

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/29/2015
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NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 1/26/15, 1/27/15, 1/28/15 and 1/29/15</p> <p>Facility Number: 000806 Provider Number: 15G287 AIMS Number: 100243520</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/5/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to assess the extent to which corrective, orthotic, or support devices would impact client #1's functional status.</p> <p>Findings include:</p>	W000218	The High Risk Plan (HRP) for Client #1 has been revised to reflect that staff will prompt client to utilize her foot pedals when she is leaving the home and/or out in the community. Furthermore, the HRP now includes language reiterating that client is able to self-propel herself in her wheelchair and that the use of foot pedals while she is in her	02/28/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/26/15 at 1:30 PM. The review indicated the following:</p> <p>-BDDS report dated 9/28/14 indicated, "At around 9:15 PM on 9/27/14 [PM #1 (Program Manager)] received a text message from staff that when she was toileting [client #1] she noticed that [client #1's] right ankle was swollen and bruised. [PM #1] told [staff #1]... would come in and [staff #1] could take [client #1] to the ER (Emergency Room) to be checked out. [Staff #1] took [client #1] to the ER and she had 4 x-rays taken on her ankle, it was not broken but sprained. [Client #1's] ankle was wrapped in an ace bandage and an air cast was put on."</p> <p>The 9/28/14 BDDS report indicated, "[Client #1] self-propels with her feet in her wheelchair, we will put [client #1's] foot peddles (sic) on her chair until she is healed and then we will ensure that when staff at home or at work are pushing her that she has her feet up on her foot rest to ensure that they don't get caught under her chair."</p> <p>The Investigation Report dated 10/3/14 indicated, "In light of the statements given by staff in the home, [DCRM</p>		<p>own home is not necessary. Staff will be trained, however, to make the foot pedals available to client and encourage her to use them when she is being moved.</p> <p>Tangram will monitor equipment use for all clients to ensure that clients have access to the equipment necessary to meet their needs. Client #1 had an Occupational Therapy evaluation on February 9, 2015 related to eating at the dinner table.</p> <p>Tangram will follow any orders resulting from this OT evaluation and will ensure staff are trained on any changes to client's mealtime activities. Tangram will follow any further recommendations of the nutritionist or any other health care provider for all clients. Tangram will also work with the day programming provider to discuss options for a work station that will better accommodate Client #1 (either a lower station or the use of a lap tray during work time). Tangram will monitor day services for all clients to ensure that day services are appropriate. Tangram's Director of Compliance and Risk Management will continue to work with the home Program Manager and QDDP to ensure that plans and orders are being followed. This will be done through regularly scheduled internal audits of group home services. Furthermore, an audit of current paperwork in the home will occur</p>		

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	<p>(Director of Compliance and Risk Management) #1] and the [PM (Program Manager) #1] were able to determine that the injury was caused by [client #1's] practice of dragging her feet in front of her when her wheelchair is being moved. It was also determined that [client #1] dislike of (sic) using her foot pedals on her wheelchair."</p> <p>Observations were conducted at the group home on 1/26/15 from 4:50 PM through 6:00 PM. At 5:30 PM, client #1 was prompted by PM #1 to come to the home's dining area from client #1's bedroom to participate in the evening meal. Client #1 utilized a manual wheelchair to ambulate (move from place to place). Client #1 self propelled herself in her wheelchair by using her feet to push herself. Client #1's wheelchair did not have foot pedals attached to the wheelchair. As client #1 propelled herself into the home's dining area, PM #1 asked client #1 if she needed assistance maneuvering herself into her designated spot at the dining room table. PM #1 stood behind client #1 and pushed client #1 in her wheelchair, with no foot pedals, from the living room to the dining area.</p> <p>At 5:30 PM, client #1 was seated in her wheelchair at her designated spot at the home's dining room table. Client #1's</p>		<p>in response to this survey to ensure that other clients in the home have not been negatively affected. Additional: Staff in the home were trained on Client #1's revised High Risk Plan (HRP) on February 10, 2015. Client #1's Individual Support Plan (ISP) was also revised on February 16, 2015 to include a goal of staff utilizing verbal prompts to encourage Client #1 to use her foot pedals when she is being pushed. Program Manager will review this goal again with staff and will have staff document said review by February 28, 2015. Program Manager will observe staff at a minimum of two times weekly prompting Client #1 to utilize her foot pedals as required by her HRP. Program Manager will document said observations of staff and report this documentation to the Director of Operations or the Director of Compliance and Risk Management. Furthermore, staff will document in Tangram's client database Client #1's progress toward meeting her goal related to using her foot pedals. Program Manager will review these progress reports. Staff who fail to follow the plans as written, specifically failing to prompt Client #1 to utilize her foot pedals as required by her HRP, will receive further training on the plan and</p>				

