STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G385		09/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADEWINDS SERVICES INC	12046 FORREST DR ST JOHN, IN 46373

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for the fundamental annual recertification and state licensure survey. Survey Dates: September 8, 9, 10 and 11, 2015. Facility Number: 000899 Provider Number: 15G385 AIM Number: 100249270 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report was completed by #09182 on 9/18/2015.	W 0000		
W 0149 Bldg. 00	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 2 of 4 sampled clients (clients #2 and #4), the facility to implement its "Policy on Abuse and Neglect, Exploitation, Mistreatment, Violation of an Individuals Rights, and Injuries of an unknown Origin" in regards to preventing client to client aggression while at the facility owned day program.	W 0149	All staff is trained annuallyon the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection ofan Individual's Rights and Injuries of an Unknown Origin. All staff is alsotrained on incident reporting annually. Staff is to report all incidents to thehouse manager (and to follow the chain of command if they are unable to reachthe house manager) immediately after the incidents have been addressed.	10/02/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: A review of the facility's records was conducted on 9/9/15 at 10:30 A.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated: -BDDS report dated 9/3/14 involving client #4 and Day Program client #1 indicated: "[Day Program client #1] was having a behavior as she was being assisted to the couch to relax. as (sic) she was walking by [client #4] she hit him on his left arm...." -BDDS report dated 11/21/14 involving client #4 and [Day Program client #4] indicated: "[Day Program client #4] was perseverating on some strings that were in a drawer, staff gave him a verbal prompt that he could not have the string right now. He became angry. He approached another consumer and hit him in the chest three times. Staff attempted to escort him to sit down when he grabbed some blocks and threw them across the room, hitting [client #4]...." -BDDS report dated 3/4/15 involving client #4 and [Day Program client #1] indicated: "[Client #1] was sitting on the sofa near [Day Program client #1]. [Day Program client #1] asked [client #4] if he		Thehouse manager is to report the incident to the QIDP and or Residential Nurse(if needed) immediately. The QIDP must be notified as soon as the incident isunder control and there is no further danger to either client(s) involved. TheQIDP is responsible for making all necessary incident reports to the Bureau ofDevelopmental Disabilities (BDDS) within the guidelines (within 24 hours ofincident). The QIDP is responsible for conducting a thorough investigation(that must be completed within 5 business days), involving all staff members(present or absent in the home during the time of the incident) and consumers(present or absent in the home during the time of the incident) through writtendocumentation. (Please see attached policy on investigations, mandatorycomponents of an investigation, investigation forms and the QIDP trainingdocument) All staff and consumer with knowledge of the incident must completehis/her documentation on the investigation form and forward that information tothe QIDP by the end of their shift. All staff has been re-trained to follow thepolicy (Abuse, Neglect, Exploitation, Mistreatment, and Protection of anIndividuals' Rights of an Unknown Origin) at all times and to ensure consumersare not aggressed upon. The group	

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	would get up from the sofa to allow her to lie down. He agreed to get up but tried to comfort her by offering an (sic) hand shake however, [Day Program client #1] began kicking him on his arms and legs before he was able to get up...." -BDDS report dated 4/7/15 involving client #4 indicated: "[Facility owned day program client #1] is a consumer in the [Day Program name], at 9:45 A.M., staff stated that she went into a behavior as she was walking to the couch to sit down. As she approached the couch [Day program consumer #2], another consumer was standing near the couch. [Day Program client #1] reached out and slapped her shoulder. [Day program client #1] stood up and grabbed [client #4] who was resting in the recliner when [Day program client #1] grabbed at his shirt...." -BDDS report dated 5/12/15 involving clients #1 and #4 indicated: "[Client #1] and [client #4] reside in the group home and attend [Facility owned day program]. The two men had just arrived at Day Program and were getting off from the [Facility bus] when staff reminded [client #4] that he was supposed to stay on the bus, due to having a medical appointment. [Client #4] proceeded to still get off the bus and when staff prompted him again to remain on the bus,		home manager is responsible formonitoring and ensuring that the staffs are following the rights of theconsumers. The QIDP will observe during weekly visits to the home in additionto unannounced visits that the staffs are following the rights of theconsumers. It is the policy of TradeWinds Services to ensure that all clientshave a safe environment free of aggression, exploitation, abuse, neglect andmistreatment. It is also the policy of TradeWinds to ensure the health, welfareand rights of the individuals we serve. Staff member was re-trained to allow client #4 to enter theday program before going to medical appointments, due to client #4 having ahistory of agitation when he has a change in his routine. (Please see attacheddocument) To ensure compliance and client #4's safety and well-being,client #4 was moved into another day program room and separated from client #1,due to previous incidents.	

