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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15G159 |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING   |  | X3) DATE SURVEY<br>COMPLETED<br>10/27/2016 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>RES CARE COMMUNITY ALTERNATIVES SE IN |   |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1337 E SOUTHVIEW LN<br>PAOLI, IN 47454  |  |  |  |
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| W 0000<br><br>Bldg. 00  | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 24, 25, and 27, 2016.</p> <p>Facility Number: 000695<br/>AIM Number: 100243150<br/>Provider Number: 15G159</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9.<br/>Quality Review of this report completed by #15068 on 11/9/16.</p>   |  | W 0000              |  |  |  |  |
| W 0104<br><br>Bldg. 00  | <p>483.410(a)(1)<br/>GOVERNING BODY<br/>The governing body must exercise general policy, budget, and operating direction over the facility.<br/>Based on record review and interview for 1 of 3 sampled clients (#1), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the client's personal finances/resources were not in excess of the predetermined maximum amount allowed by Medicaid.</p> |  | W 0104              | <p><b>W104:</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>Corrective Action: (Specific):</b><br/>The QIDP will be re-trained on ensuring that all requests for</p> |  | 11/26/2016                                 |  |

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>Findings include:</p> <p>Client #1's financial records were reviewed on 10/25/16 at 7:30 AM. Client #1's cash on hand was \$1.39. The client's most recent RFMS/Resident Account Family Member Statement for the time period of 7/1/2016 to 9/30/16 indicated a balance of \$2182.42.</p> <p>QIDP/Qualified Intellectual Disabilities Professional staff #1 stated (10/27/16 at 1:50 PM) client #1 was in the process of doing a "spend down" because client #1's resources exceeded the \$2,000.00 Medicaid maximum limit.</p> <p>9-3-1(a)</p> |  |  |   | <p>client funds are completed timely to ensure that client account balances do not exceed the \$2,000 Medicaid maximum limit.</p> <p><b>How others will be identified:</b><br/><b>(Systemic):</b> The Business Manager will monitor all client finances at least monthly to ensure that clients do not exceed the \$2,000 Medicaid maximum limit.</p> <p><b>Measures to be put in place:</b><br/>The QIDP will be re-trained on ensuring that all requests for client funds are completed timely to ensure that client account balances do not exceed the \$2,000 Medicaid maximum limit.</p> <p><b>Monitoring of Corrective Action:</b> The Business Manager will monitor all client finances at least monthly to ensure that clients do not exceed the \$2,000 Medicaid maximum limit.</p> |  |                            |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| W 0149<br><br>Bldg. 00  | <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>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 3 sampled clients (#2) and one additional client (#4), the facility failed to ensure their policies prohibiting abuse and neglect were implemented.</p> <p>Findings include:</p> <p>Facility investigations/incidents and those incidents reported to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 10/24/16 at 2:30 PM and on 10/27/16 at 11:00 AM and indicated the following:</p> |  | W 0149              | <p><b>Completion date: 11/26/2016</b></p> <p><b>W149:</b> That facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action: (Specific):</b><br/>All staff at the home will be re-trained on the Operation Standard for Abuse neglect exploitation mistreatment or violation of client rights and the Medication Ordering and Accounting Policy and Procedure.</p> |  | 11/26/2016                                 |  |

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|   | <p>An investigation dated 6/6-10/16 indicated client #4's controlled medication for anxiety, clonazepam 0.5 milligrams (one tablet) was missing before the medication pass on 6/06/2016. The investigation could not determine how the pill came to be missing.</p> <p>An investigation dated 4/18-25/16 indicated client #4 began to choke and the Heimlich Maneuver was done. Client #4 reported she choked on salad. The report indicated her food was cut into bite sized pieces and staff always cuts it up. Staff was telling her slow down and she did take a big bite of food. Client #4 said she may have been talking while she was eating and that she does that sometimes. Client #4 was evaluated at the local emergency room and had a swallow study subsequently to the choking incident. The swallow study recommended her liquids be thickened to a nectar consistency.</p> <p>A report dated 9/23/16 at 7:40 AM indicated client #2 "grabbed" client #4's left side of head. Staff tried to verbally redirect client #2 but client #2 "grabbed" client #4 on the left side of her head for a "brief second" before being separated by staff. Clients were checked for injuries and there were none.</p> <p>A BDDS report dated 4/9/16 indicated on</p> |  |  |   | <p><b>How others will be identified: (Systemic):</b> The Area Supervisor will visit the home at least weekly to ensure that all medications are accounted for and audits are being completed at least weekly for all medications.</p> <p><b>Measures to be put in place:</b><br/>All staff at the home will be re-trained on the Operation Standard for Abuse neglect exploitation mistreatment or violation of client rights and the Medication Ordering and Accounting Policy and Procedure.</p> <p><b>Monitoring of Corrective Action:</b> The Area Supervisor will visit the home at least weekly to ensure that all medications are accounted for and audits are being completed at least weekly for all medications.</p> <p><b>Completion date:</b><br/>11/26/2016</p> |  |                            |