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	<p>armpits were even in height to the top of the dining room table.</p> <p>Observations were conducted at the group home on 1/27/15 from 6:00 AM through 7:30 AM. At 7:00 AM, client #1 was prompted by staff #2 to come to the home's dining area from client #1's bedroom to socialize with her peers in the home's living room area. Client #1 utilized a manual wheelchair to ambulate. Client #1 self propelled herself in her wheelchair by using her feet to push herself. Client #1's wheelchair did not have foot pedals attached to the wheelchair.</p> <p>Observations were conducted at client #1's day service provider on 1/27/15 from 12:00 PM through 1:00 PM. Client #1 was seated in her wheelchair at a workstation. Client #1 was seated at chin level with the workstation table.</p> <p>DSS (Day Service Staff) #1 was interviewed on 1/27/15 at 12:45 PM. DSS #1 stated, "[Client #1] does good work but she sits so low. Her head is just above the table. It seems like her chair is too low."</p> <p>Client #1's record was reviewed on 1/27/15 at 7:48 AM. Client #1's HRHCP (High Risk Health Care Plan) addressing</p>		the use of verbal prompts.				

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	<p>Impaired Mobility dated 11/3/14 indicated, "[Client #1] is non-ambulatory. [Client #1] is able to bear weight and pivot transfer with assist. [Client #1] is able to reposition herself while seated in the wheelchair. [Client #1] has a manual wheelchair for mobility. [Client #1] is able to self-propel with the use of her hands or feet without the assistance of another." Client #1's HRHCP addressing Impaired Mobility dated 11/3/14 indicated, "Staff will ensure the leg/foot rests are attached to the wheelchair frame and [client #1's] feet are supported prior to moving the chair with her in it."</p> <p>Client #1's Nutrition Progress Notes (NPN) dated 10/23/14 indicated, "Visited [client #1] at her home to observe supper. [Client #1] sitting in wheelchair and using a clothing protector during the meal. Wheelchair is very low compared to table." Client #1's NPN dated 10/23/14 indicated, "Suggest chair with arms and possible pillow supports for [client #1] to sit in when eating- (sic) to bring her up to a more acceptable height for self feeding."</p> <p>Client #1's QNR (Quarterly Nutrition Review) dated 12/23/14 indicated, "[Client #1] was eating in her wheelchair- (sic) chin high to the table- (sic) has a cushion in her chair." Client</p>			

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	<p>#1's QNR dated 12/23/14 indicated, "Try using a chair with arms with possible pillow supports to have [client #1] sit in to bring her up to a more acceptable height for self-feeding. May need to have an OT (Occupational Therapy) evaluation for positioning with eating."</p> <p>Client #1's record did not indicate documentation of an OT assessment of the functionality of client #1's current wheelchair regarding mobility and seating positioning during meal times.</p> <p>Nurse #1 was interviewed on 1/29/15 at 10:32 AM. When asked when client #1 should utilize the foot pedals on her wheelchair, nurse #1 stated, "Anytime she is being pushed by someone else. She can self-propel but anytime she is being pushed would be my preference." When asked if she had reviewed client #1's dietary recommendations regarding client #1's height and position at the dining room table, nurse #1 stated, "Yes, I assessed her. She sits low but she doesn't want to be transferred to a regular seat. She really hasn't had any issues with self feeding so we haven't had her assessed by OT because it is her choice."</p> <p>9-3-4(a)</p>						

