

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G636</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>02/28/2020</b>
NAME OF PROVIDER OR SUPPLIER <b>CORVILLA INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3202 S FELLOWS SOUTH BEND, IN 46614</b>		
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W 0000  Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 24, 25, 26 and 28, 2020.</p> <p>Facility Number: 001212 Provider Number: 15G636 AIMS Number: 100240190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 3/18/20.</p>	W 0000		
W 0126  Bldg. 00	<p>483.420(a)(4) <b>PROTECTION OF CLIENTS RIGHTS</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation and interview for 8 of 8 clients living in the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure clients had access to their personal finances.</p> <p>Findings include:</p> <p>An evening observation was conducted at clients #1, #2, #3, #4, #5, #6, #7 and #8's home on 2/24/20 from 3:25 P.M. until 6:45 P.M.. At 3:41 P.M.. Direct Support Professional (DSP) #1 was asked if they could retrieve the clients' personal funds kept at the group home. DSP #1 stated "We do not have access to the clients' money, only the</p>	W 0126	SGL staff have been retrained on the location of client monies. A daily checksheet has been implemented. At shift change SGL staff will account for the totals daily and the checksheets will be turned into QIDP/Finance monthly.	06/05/2020

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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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	<p>Group Home Manager (GHM) has access." DSP #1 was asked if the clients wanted to go out into the community to buy something with their personal funds how would they do so, DSP #1 stated "We would call the GHM."</p> <p>A review of client #1's record was conducted on 2/26/20 at 1:10 P.M.. Review of client #1's record failed to indicate a need for restriction to their finances.</p> <p>A review of client #2's record was conducted on 2/26/20 at 1:10 P.M.. Review of client #2's record failed to indicate a need for restriction to their finances.</p> <p>A review of client #3's record was conducted on 2/26/20 at 1:51 P.M.. Review of client #3's record failed to indicate a need for restriction to their finances.</p> <p>A review of client #4's record was conducted on 2/26/20 at 2:23 P.M.. Review of client #4's record failed to indicate a need for restriction to their finances.</p> <p>A review of client #5's record was conducted on 2/26/20 at 1:10 P.M.. Review of client #5's record failed to indicate a need for restriction to their finances.</p> <p>A review of client #6's record was conducted on 2/26/20 at 3:00 P.M.. Review of client #6's record failed to indicate a need for restriction to their finances.</p> <p>A review of client #7's record was conducted on 2/26/20 at 1:10 P.M.. Review of client #7's record failed to indicate a need for restriction to</p>			

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W 0130 Bldg. 00	<p>their finances.</p> <p>A review of client #8's record was conducted on 2/26/20 at 3:10 P.M.. Review of client #2's record failed to indicate a need for restriction to their finances.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility administrative office on 2/28/20 at 11:00 A.M.. The QIDP indicated each client has personal monies available for their use that were kept at the group home. The QIDP indicated clients should be able to access their personal funds at all times.</p> <p>9-3-2(a)</p> <p><b>483.420(a)(7)</b> <b>PROTECTION OF CLIENTS RIGHTS</b> The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 additional client observed during medication administration (client #5), the facility failed to ensure client #5 had privacy during medication administration.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/20 from 3:25 P.M. until 6:45 P.M.. At 4:35 P.M., the GHM began administering client #5's prescribed medications. While administering client #5's medications, the GHM left the medication room door open as client #7 sat on the couch next to the medication room door and talked to the GHM. At 4:51 P.M., the</p>	W 0130	<p>SGL staff are trained in Med Core A and Med Core B that clients should always be provided with privacy during medication administration. SGL staff have been retrained by agency nurse in the following areas</p> <ul style="list-style-type: none"> <li>·Clients should have privacy during medication administration</li> <li>·The medication room door should be shut during medication administration</li> <li>·SGL staff should not be talking to clients or staff during medication administration</li> <li>·Corvilla will monitor for compliance by having the nursing</li> </ul>	06/05/2020