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|   | <p>4/8/16 at 7:00 AM, client #2 was "pointing her finger/hollering at" client #4. Client #2 called client #4 "names" and client #4 "cried." Client #2 "grabbed [client #4's] ear." Staff separated them. Client #4's ear was red.</p> <p>Interview with the Quality Assurance Manager on 10/24/16 at 1:30 PM indicated the facility's abuse/neglect/exploitation policy should be implemented.</p> <p>The agency's Operational Standard "Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" revision date of 1/2016 was reviewed on 10/24/16 at 2:30 PM. The review indicated the agency prohibited staff neglect/abuse/exploitation of clients. The policy indicated all allegations would be investigated and addressed. The Operation's Standard included, in part, the following: "[The agency] strictly prohibits abuse, neglect exploitation, mistreatment, or violation of an Individual's rights. These include and are defined as any of the following:...hitting...the infliction of physical pain...verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self-respect or dignity...Medical treatment or care...."</p> |  |  |   |  |  |                            |

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|   | 9-3-2(a)   |  |                     |   |  |  |  |
| W 0189<br><br>Bldg. 00  | <p>483.430(e)(1)<br/>STAFF TRAINING PROGRAM</p> <p>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.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 3 additional clients (#4, #5 and #6), the facility staff failed to exhibit competency in monitoring mealtime at the facility.</p> <p>Findings include:</p> <p>Observations of the evening meal were conducted on 10/24/16 from 5:00 PM until 7:00 PM. Clients #1, #2, #3, #4, #5, and #6 were observed to consume the evening meal of baked chicken breast, macaroni salad,</p> |  | W 0189              | <p><b>W189:</b> 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.</p> <p><b>Corrective Action: (Specific):</b><br/>All staff at the home will be re-trained on involving all consumers in meal prep, serving meals and clean up instead of completion of those tasks for the clients and sitting with individuals during all meals to provide close monitoring.</p> |  | 11/26/2016                                 |  |

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|   | <p>broccoli, mixed vegetables, sliced peaches and bread and butter, and beverage.</p> <p>House Manager/HM #1 and staff #4 were working in the facility during the evening meal.</p> <p>At 6:10 PM, the meal was placed onto the table by HM #1 and client #5. The clients sat down to eat at 6:20 PM and started to pass the baked chicken around the table. Staff #4 and HM #1 walked around the table and assisted with passing foods and getting items for clients from the kitchen area. Staff did not sit with clients and closely and monitor the mealtime. At 6:45 PM, HM #1 sat with clients after much of the meal had already been consumed.</p> <p>On 10/25/16 observations were conducted from 6:00 AM until 8:00 AM. Clients #1, #2, #3, #4, #5, and #6 ate dry cereal with milk, juice, bagels with cream cheese and coffee for breakfast. Staff #5 and HM #1 were the staff supervising the breakfast from 7:00 AM until 8:00 AM. Staff did not sit at the table with clients or consistently monitor them during the breakfast.</p> <p>Facility investigations/incidents and those incidents reported to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 10/24/16 at</p> |  |  |   | <p><b>How others will be identified:</b><br/><b>(Systemic):</b> The Area Supervisor will visit the home at least weekly to ensure that staff is sitting with all clients at meals to closely monitor and are involving all clients in meal prep, serving meals and clean up instead of completing those tasks for al clients.</p> <p><b>Measures to be put in place:</b><br/>All staff at the home will be re-trained on involving all consumers in meal prep, serving meals and clean up instead of completion of those tasks for the clients and sitting with individuals during all meals to provide close monitoring. A new Residential Manager has been assigned to the home.</p> <p><b>Monitoring of Corrective Action:</b> The Area Supervisor will visit the home at least weekly to ensure that staff is sitting with all clients at meals to closely monitor and are involving all clients in meal prep, serving meals and clean up instead of completing those tasks for al clients.</p> <p><b>Completion date: 11/26/2016</b></p> |  |                            |