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	[client #4] immediately hit [client #1] in the face 3 times. According to reporting staff, once was near the right eye and the other 2 times were near [client #1]'s mouth...." A review of the facility's "Policy on Abuse, Neglect, Exploitation, Mistreatment, Violation of an Individual's Rights and Injuries of an unknown Origin" dated 3/10/09 was conducted at the facility's administrative office on 9/9/15 at 3:00 P.M.. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report form and reviewed according to policy and applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful infliction of injury...Verbal abuse: Oral, written and or gestured language that			

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	includes disparaging and derogatory remarks toward consumers...Exploitation. Financial, any deliberate misplacement, exploitation, or wrongful temporary or permanent use of an individual's belongings or money." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated staff are to monitor all clients while at the day program to prevent client to client aggression. The QIDP further indicated all staff are trained on the facility's abuse and neglect policy upon hire and then annually. 9-3-2(a)			
W 0189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview for 1 of 4 sampled clients (client #4), the facility failed to ensure all staff who worked with client #4 were sufficiently	W 0189	All staff is trained annuallyon the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection ofan Individual's Rights and Injuries of an Unknown Origin.	10/02/2015

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	trained to assure competence in regard to preventing client to client aggression while at the facility owned day program. Findings include: A review of the facility's records was conducted on 9/9/15 at 10:30 A.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated: -BDDS report dated 9/3/14 involving client #4 and Day Program client #1 indicated: "[Day Program client #1] was having a behavior as she was being assisted to the couch to relax. as (sic) she was walking by [client #4] she hit him on his left arm...." -BDDS report dated 11/21/14 involving client #4 and [Day Program client #4] indicated: "[Day Program client #4] was perseverating on some strings that were in a drawer, staff gave him a verbal prompt that he could not have the string right now. He became angry. He approached another consumer and hit him in the chest three times. Staff attempted to escort him to sit down when he grabbed some blocks and threw them across the room, hitting [client #4]...." -BDDS report dated 3/4/15 involving		All staff is alsotrained on incident reporting annually. Staff is to report all incidents to thehouse manager (and to follow the chain of command if they are unable to reachthe house manager) immediately after the incidents have been addressed. Thehouse manager is to report the incident to the QIDP and or Residential Nurse(if needed) immediately. The QIDP must be notified as soon as the incident isunder control and there is no further danger to either client(s) involved. TheQIDP is responsible for making all necessary incident reports to the Bureau ofDevelopmental Disabilities (BDDS) within the guidelines (within 24 hours ofincident). The QIDP is responsible for conducting a thorough investigation(that must be completed within 5 business days), involving all staff members(present or absent in the home during the time of the incident) and consumers(present or absent in the home during the time of the incident) through writtendocumentation. (Please see attached policy on investigations, mandatorycomponents of an investigation, investigation forms and the QIDP trainingdocument) All staff and consumer with knowledge of the incident must completehis/her documentation on the investigation form and forward that information tothe QIDP by the end of their shift. All staff has been	