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W 0149  Bldg. 00	<p>GHM stated "[Client #5] can you get the pudding out? This is part of your medication goal to take your Gemfibrozil for cholesterol with the pudding." The GHM then talked back with client #7. Client #5 was not provided privacy during his medication administration.</p> <p>An interview with the Nurse was conducted on 2/28/20 at 11:30 A.M.. The Nurse indicated all staff are trained in med Core A and B upon hire, annually and as needed. The Nurse indicated clients should always be provided privacy while medications are administered. The Nurse indicated staff should not talk to other clients while passing medications. The Nurse further indicated the medication room closet should be closed while medications are being administered.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) <b>STAFF TREATMENT OF CLIENTS</b> 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, the facility failed for 1 additional client (client #4), to ensure the facility implemented its Abuse/Neglect policy and to conduct a thorough investigation of a choking incident.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 2/25/20 at 1:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 10/24/19 involving client #4 and a choking incident indicated: "During</p>	W 0149	<p>assistant, nurse, Group Home Manager, or QIDP complete checks 2 times per week.</p> <p>Corvilla has updated their investigation policy to include choking incidents</p> <p>Corvilla has updated their policy regarding abuse, neglect, and exploitation interviews to include the following:</p> <ol style="list-style-type: none"> <li>1. All clients living within the residential site will be interviewed during the course of the investigation</li> <li>2. All staff working within the residential site will be interviewed during the course of the investigation</li> </ol>	06/05/2020

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	<p>breakfast on 10/24/19 [Client #4] had swallowed his food and began to show signs of choking. Staff immediately recognized the signs and took immediate action. Due to staff being quick the choking incident lasted no more than 30 seconds. Once [Client #4] was able to cough and clear the food, staff called agency nurse. [Client #4] was then sent out to [Urgent Care] to be further evaluated. Once at [Urgent Care] the doctor stated that they were unable to complete an x-ray at this time and [Client #4] would have to follow up with the ER (Emergency Room). [Client #4] was then taken to the ER via staff. Once at the ER and (sic) chest x-ray was taken and completed. A small of (sic) fluid was noted in the lungs and doctor stated it was due to [Client #4] coughing. [Client #4] was then discharged from the hospital to the group home. Discharge instructions included to monitor [Client #4] for the next 48 hours for signs of aspiration and to return to ER if any signs are noted. [Client #4] is to follow up with his PCP (Primary Care Physician) in 3-5 days and continue is normal routine without restrictions and or as tolerated....[Client #4] had a choking incident on 10/24/19. He was sitting at the table eating his pureed breakfast that consisted of pureed fruit, oatmeal and plain yogurt...."</p> <p>Further review of the record failed to indicate an investigation was conducted in regard to this choking incident.</p> <p>A review of the facility's "Incident Reporting and Management Policy" no date noted was conducted on 2/25/20 at 2:40 P.M. and indicated: "Policy: It is the policy of Corvilla to:</p> <p>Ensure the health and safety of all its clients.</p>		<p>3. Interviewer will ensure that start date/time and end date/time are included in the investigation Any corrective action, pending investigation will occur. This practice applies to all of the group homes.</p> <p>Corvilla will monitor for compliance through the submission of incidents to our Corporate Compliance Officer who will then follow policy and commence an investigation into the event(s).</p>	

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W 0154  Bldg. 00	<p>Regard a reportable incident as any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.</p> <p>Not tolerate abuse, neglect or exploitation of clients by staff members, clients or persons in the community.</p> <p>Maintain and train its staff as well as implement all current state agency/authority incident reporting requirements....14. A significant injury to an individual that includes but is not limited to:...c. choking that requires intervention including but not limited to: i. Heimlich maneuver. iii. finger sweep iii. back blows...."</p> <p>An interview with the facility's Quality Assurance Director (QAD) was conducted on 2/28/20 at 11:50 A.M.. The QAD indicated a thorough investigation was not completed in regard to the documented choking incident. The QAD indicated it was looked into but a thorough investigation was not completed. The QAD further indicated all incidents of potential abuse, neglect or exploitation should be investigated.</p> <p>9-3-2(a)</p> <p><b>483.420(d)(3)</b> <b>STAFF TREATMENT OF CLIENTS</b> The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 additional client (client #4), to ensure the facility conducted a thorough investigation of a choking incident.</p>	W 0154	<p>Corvilla has updated their investigation policy to include choking incidents</p> <p>Corvilla has updated their policy</p>	06/05/2020