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|   | <p>2:30 PM and indicated clients #4 and #5 were at risk for choking.</p> <p>An investigation dated 5/14-17/16 indicated client #5 began coughing at dinner on 5/14/16 at 6:00 PM and had a choking episode. The report indicated she had cut up pizza for dinner. 911 was called and she was taken to a local emergency room.</p> <p>The investigation determined pizza was cut up and it was unknown why she choked. She continued to breathe, her airway was not closed and she did not aspirate. The ER Doctor made no recommendations. The BDDS report indicated while eating dinner, client #5 pointed to her throat and said "something was stuck."</p> <p>An investigation dated 4/18-25/16 indicated client #4 began to choke and the Heimlich Maneuver was done. Client #4 reported she choked on salad. The report indicated her food was cut into bite sized pieces and staff always cuts it up. Staff was telling her slow down and she did take a big bite of food. Client #4 said she may have been talking while she was eating and that she does that sometimes. Client #4 was evaluated at the local emergency room and had a swallow study subsequently to the choking incident. The swallow study recommended her liquids</p> |  |  |   |  |  |                            |



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|   | <p>be thickened to a nectar consistency.</p> <p>Review of client #6's record was done on 10/25/16 at 2:45 PM. The review indicated the 6/03/16 Dining Plan which indicated she received a Mechanical soft #1 diet consistency with all food cut into 1/2 inch bite sized pieces. The diet was listed as NCS (no concentrated sweets) with portion control.</p> <p>Review of client #3's record was done on 10/25/16 at 10:10 AM. The review indicated a dining plan dated 6/24/16 which listed her diet as low fat, NCS (no concentrated sweets) with portion control, regular consistency diet.</p> <p>Review of client #2's record on 10/25/16 at 10:35 AM indicated a nutritional evaluation/NE dated 3/17/16. The NE indicated she received a low fat, NCS (no concentrated sweets) with portion control regular consistency (food cut into one inch pieces) diet.</p> <p>Client #1's record was reviewed on 10/25/16 at 2:35 PM. The review indicated a dietary evaluation dated 6/20/16 which indicated her diet order was for chopped meats and increased fiber. A 6/3/16 dining plan indicated client #1 eats at the dining room table, family style. She must be prompted to</p> |  |  |   |  |  |                            |

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| W 0200<br><br>Bldg. 00  | <p>cut food into small pieces, chew thoroughly, use appropriate manners and to swallow before taking another bite.</p> <p>Interview with the Administrator on 10/27/16 at 11:30 AM indicated staff were expected to sit with clients and monitor the mealtimes. Staff were to model correct eating manners/behavior and be attentive to clients; not just walk around the table or be in the area.</p> <p>9-3-3(a)</p> <p>483.440(b)(3)<br/>ADMISSIONS, TRANSFERS, DISCHARGE<br/>A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.</p> <p>Based on record review and interview for 1 additional client (#7), the facility failed to ensure the discharge summary contained pertinent information.</p> <p>Findings include:</p> <p>Facility investigations/incidents and those incidents reported to the BDDS</p> |  | W 0200              | <p><b>W200:</b> A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.</p> |  | 11/26/2016                                 |  |