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W000331	<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 sampled clients (#1), the nurse failed to ensure client #1 received services as indicated by her high risk plan.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/26/15 at 1:30 PM. The review indicated the following:</p> <p>-BDDS report dated 9/28/14 indicated, "At around 9:15 PM on 9/27/14 [PM #1 (Program Manager)] received a text message from staff that when she was toileting [client #1] she noticed that [client #1's] right ankle was swollen and bruised. [PM #1] told [staff #1]... would come in and [staff #1] could take [client #1] to the ER (Emergency Room) to be checked out. [Staff #1] took [client #1] to the ER and she had 4 x-rays taken on her ankle, it was not broken but sprained. [Client #1's] ankle was wrapped in an ace bandage and an air cast was put on."</p>	W000331	<p>The High Risk Plan (HRP) for Client #1 has been revised to reflect that staff will prompt client to utilize her foot pedals when she is leaving the home and/or out in the community. Furthermore, the HRP now includes language reiterating that client is able to self-propel herself in her wheelchair and that the use of foot pedals while she is in her own home is not necessary. Staff will be trained, however, to make the foot pedals available to client and encourage her to use them when she is being moved.</p> <p>Tangram will monitor equipment use for all clients to ensure that clients have access to the equipment necessary to meet their needs. All staff in the home will be trained on client's revised HRP. The Program Manager will monitor staff to ensure that the HRP is being followed.</p> <p>Tangram's Director of Compliance and Risk Management will continue to work with the home Program Manager and QDDP to ensure that plans and orders are being followed.</p> <p>This will be done through regularly scheduled internal audits of group home services. Furthermore, an audit of current paperwork in the home</p>	02/28/2015			

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	<p>The 9/28/14 BDDS report indicated, "[Client #1] self-propels with her feet in her wheelchair, we will put [client #1's] foot peddles (sic) on her chair until she is healed and then we will ensure that when staff at home or at work are pushing her that she has her feet up on her foot rest to ensure that they don't get caught under her chair."</p> <p>-Investigation Report dated, 10/3/14 indicated, "The purpose of reviewing this evidence was to determine the cause of [client #1's] injury (9/27/14) and prepare a course of action to prevent it from reoccurring. This review will also assists (sic) in the determination of how an injury may have been cause and what Tangram can do to prevent further injury in the future."</p> <p>The Investigation Report dated 10/3/14 indicated, "In light of the statements given by staff in the home, [DCRM (Director of Compliance and Risk Management) #1] and the [PM (Program Manager) #1] were able to determine that the injury was caused by [client #1's] practice of dragging her feet in front of her when her wheelchair is being moved. It was also determined that [client #1] dislike of (sic) using her foot pedals on her wheelchair."</p>		<p>will occur in response to this survey to ensure that other clients in the home have not been negatively affected. Additional: Staff in the home were trained on Client #1's revised High Risk Plan (HRP) on February 10, 2015. Client #1's Individual Support Plan (ISP) was also revised on February 16, 2015 to include a goal of staff utilizing verbal prompts to encourage Client #1 to use her foot pedals when she is being pushed. Program Manager will review this goal again with staff and will have staff document said review by February 28, 2015. Program Manager will observe staff at a minimum of two times weekly prompting Client #1 to utilize her foot pedals as required by her HRP. Program Manager will document said observations of staff and report this documentation to the Director of Operations or the Director of Compliance and Risk Management. Furthermore, staff will document in Tangram's client database Client #1's progress toward meeting her goal related to using her foot pedals. Program Manager will review these progress reports. Staff who fail to follow the plans as written, specifically failing to prompt Client #1 to utilize her foot pedals as required by her HRP, will receive further training on the plan and</p>				

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	<p>The Investigation Report dated 10/3/14 indicated, "The [PM #1] of the home implemented the procedure of ensuring that [client #1's] foot pedals remain on her chair. The [PM #1] also trained staff to ensure verbal prompts to [client #1] to keep her feet up when her wheelchair is in motion."</p> <p>Observations were conducted at the group home on 1/26/15 from 4:50 PM through 6:00 PM. At 5:30 PM, client #1 was prompted by PM #1 to come to the home's dining area from client #1's bedroom to participate in the evening meal. Client #1 utilized a manual wheelchair to ambulate (move from place to place). Client #1 self propelled herself in her wheelchair by using her feet to push herself. Client #1's wheelchair did not have foot pedals attached to the wheelchair. As client #1 propelled herself into the home's dining area, PM #1 asked client #1 if she needed assistance maneuvering herself into her designated spot at the dining room table. PM #1 stood behind client #1 and pushed client #1 in her wheelchair, with no foot pedals, from the living room to the dining area. Client #1 was not encouraged to utilize her foot pedals.</p> <p>Observations were conducted at the group home on 1/27/15 from 6:00 AM</p>		the use of verbal prompts.				