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	client #4 and [Day Program client #1] indicated: "[Client #1] was sitting on the sofa near [Day Program client #1]. [Day Program client #1] asked [client #4] if he would get up from the sofa to allow her to lie down. He agreed to get up but tried to comfort her by offering an (sic) hand shake however, [Day Program client #1] began kicking him on his arms and legs before he was able to get up...." -BDDS report dated 4/7/15 involving client #4 indicated: "[Facility owned day program client #1] is a consumer in the [Day Program name], at 9:45 A.M., staff stated that she went into a behavior as she was walking to the couch to sit down. As she approached the couch [Day program consumer #2], another consumer was standing near the couch. [Day Program client #1] reached out and slapped her shoulder . [Day program client #1] stood up and grabbed [client #4] who was resting in the recliner when [Day program client #1] grabbed at his shirt...." -BDDS report dated 5/12/15 involving clients #1 and #4 indicated: "[Client #1] and [client #4] reside in the group home and attend [Facility owned day program]. The two men had just arrived at Day Program and were getting off from the [Facility bus] when staff reminded [client #4] that he was supposed to stay on the		re-trained to follow thepolicy (Abuse, Neglect, Exploitation, Mistreatment, and Protection of anIndividuals' Rights of an Unknown Origin) at all times and to ensure consumersare not aggressed upon. The group home manager is responsible formonitoring and ensuring that the staffs are following the rights of theconsumers. The QIDP will observe during weekly visits to the home in additionto unannounced visits that the staffs are following the rights of theconsumers. It is the policy of TradeWinds Services to ensure that all clientshave a safe environment free of aggression, exploitation, abuse, neglect andmistreatment. It is also the policy of TradeWinds to ensure the health, welfareand rights of the individuals we serve. Staff member was re-trained to allow client #4 to enter theday program before going to medical appointments, due to client #4 having ahistory of agitation when he has a change in his routine. (Please see attacheddocument) To ensure compliance and client #4's safety and well-being,client #4 was moved into another day program room and separated from client #1,due to previous incidents.	

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	bus, due to having a medical appointment. [Client #4] proceeded to still get off the bus and when staff prompted him again to remain on the bus, [client #4] immediately hit [client #1] in the face 3 times. According to reporting staff, once was near the right eye and the other 2 times were near [client #1]'s mouth...." An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated staff are trained to prevent client to client aggression upon hire and then annually. The QIDP indicated staff should prevent client to client aggression. 9-3-3(a)			
W 0247 Bldg. 00	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation, record review and interview, the facility failed for 1 additional client (client #5) to allow client choice and self-management	W 0247	On 9/23/15, staffs were trained on (Individual ProgramPlan) for client choice and self-management. Staff was informed if a consumerhas a request, that	10/02/2015

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	pertaining to participating in community outings and doing paid work at the work shop. Findings include: A morning observation was conducted at the group home on 9/11/15 from 5:45 A.M. until 7:05 A.M.. At 6:45 A.M., client #5 asked if he could talk to this surveyor. Client #5 stated "They wouldn't take me to the county fair and I told them I wanted to go." When asked who wouldn't take him to the county fair, client #5 indicated the Group Home Manager (GHM). Client #5 indicated he asked the GHM why he couldn't go and indicated the GHM told him she was taking 3 other clients and he couldn't go. Client #5 indicated he was very upset he did not get to participate in the community outing. Client #5 then stated "I want to do real work like I did before. They have me doing kindergarten stuff at work shop." When asked what he meant by kindergarten work, he stated "Gluing stuff and coloring. I used to work and get paid and I want to do work and get paid." A review of client #5's record was conducted on 9/9/15 at 1:30 P.M.. Review of client #5's Individual Support Plan (ISP) dated 12/11/14 indicated he was an emancipated adult and capable of		he/she wants to work in the workshop, wants new clothing,wants to go into the community or etc… it is the responsible of staff todocument the request in the communication book. It will then be the responsibleof the house manager and QIDP to follow up with the request that was made bythat consumer. The house managers willcheck the communication book daily for all requests. The QIDPs will conduct weekly visits to the home to follow up and ensure compliance. The Coordinatorwill also conduct pop up visits to ensure compliance.	

