available.</p> <p>9-3-6(a)</p>						

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 2 sampled clients (client #1) who wore prescribed eyeglasses, the facility failed to to teach and encourage client #1 to wear his prescribed eyeglasses.</p> <p>Findings include:</p> <p>During observations on 3/11/14 from 3:23pm until 5:35pm, and on 3/13/14 from 5:45am until 9:50am at the group home, client #1 was not prompted and was not encouraged to wear his prescribed eyeglasses. During both observation periods, client #1 watched television, wrote on paper, completed medication administration, adjusted his train set on the train tracks inside his bedroom, and counted his money. On 3/13/14 at 9:30am, client #1 showed his driver's license from his wallet and client #1 was pictured wearing prescribed eyeglasses. At 9:30am, client #1 indicated he had broken his eyeglasses and he was unsure what was being done to repair and/or replace his prescribed</p>	W000436	<p>W436: Space and Equipment - Glasses. (1) Corrective action for resident(s) found to have been affected: Glasses reminders will be entered into the MAR for each waking shift. In the past it was once per day, but that allowed too much room for error since another staff might do it later. Having it each waking shift also allows for multiple prompts during the day if there is an early refusal. (2) How facility will identify other residents potentially affected &amp; what measures taken: All residents with glasses affected, and corrective measures address the needs of all clients. (3) Measures or systemic changes facility put in place to ensure no recurrence: MAR reminders. (4) How corrective actions will be monitored to ensure no recurrence: The nurse transcribes the MAR each month and is responsible for ensuring that the prompts are in place. The Director supervises the nurse.</p>	04/19/2014			

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	<p>eyeglasses.</p> <p>On 3/14/14 at 10:00am, client #1's record was reviewed. Client #1's 11/6/13 ISP (Individual Support Plan) did not include a goal/objective to wear his prescribed eyeglasses. Client #1's 11/11/2013 vision assessment indicated he wore prescribed eyeglasses "Full time wear." Client #1's 11/19/13 "Physician's Order" indicated client #1 wore prescribed eyeglasses.</p> <p>On 3/14/14 at 11:35am, an interview with the facility's Registered Nurse (RN) and the Residential Manager (RM) was conducted. The RN indicated client #1 wore prescribed eyeglasses. The RN indicated staff should have taught and encouraged client #1 to wear his prescribed eyeglasses when opportunities existed.</p> <p>On 3/20/14 at 3:30pm, an interview with the Director of the facility was conducted. The Director indicated the facility staff should have taught and encouraged client #1 to wear his prescribed eyeglasses during formal and informal opportunities.</p> <p>9-3-7(a)</p>						