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	<p>Findings include:</p> <p>A review of the facility's records was conducted on 2/25/20 at 1:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 10/24/19 involving client #4 and a choking incident indicated: "During breakfast on 10/24/19 [Client #4] had swallowed his food and began to show signs of choking. Staff immediately recognized the signs and took immediate action. Due to staff being quick the choking incident lasted no more than 30 seconds. Once [Client #4] was able to cough and clear the food, staff called agency nurse. [Client #4] was then sent out to [Urgent Care] to be further evaluated. Once at [Urgent Care] the doctor stated that they were unable to complete an x-ray at this time and [Client #4] would have to follow up with the ER (Emergency Room). [Client #4] was then taken to the ER via staff. Once at the ER and (sic) chest x-ray was taken and completed. A small of (sic) fluid was noted in the lungs and doctor stated it was due to [Client #4] coughing. [Client #4] was then discharged from the hospital to the group home. Discharge instructions included to monitor [Client #4] for the next 48 hours for signs of aspiration and to return to ER if any signs are noted. [Client #4] is to follow up with his PCP (Primary Care Physician) in 3-5 days and continue is normal routine without restrictions and or as tolerated....[Client #4] had a choking incident on 10/24/19. He was sitting at the table eating his pureed breakfast that consisted of pureed fruit, oatmeal and plain yogurt...."</p> <p>Further review of the record failed to indicate an investigation was conducted in regard to this</p>		<p>regarding abuse, neglect, and exploitation interviews to include the following:</p> <ol style="list-style-type: none"> <li>1. All clients living within the residential site will be interviewed during the course of the investigation</li> <li>2. All staff working within the residential site will be interviewed during the course of the investigation</li> <li>3. Interviewer will ensure that start date/time and end date/time are included in the investigation</li> </ol> <p>Any corrective action, pending investigation will occur. This practice applies to all of the group homes.</p> <p>Corvilla will monitor for compliance through the submission of incidents to our Corporate Compliance Officer who will then follow policy and commence an investigation into the event(s).</p>	

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W 0369  Bldg. 00	<p>choking incident.</p> <p>An interview with the facility's Quality Assurance Director (QAD) was conducted on 2/28/20 at 11:50 A.M.. The QAD indicated a thorough investigation was not completed in regard to the documented choking incident. The QAD indicated it was looked into but a thorough investigation was not completed. The QAD further indicated all incidents of potential abuse, neglect or exploitation should be investigated.</p> <p>9-3-2(a)</p> <p><b>483.460(k)(2)</b> <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients and 1 additional client, (clients #2 and #5), to administer prescribed medications as ordered.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/24/20 from 3:25 P.M. until 6:45 P.M.. At 4:15 P.M., the Group Home Manager (GHM) administered client #2's prescribed medications. The GHM punched out each of client #2's medications into a bowl of BAP (Bran, Applesauce and Prune juice) and fed the medications to client #2. At 4:18 P.M., review of the Medication Administration Record (MAR) dated 2/2020 indicated "Omeprazole DR...20 mg (milligram) capsule...Take 1 capsule every day 1/2 hour before meals (upset stomach)." At 4:35</p>	W 0369	<p>SGL staff administering medication was disciplined according to agency Medication Error Policy. SGL staff are trained in Core A and Core B to follow all medication orders. SGL staff have been retrained on following medication orders, and reading MARs</p> <p>The Group Home Manager, Nursing Assistant, Nurse, and QIDP will monitor med passes 2 times per week in order to assure compliance. There is also a 2nd medication check person who will monitor each medication pass.</p>	06/05/2020