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	expressing his wants and needs. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated clients should be allowed self choice and self management of participating in community outings. The QIDP indicated she was informed client #5 did not want to go on the outing. The QIDP indicated client #5 did paid work before but he would fall asleep. The QIDP indicated they should try him at paid work again. 9-3-4(a)			
W 0391 Bldg. 00	483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. Based on observation, record review, and interview, for 1 of 5 medications administered to 1 of 2 clients observed during the evening medication administration (client #1), the facility failed to remove from use the medication container with a worn label. Findings include:	W 0391	On 9/23/15, staffs were trained on (Drug Labeling) anymedication or prescribed treatments need to have a clear readable labelattached. For creams or ointments that may wear off the label, they can beplaced in a zip lock bag and a label put on the baggie. Staff has been trained through Med Core A& B to never administer a medicine from an unlabeled or illegibly-labeledcontainer. Never	10/02/2015

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	An evening observation was conducted on 9/8/15 from 5:45 P.M. until 6:55 P.M.. At 6:00 P.M., client #1 was observed during medication administration with Direct Support Professional (DSP) #2. DSP #2 retrieved a plastic bottle from client #1's medication bin. The label on the plastic bottle was worn and did not have any information on it. Review of the Medication Administration Record (MAR) dated 9/1/15 indicated: "Ammonium Lactate Lotion 12% (dry skin)...Apply topically daily." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated all medications are to have a label and further indicated the labels are not to be worn. 9-3-6(a)		re-label medication yourself, notify the staff/residentialnurse. The house manager is responsiblefor ensuring that all medications are properly labeled. The QIDPs will conductweekly visits to the home to follow up and ensure compliance. The Coordinator will also conduct pop upvisits to ensure compliance.	
W 0436 Bldg. 00	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,			

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	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, the facility failed for 3 of 4 sampled clients who used adaptive equipment (clients #1, #2 and #4), to teach and encourage the use of their eyeglasses and hearing aids. Findings include: An evening observation was conducted at the group home on 9/8/15 from 5:45 P.M. until 6:55 P.M.. During the entire observation, clients #1, #2 and #4 were observed not wearing their prescribed eyeglasses and client #1 was not wearing his prescribed hearing aids. Direct Support Professionals (DSPs) #1, #2 and #3 did not prompt clients #1, #2 and #4 to wear their eyeglasses and hearing aids. A morning observation was conducted at the group home on 9/11/15 from 5:45 A.M. until 6:45 A.M.. During the entire observation, clients #1, #2 and #4 were observed not wearing their prescribed eyeglasses. Client #1 was not wearing his hearing aids. Direct Support Professionals (DSPs) #5, #6, #7 and #8 did not prompt clients #1, #2 and #4 to wear their eyeglasses and hearing aids.	W 0436	On 9/23/2015, the Forest Group Home staff were trained on (Space andEquipment) the need to prompt and encourage individual consumers to use theiradaptive equipment(s). Staff has been trained on the importance of teaching the individual consumers to use and to make informed choices about the use of theiradaptive equipment's, such as: eyeglasses, walker, wheelchair, hearing aid,braces (leg/ankle), dentures, communication devices and etc… Staff hasbeen trained on to prompt and encourage individual consumers to use alladaptive equipment(s); however, if there are several refusals, staff mustdocument in the consumers communication book in addition to the behavior tracking sheet (if the consumer receives behavioral services), so there isdocumentation of refusals noted in the communication book and or behavior tracking sheets. (Please see attached training documents) The group home manager is responsible for ensuring that staff is prompting and encouraging the individual consumers to use their adaptive equipment(s). In addition, the QIDPwill observe staff during visits to the group home to ensure staff is prompting and	10/02/2015