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|   | <p>(Bureau of Developmental Disabilities Services) were reviewed on 10/24/16 at 2:30 PM and on 10/27/16 at 11:00 AM and indicated the following:</p> <p>An investigation dated 8/22-25/16 indicated client #7 had a "Near choking" incident on 8/22/16 at 6:00 PM and went to a local emergency room/ER. The report indicated client #7 took a drink while still having food in her mouth and started to cough. 911 was called as a precaution according to company policy. An X-ray indicated no aspiration. The incident report indicated the client continued to breathe during the incident. The BDDS report indicated the client's dining plan would continue to be followed. Staff will verbally prompt client #7 to take small bites of food according to her Mechanical #2 diet with food cut into bite sized pieces and ground meats. The client was eating ground chicken and cut up broccoli during the incident. The report indicated there were two staff assisting with the meal.</p> <p>A BDDS report dated 6/27/16 indicated on 6/26/16 at 3:00 PM, client #7 went to the ER for swelling to her left leg/ankle. The client had tests and a venous Doppler scan on 6/27/16. The Doppler showed no blood clot and the swelling was said to be</p> |  |  |   | <p><b>Corrective Action: (Specific):</b><br/>The QIDP will be re-trained on completion of discharge summaries for clients that includes functional developmental, behavioral, social health and nutritional status.</p> <p><b>How others will be identified: (Systemic):</b> The Program Manager will review all discharge summaries when clients discharge to ensure that they include functional developmental, behavioral, social health and nutritional status.</p> <p><b>Measures to be put in place:</b><br/>The QIDP will be re-trained on completion of discharge summaries for clients that includes functional developmental, behavioral, social health and nutritional status.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will review all discharge summaries when clients discharge to ensure that they include functional developmental, behavioral, social health and nutritional status.</p> |  |                            |

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|   | <p>water retention due to not walking.</p> <p>An investigation dated 4/4-11/16 indicated client #7 had a bruise of unknown origin on her hip. The investigation found she had been "scooting on her bottom" and not wanting to walk. The LPN indicated client #7 had been scooting on the floor pushing her roller walker and pulling herself to the couch. A doctor's order to get gait a belt and wheelchair was being sought. The report indicated client #7 fell on her bottom on 3/31/16 and had been scooting on her bottom the week after the fall. The facility's couch is wooden and could have caused the bruise. The report indicated it could not be known for certain how bruise happened.</p> <p>Review of client #7's 9/1/16 Discharge Summary on 10/27/16 at 12:30 PM indicated the following:</p> <p>"Developmental: [Client #7] has been diagnosed with Anxiety, Neurocognitive D.O. (disorder/dementia), Severe (Intellectual Disability), Down's syndrome, Dislocated Left Patella (kneecap), Edentulous, HX (history) of Heart Murmur, Congenital Cataracts, and Hyperlipidemia (increased fats in the bloodstream). She needs help with all daily ADLs (activities of daily living)</p> |  |  |   | Completion date: 11/26/2016  |  |                            |

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|   | <p>(sic), she is able to communicate but she does not understand what is being asked of her on most days.</p> <p>Behavioral: [Client #7] has a history of non-compliance and requires prompting and motivation from staff. Staff also record on a daily basis how many times [client #7] loses her train of thought and/or how many times she forgets who is with her.</p> <p>Social: [Client #7's] sister has been involved with her and she has visited on a few occasions. [Client #7] used to like to go out in the community shopping and going out to eat. She often refuses now to go out anywhere.</p> <p>Health: [Client #7] has been diagnosed with Anxiety, Neurocognitive D.O., Severe MR, Down's syndrome, Dislocated Left Patella, Edentulous, HX of Heart Murmur, Congenital Cataracts, and Hyperlipidemia.</p> <p>Nutritional: [Client #7] is on a mechanical #2 ground meats, NCS (no concentrated sweets), portion control, and regular liquids (diet).</p> <p>Reason for discharge: Transitioning from Group Home to [name of Rehabilitation Center]."</p> |  |  |   |  |  |                            |

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|   | <p>The discharge summary did not include what type of prompting/assistance was required for client #7 in her activities of daily living, grooming, bathing, toileting, dressing. The discharge summary did not include information in regards to her mealtime skills and the episode of "near choking" or the supervision she required at meals to keep her safe. The discharge summary did not contain behavioral information regarding client #7's use of a rolling walker until the fall on 3/31/16 and her subsequent unwillingness to bear weight and the need for a gait belt, staff assistance and the use of a wheelchair. The discharge summary did not contain information regarding the Doppler study and swelling of client #7's lower extremities in 6/2016.</p> <p>Interview with House Manager staff #1 on 10/24/16 at 5:30 PM indicated client #7 had been discharged to a rehabilitation center in proximity to her family. The interview indicated client #7 required physical assistance with her ADLs.</p> <p>9-3-4(a)</p> |  |  |   |  |  |                            |