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W 0383 Bldg. 00	<p>P.M., the GHM began administering client #5's prescribed medications. The GHM punched out each of client #5's medications into a bowl of BAP and fed the medications to client #5. At 4:38 P.M., review of the MAR dated 2/2020 indicated: "Gemfibrozil 600 mg tablet (cholesterol)...1 tablet two times a day...1/2 hour before meals. At 6:40 P.M., clients #2 and #5 began eating their dinner which consisted of roast, brussels sprouts, mashed potatoes and apple sauce. Clients #2 and #5 did not take their medication 1/2 hour before their meal as ordered.</p> <p>An interview with the Nurse was conducted on 2/28/20 at 11:30 A.M.. The Nurse indicated staff are trained to check the medication label and MAR three times before administering medications. The QIDP further indicated clients #2 and #5 should have taken their medications as ordered, 30 minutes before their meal.</p> <p>9-3-6(a)</p> <p><b>483.460(l)(2)</b> <b>DRUG STORAGE AND RECORDKEEPING</b> Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview, for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure the medication keys were kept secured.</p> <p>Findings include:</p> <p>A morning observation was conducted at clients #1, #2, #3, #4, #5, #6, #7 and #8's home on 2/25/20 from 7:00 A.M. until 8:30 A.M.. At 7:25 A.M., the medication keys hung from the medication room's outside door handle as DSP</p>	W 0383	<p>SGL staff are assigned daily, via checklist, to obtain and secure medication keys. This checklist is to be signed by staff daily, and checked by Group Home Manager or Team Leader. Medication keys will be kept on bracelet, for SGL staff to wear.</p> <p>Corvilla will monitor for compliance via submission of the checklist to the QIDP monthly.</p>	06/05/2020

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W 0474  Bldg. 00	<p>(Direct Support Professional) #6 administered medications. Client #8 walked back and forth past the medication office. At 7:36 A.M., DSP #6 exited the medication room as the medication keys hung from the outside door handle. At 7:37 A.M., DSP #5 was asked if the keys hanging from the door handle were the medication keys and she stated "Yes, let me put them up." DSP #5 took the keys and placed them on a hook in the open, unsecured staff office, where client #8 lay on the floor. The medication keys were not secured.</p> <p>A review of the 2004 Living in the Community Core A/Core B Medication Administration Training was conducted on 2/25/20 at 5:00 P.M.. The medication administration training indicated the medication keys should be kept secured.</p> <p>An interview with the Nurse was conducted on 2/28/20 at 11:30 A.M.. The Nurse indicated the facility followed Core A/Core B medication administration training and the facility's medication administration policy and procedure. The Nurse indicated medication keys should be kept secured when not in the possession of the facility staff.</p> <p>9-3-6(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients and 3 additional clients, (clients #2, #3, #4, #6 and #8), to ensure staff provided their prescribed diet texture during meal times.</p> <p>Findings include:</p>	W 0474	<p>SGL staff are trained during new staff orientation, as well as group home orientation, in proper consistency of diet orders. SGL staff have been retrained on how to properly prepare diet orders. QIDP and Group Home Manager will ensure that diet orders are</p>	06/05/2020