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	<p>through 7:30 AM. At 7:00 AM, client #1 was prompted by staff #2 to come to the home's living room area from client #1's bedroom to socialize with her peers and prepare to leave for the day services. Client #1 utilized a manual wheelchair to ambulate. Client #1 self propelled herself in her wheelchair by using her feet to push herself. Client #1's wheelchair did not have foot pedals attached to the wheelchair. At 7:30 AM, staff #2 and PM #1 attached client #1's foot pedals to her wheelchair frame before client #1 loaded the group home's van for transportation to day services.</p> <p>PM #1 was interviewed on 1/27/15 at 8:21 AM. When asked when client #1 should utilize the foot pedals on her wheelchair, PM #1 stated, "When she's at home she doesn't have to use them. We put them on before she goes to day services or out."</p> <p>Client #1's record was reviewed on 1/27/15 at 7:48 AM. Client #1's HRHCP (High Risk Health Care Plan) addressing Impaired Mobility dated 11/3/14 indicated, "[Client #1] is non-ambulatory. [Client #1] is able to bear weight and pivot transfer with assist. [Client #1] is able to reposition herself while seated in the wheelchair. [Client #1] has a manual wheelchair for mobility. [Client #1] is</p>			

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W000436	<p>able to self-propel with the use of her hands or feet without the assistance of another." Client #1's HRHCP addressing Impaired Mobility dated 11/3/14 indicated, "Staff will ensure the leg/foot rests are attached to the wheelchair frame and [client #1's] feet are supported prior to moving the chair with her in it."</p> <p>Nurse #1 was interviewed on 1/29/15 at 10:32 AM. When asked when client #1 should utilize the foot pedals on her wheelchair, nurse #1 stated, "Anytime she is being pushed by someone else. She can self-propel but anytime she is being pushed would be my preference."</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 2 of 6 clients with adaptive equipment, the facility failed to ensure client #1 utilized a non-slip mat during mealtime and had training to address her</p>	W000436	Both Client #1 and Client #3 have non-slip mats for mealtime and are using those mats at this time. The Program Manager will conduct oversight to ensure that the non-slip mats are part of the clients' mealtimes. The High	02/28/2015			

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	<p>resistance to the use of foot pedals on her wheelchair. The facility failed to ensure client #3 utilized a non-slip mat during mealtime.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/26/15 at 1:30 PM. The review indicated the following:</p> <p>-BDDS report dated 9/28/14 indicated, "At around 9:15 PM on 9/27/14 [PM #1 (Program Manager)] received a text message from staff that when she was toileting [client #1] she noticed that [client #1's] right ankle was swollen and bruised. [PM #1] told [staff #1]... would come in and [staff #1] could take [client #1] to the ER (Emergency Room) to be checked out. [Staff #1] took [client #1] to the ER and she had 4 x-rays taken on her ankle, it was not broken but sprained. [Client #1's] ankle was wrapped in an ace bandage and an air cast was put on."</p> <p>The Investigation Report dated 10/3/14 indicated, "In light of the statements given by staff in the home, [DCRM (Director of Compliance and Risk Management) #1] and the [PM (Program Manager) #1] were able to determine that</p>		<p>Risk Plan (HRP) for Client #1 has been revised to reflect that staff will prompt client to utilize her foot pedals when she is leaving the home and/or out in the community. Furthermore, the HRP now includes language reiterating that client is able to self-propel herself in her wheelchair and that the use of foot pedals while she is in her own home is not necessary. Staff will be trained, however, to make the foot pedals available to client and encourage her to use them when she is being moved.</p> <p>Tangram will monitor equipment use for all clients to ensure that clients have access to the equipment necessary to meet their needs. The Individual Support Plan (ISP) of Client #1 has also been revised to reflect a goal of staff giving verbal prompts to Client #1 regarding the use of her foot pedals. Tangram's Director of Compliance and Risk Management will continue to work with the home Program Manager and QDDP to ensure that plans and orders are being followed.</p> <p>This will be done through regularly scheduled internal audits of group home services.</p> <p>Furthermore, an audit of current paperwork in the home will occur in response to this survey to ensure that other clients in the home have not been negatively affected. Additional: Staff have been previously trained on the use of the non-slip mats.</p>	