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| W 0368<br><br>Bldg. 00  | <p>483.460(k)(1)<br/>DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 3 sampled clients (#2) and one additional client (#7), the facility failed to ensure medications were given according to the physician's orders.</p> <p>Findings include:</p> <p>Facility investigations/incidents and those incidents reported to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 10/24/16 at 2:30 PM and on 10/27/16 at 11:00 AM and indicated the following:</p> <p>1. A BDDS report dated 7/16/16 indicated on 7/15/16 at 4:00 PM, House Manager #1 gave client #7 levothyroxine (thyroid hormone) 125 mg/milligrams instead of the correct dosage of 50 mg. The report indicated staff noticed the error and called the nurse. The nurse instructed staff to take client #7 to a local ER/Emergency Room. The ER physician directed client #7 to skip the next dose of the Levothyroxine then resume the current physician's order.</p> |  | W 0368              | <p><b>W368:</b> The system for drug administration must assure that all drugs are administered in compliance with physician orders.</p> <p><b>Corrective Action: (Specific):</b><br/>All staff at the home will be in-serviced on the medication administration policies and procedures. The staff that made the medication error will be re-trained and will have at least 3 medication observations completed by the nurse to ensure competency.</p> <p><b>How others will be identified: (Systemic):</b> The nurse will be at the home at least three times weekly to ensure that all medication administration policies and procedures are being followed and complete a medication observation to ensure compliance. During visits the medication observation form will be completed and turned into the</p> |  | 11/26/2016                                 |  |

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|   | <p>2. A BDDS report dated 9/26/16 indicated there had been a medication dosage change with client #2's levothyroxine from 150 mcg to 125 micrograms. The report indicated the client's 125 mg pills ran out on 9/10/16. On 9/11/16, the 5:00 AM staff gave client #2 levothyroxine 150 mg. and this error in dosage continued from 9/11/16 to 9/25/16. Staff called the facility's nurse who notified the doctor. A corrected prescription was obtained and client #2 had no ill effects from the errors.</p> <p>Interview with House Manager #1 on 10/25/16 at 6:20 AM indicated medications should be given according to the physician's orders.</p> <p>Interview with Administrator #1 on 10/27/2016 at 1:32 PM stated the two BDDS reports had "typos" in regards to levothyroxine dosages in milligrams/mg; they should be documented in micrograms/mcgs.</p> <p>9-3-6(a)</p> |  |  |   | <p>Program Manager.</p> <p><b>Measures to be put in place:</b><br/>All staff at the home will be in-serviced on the medication administration policies and procedures. The staff that made the medication error will be re-trained and will have at least 3 medication observations completed by the nurse to ensure competency.</p> <p><b>Monitoring of Corrective Action:</b> The nurse will be at the home at least three times weekly to ensure that all medication administration policies and procedures are being followed and complete a medication observation to ensure compliance. During visits the medication observation form will be completed and turned into the Program Manager.</p> <p><b>Completion date: 11/26/2016</b></p> |  |                            |



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| W 0460<br><br>Bldg. 00  | <p>483.480(a)(1)<br/>FOOD AND NUTRITION SERVICES<br/>Each client must receive a nourishing,<br/>well-balanced diet including modified and<br/>specially-prescribed diets.</p> <p>Based on observation, record review and<br/>interview for 2 of 3 sampled clients (#2 and #3),<br/>and 1 additional client (#6), the facility failed to<br/>ensure clients were served their total menued diet.</p> <p>Findings include:</p> <p>1. Observations of the lunch at the day program<br/>was conducted on 10/25/16 from 11:45 AM until<br/>1:10 PM.<br/>Client #6's lunch, packed by the facility, consisted<br/>of 2 cookies (for break time snack), a 16 ounce/oz<br/>bottle of water (with no flavor packet), a 4 oz<br/>container of apple sauce, cut up breast of chicken,<br/>and a 4 oz container of carrots. The lunch<br/>contained no crackers or bread. Client #6 had a<br/>small bag of cookies which she won as a prize<br/>during an activity at the day program on the<br/>morning of 10/25/16.<br/>Client #3's lunch, packed by the facility, consisted<br/>of cut up breast of chicken, a 4 oz. container of<br/>carrots, a 4 oz. portion of fruit, and a 16 oz. bottle<br/>of water with a flavor packet. The lunch contained<br/>no snacks, crackers or bread. Client #3 had a<br/>small treat sized bar she had been given by<br/>visitors to the day program that morning<br/>(10/25/16).<br/>Client #2's lunch, packed by the facility, consisted<br/>of cut up breast of chicken, a 4 oz. container of<br/>green beans, a 4 oz. container of applesauce and a<br/>16 oz bottle of water with a flavor packet. No<br/>snacks or bread/crackers were in the lunch.<br/>Clients #2 and #3 ate their lunches and drank their<br/>flavored waters.<br/>Client #6 ate the small bag of cookies and her</p> |  |  | W 0460  | <p><b>W460:</b> Each client must<br/>receive a nourishing,<br/>well-balanced diet including<br/>modified and<br/>specially-prescribed diets.</p> <p><b>Corrective Action:</b><br/><b>(Specific):</b> All staff at the<br/>home will be re-trained all<br/>clients dining plans and<br/>ensuring that all clients are<br/>served their total menued diet.</p> <p><b>How others will be<br/>identified: (Systemic):</b> All<br/>client dining plans will be<br/>reviewed to ensure that all<br/>physicians' orders regarding<br/>meal time are included. The<br/>Area Supervisor will visit the<br/>home at least three times<br/>weekly for the next 30 days<br/>and complete a meal<br/>observation to ensure that all<br/>client dining plans are being<br/>followed and that all clients<br/>are served their total menued<br/>diet at meals.</p> |  | 11/26/2016                 |