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	<p>An evening observation was conducted at clients #1, #2, #3, #4, #5, #6, #7 and #8's home on 2/24/20 from 3:25 P.M. until 6:45 P.M.. At 3:25 P.M. Direct Support Professional (DSP) #1 put roast into a blender and blended the roast. DSP #1 did not add liquid to the blender while blending. DSP #1 then emptied the contents into a serving bowl. DSP #1 then put brussels sprouts into the blender, blended the brussels sprouts without adding liquid and emptied the contents into a serving bowl. At 6:30 P.M., clients #2, #3, #4, #6, and #8 began eating their dinner. Clients #2, #3, #4, #6 and #8's meal was not of a pureed consistency. The meal was of a mechanical soft consistency.</p> <p>A morning observation was conducted on 2/25/20 from 7:00 A.M. until 8:30 A.M.. At 7:00 A.M., Direct Support Professional (DSP) #5 cooked oat meal and boiled eggs. At 7:35 A.M., DSP #5 blended oatmeal in a blender without adding liquid and emptied it into a serving bowl. DSP #5 then blended eggs in the blender without adding liquid and emptied the contents into a serving bowl. At 8:05 A.M., clients #2, #3, #4, #6 and #8 ate their breakfast. Clients #2, #3, #4, #6 and #8's meal was not of a pureed consistency. The meal was a mechanical soft consistency.</p> <p>An interview with DSP #6 was conducted on 2/25/20 at 8:15 A.M.. DSP #6 indicated clients #2, #3, #4, #6 and #8 were ordered a pureed diet.</p> <p>A review of client #2's record was conducted on 2/26/20 at 1:10 P.M.. Review of client #2's record indicated a "Risk Management Plan/Dining" dated 7/2019 which indicated: "Risk involved: Choking, Aspiration, GERD (Acid Reflux)...Diet Order: Pureed diet with pudding</p>		being followed by utilizing a observation sheet 3x weekly during meal times. Observation sheet required to be turned in weekly to QIDP. Observations will be completed by Group Home Manager, Team Leader, or QIDP when onsite.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G636	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2020
NAME OF PROVIDER OR SUPPLIER  CORVILLA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 S FELLOWS SOUTH BEND, IN 46614		
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	<p>thick liquids...."</p> <p>A review of client #3's record was conducted on 2/26/20 at 1:51 P.M.. Review of client #3's record indicated a "Risk Management Plan/Dining" dated 7/2019 which indicated: "Diet Instructions: Dysphagia Level 1 Pureed Diet, Thin liquids...."</p> <p>A review of client #4's record was conducted on 2/26/20 at 2:23 P.M.. Review of client #4's record indicated a "Risk Management Plan/Dining" dated 7/2019 which indicated: "Risk involved: Choking, Aspiration...Diet Order: Pureed diet with 2% milk, thin liquids...."</p> <p>A review of client #6's record was conducted on 2/26/20 at 3:00 P.M.. Review of client #6's record indicated a "Risk Management Plan/Dining" dated 7/2019 which indicated: "Diet Instructions: Moist Pureed diet with gravy on meats, Nectar thick liquids via flow regulator cup...."</p> <p>A review of client #8's record was conducted on 2/26/20 at 3:10 P.M.. Review of client #8's record indicated a "Nutritional Follow Up-Diet Clarification" dated September 5, 2019 which indicated: "Diet: Puree, single portions per parents request...."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/28/20 at 12:55 A.M.. The QIDP indicated clients #2, #3, #4, #6 and #8 were ordered pureed diets. The QIDP indicated all staff are trained upon hire on diet textures and the annually and as needed. The QIDP indicated staff should provide the correct diet texture to prevent choking.</p>			

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W 0488 Bldg. 00	<p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 3 sampled clients and 5 additional clients (clients #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure clients participated in meal preparation at times of opportunity.</p> <p>Findings include:</p> <p>An evening observation was conducted at clients #1, #2, #3, #4, #5, #6, #7 and #8's home on 2/24/20 from 3:25 P.M. until 6:45 P.M.. At 3:25 P.M. Direct Support Professional (DSP) #1 was preparing and cooking brussels sprouts. DSP #1 had prepared a roast and had it cooking in the oven. Clients #1, #2, #3, #4, #5, #6, #7 and #8 arrived from day programming at 4:00 P.M.. At 6:25 P.M., DSP #1 put roast into a blender and emptied the contents into a serving bowl. DSP #1 then put brussels sprouts into the blender and emptied the contents into a serving bowl. At 6:30 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their dinner. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist with cooking their meal.</p> <p>A morning observation was conducted on 2/25/20 from 7:00 A.M. until 8:30 A.M.. At 7:00 A.M., Direct Support Professional (DSP) #5 cooked oat meal and boiled eggs as clients #1, #2, #3, #4, #5, #6, #7 and #8 sat in their living rooms with no activity. At 7:35 A.M., DSP #5 blended oatmeal in a blender and emptied it into a serving bowl.</p>	W 0488	="" p="">> QIDP and Group Home Manager will ensure that clients are assisting in meal prep by utilizing a observation sheet 3x weekly during meal times. Observation sheet required to be turned in weekly to QIDP	06/05/2020

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

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	<p>DSP #5 then blended eggs in the blender and emptied the contents into a serving bowl. At 7:43 A.M., DSP #6 prompted clients #1, #2, #3, #4, #5, #6, #7 and #8 to the dining table. At 8:05 A.M., the clients ate their breakfast. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 2/28/20 at 11:00 A.M.. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were capable of assisting in meal preparation and should be doing so during meal times.</p> <p>9-3-8(a)</p>			