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	A review of client #1's record was conducted on 9/9/15 at 12:30 P.M.. Review of client #1's 8/14/15 vision exam indicated he was prescribed eyeglasses. Client #1's Individual Support Plan (ISP) dated 3/24/15 indicated: "[Client #1] has bilateral immature cataracts. He wears glasses full time, there is no evidence of glaucoma." Review of client #1's 7/10/15 hearing assessment/evaluation indicated he was prescribed hearing aids. A review of client #2's record was conducted on 9/9/15 at 1:00 P.M.. Review of client #2's 9/1/15 vision exam indicated he was prescribed eyeglasses. A review of client #4's record was conducted on 9/9/15 at 2:00 P.M.. Review of client #4's 4/17/15 vision exam indicated he was prescribed eyeglasses. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated clients #1, #2 and #4 were prescribed eyeglasses. The QIDP indicated client #1 was prescribed hearing aids. The QIDP further indicated staff should prompt and teach the clients to wear their eyeglasses and hearing aids.		encouraging individual consumers to use their adaptive equipment(s). To ensure a more frequent monitoring system is in place, the prescribed eyeglasses and hearing aids for clients #1, #2 and #4 will be added to an adaptive equipment form.(Please see attached document)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G385		09/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	9-3-7(a)			
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills for shifts of personnel which affected 8 of 8 clients living in the facility (clients #1, #2, #3, #4, #5, #6, #7 and #8). Findings include: The facility's records were reviewed on 9/8/15 at 6:40 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 evening shift (3:00 P.M. to 11:00 P.M.) during the fourth quarter (October 1st through December 31st) of 2014. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated evacuation drills are to be conducted during each quarter for each shift of staff.	W 0440	On 9/23/2015, all staff wastrained on fire/tornado drills. Staffs were informed that the fire/tornadodrills is required to be conducted on each shift, once per quarter. Ensure thatthe drill takes place and is properly documented and signed for on the emergencydrill forms. (Please see attached documents) TradeWinds has a Fire/TornadoDrill Procedure in place that states all staff must individually conduct onefire/tornado drill in each quarter of the year. Anytime a staff is assigned toanother house other than the house they are normally at, staff must conduct afire/tornado drill at the new house also. (Please see attached Fire/TornadoProcedure and Tornado Safety Procedures) The house manager is responsible forensuring that staff is conducting fire/tornado drills during each quarter for each shift. The QIDP will review the fire/tornado drills during the weekly site visits in addition to the unannounced visits to the group	10/02/2015

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	9-3-7(a)		home to ensure staffis conducting fire/tornado drills. The Coordinator will also conduct pop up visits to the home to ensure compliance	
W 0484 Bldg. 00	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. Based on observation and interview, the facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) to provide condiments and plates at the dining table. Findings include: A morning observation was conducted at the group home on 9/11/15 from 5:45 A.M. until 7:05 A.M.. At 5:45 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their morning meal which consisted of oatmeal and dry toasted bread. There was no butter/margarine, jelly, cinnamon and milk on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8 to use for their morning meal. Clients #1, #2, #3, #4, #5, #6, #7 and #8's pieces of toast were observed sitting on the table in front of each client's place setting. There were no plates on the table for the clients' use. An interview with the Qualified	W 0484	The staff has been re-trainedon (Dining Areas and Services) involving the need to provide condiments duringmeal time. Staff has been trained that all condiments that are relevant to themeal should be placed on the table during all meals. Staff has also beentrained that the consumers should be able to have a choice of condimentsavailable to them. (Please see attached documents) The group home manager isresponsible for monitoring staff to ensure that condiments are available on thetable during meal time. The QIDP will observe staff during unannounced visitsto the group home to ensure that condiments are available on the table duringmeal time. This includes, but not limited to: jelly, mustard, butter, ketchup,pepper, salt, mayo, sugar/sugar substitutes and etc.… The group home manager will conduct home visits during meal times to ensure that this is properly implemented in the home. The QIDPs will	10/02/2015

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	Intellectual Disabilities Professional (QIDP) was conducted on 9/11/15 at 3:00 P.M.. The QIDP indicated condiments and plates should be put on the table for the clients to use. 9-3-8(a)		conduct weekly visits to the home tofollow up and ensure compliance. TheCoordinator will also conduct pop up visits to ensure compliance.	