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|   | <p>chicken. She did not finish her carrots. Workshop/WS staff #3 helped client #6 save her fruit for an afternoon snack. Client #6 did not drink her water although WS staff #3 encouraged her to drink. WS staff #3 indicated (10/25/16 at 12:35 PM) client #6 would only drink water with flavoring and she liked peas instead of carrots or green beans.</p> <p>Client #2 stated on 10/25/16 at 12:00 PM, "no snack, no money today."</p> <p>Workshop staff #4 was observed (10/25/16 12:00 PM) to have snacks for sale in the dining room for any client who wanted to purchase miscellaneous snack items, crackers, cookies and so forth.</p> <p>Review (2:00 PM 10/25/16) of the lunch menu for 10/25/16 indicated the following for meal: 1 cup fresh fruit, 1 cup diet beverage, 5 graham crackers, 2 ounces roast turkey, 2 slices wheat bread, 1 cup garden salad, 2 tablespoons low fat dressing, 2 tablespoons low fat mayonnaise or mustard.</p> <p>Interview with the HM #1 on 10/25/16 at 7:45 AM indicated the clients' lunches were packed with a sandwich, a fruit (applesauce or fruit cups), a vegetable (prepackaged peas, carrots or green beans), a bottle of water with a flavoring packet, a snack (cookies, pretzels or crackers), a spoon and napkin completed the meal.</p> <p>House Manager/HM #1 and QIDP (Qualified Intellectual Disabilities Professional) staff #1 were interviewed on 10/25/16 at 1:30 PM. The interview could not explain why no bread or substitute for menued bread was in the lunches or why snacks were not supplied to clients #2 and #3. During the interview, HM #1 indicated client #6 was not given peas because she was diabetic</p> |  |  |   | <p><b>Measures to be put in place):</b> All staff at the home will be re-trained all clients dining plans and ensuring that all clients are served their total menued diet.</p> <p><b>Monitoring of Corrective Action:</b> All client dining plans will be reviewed to ensure that all physicians' orders regarding meal time are included. The Area Supervisor will visit the home at least three times weekly for the next 30 days and complete a meal observation to ensure that all client dining plans are being followed and that all clients are served their total menued diet at meals.</p> <p><b>Completion date:</b><br/>11/26/2016</p> |  |                            |

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|   | <p>and peas were starchy.</p> <p>Review of client #6's record was done on 10/25/16 at 2:45 PM. The review indicated the 6/03/16 Dining Plan which indicated she received a Mechanical soft #1 diet consistency with all food cut into 1/2 inch bite sized pieces. The diet was listed as NCS (no concentrated sweets) with portion control. The plan did not indicate the client could not have peas.</p> <p>Review of client #3's record was done on 10/25/16 at 10:10 AM. The review indicated a dining plan dated 6/24/16 which listed her diet as low fat, NCS (no concentrated sweets) with portion control regular consistency diet.</p> <p>Review of client #2's record on 10/25/16 at 10:35 AM indicated a nutritional evaluation/NE dated 3/17/16. The NE indicated she received a low fat, NCS (no concentrated sweets) with portion control regular consistency (food cut into one inch pieces) diet.</p> <p>9-3-8(a)</p> |  |  |   |  |  |                            |