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NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
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	<p>the injury was caused by [client #1's] practice of dragging her feet in front of her when her wheelchair is being moved. It was also determined that [client #1] dislike of (sic) using her foot pedals on her wheelchair."</p> <p>The Investigation Report dated 10/3/14 indicated, "The [PM #1] of the home implemented the procedure of ensuring that [client #1's] foot pedals remain on her chair. The [PM #1] also trained staff to ensure verbal prompts to [client #1] to keep her feet up when her wheelchair is in motion."</p> <p>Observations were conducted at the group home on 1/26/15 from 4:50 PM through 6:00 PM. At 5:30 PM, client #1 was prompted by PM #1 to come to the home's dining area from client #1's bedroom to participate in the evening meal. Client #1 utilized a manual wheelchair to ambulate (move from place to place). Client #1 self propelled herself in her wheelchair by using her feet to push herself. Client #1's wheelchair did not have foot pedals attached to the wheelchair. As client #1 propelled herself into the home's dining area, PM #1 asked client #1 if she needed assistance maneuvering herself into her designated spot at the dining room table. PM #1 stood behind client #1 and pushed client</p>		<p>However, to ensure that all staff training is current and up-to-date, Program Manager will train all staff in the home on the use of the non-slip mats by February 28, 2015. Currently, the process for the mats includes properly washing the mats after use and placing them back on the dining table so that they are available for the next meal for both Client #1 and Client #3. Program Manager will observe at least two (2) meal times, at a minimum, on a weekly basis to ensure that staff are making the non-slip mats available to the applicable clients. Program Manager will document said observations of staff and report this documentation to the Director of Operations or the Director of Compliance and Risk Management.</p>	

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	<p>#1 in her wheelchair, with no foot pedals, from the living room to the dining area. Client #1 was not encouraged to utilize her foot pedals. Client #1 joined her peers at the dining room table to participate in the evening meal. Client #1 did not utilize a non-slip pad under her divided plate. As client #1 used her spoon to scoop her food from her plate to her mouth, the plate slid forward/away from client #1. Client #1 was not offered a non slip pad.</p> <p>Observations were conducted at the group home on 1/27/15 from 6:00 AM through 7:30 AM. At 7:00 AM, client #1 was prompted by staff #2 to come to the home's living room area from client #1's bedroom to socialize with her peers and prepare to leave for the day services. Client #1 utilized a manual wheelchair to ambulate. Client #1 self propelled herself in her wheelchair by using her feet to push herself. Client #1's wheelchair did not have foot pedals attached to the wheelchair. At 7:30 AM, staff #2 and PM #1 attached client #1's foot pedals to her wheelchair frame before client #1 loaded the group home's van for transportation to day services.</p> <p>PM #1 was interviewed on 1/27/15 at 8:21 AM. When asked when client #1 should utilize the foot pedals on her</p>			

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	<p>wheelchair, PM #1 stated, "When she's at home she doesn't have to use them. We put them on before she goes to day services or out." PM #1 indicated client #1 was resistant to the use of the foot pedals and required verbal cues to keep her feet up and utilize the foot pedals when being pushed in the wheelchair. PM #1 indicated client #1 utilized a non-slip pad during meals. When asked if client #1 had utilized a non-slip pad during the evening meal on 1/26/15, PM #1 stated, "No."</p> <p>Client #1's record was reviewed on 1/27/15 at 7:48 AM. Client #1's ISP (Individual Support Plan) dated 9/16/14 did not indicate documentation of formal training or supports to teach or encourage client #1 to use her foot pedals and position her feet in an upward position while being pushed in her wheelchair. Client #1's Nutrition Progress Notes (NPN) dated 10/23/14 indicated, "Suggest non-slip mat to stabilize [client #1's] plate so she is not 'chasing' her plate on table."</p> <p>2. Observations were conducted at the group home on 1/26/15 from 4:50 PM through 6:00 PM. At 5:30 PM, client #3 participated in the home's evening meal. Client #3 did not utilize a non-slip mat under his plate.</p>				

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	<p>Observations were conducted at the group home on 1/27/15 from 6:00 AM through 7:30 AM. At 7:00 AM, client #3 ate his morning meal at the dining room table. Client #3 did not utilize a non-slip mat under his plate.</p> <p>Client #3's record was reviewed on 1/27/15 at 9:14 AM. Client #3's NPN dated 10/23/14 indicated, "Suggest non-slip mat to stabilize [client #3's] plate so he is not 'chasing' his plate on table."</p> <p>PM #1 was interviewed on 1/27/15 at 8:21 AM. PM #1 indicated client #3 should utilize a non-slip mat during meals. When asked if client #3 had utilized a non-slip pad during the evening meal on 1/26/15 or the morning meal on 1/27/15, PM #1 stated, "No."</p> <p>9-3-7(a)</p>						