

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G284	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/11/2012
NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3031 BENTLEY LN SOUTH BEND, IN 46616		
(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	
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: January 9, 10, and 11, 2012.</p> <p>Provider Number: 15G284 Facility Number: 000804 AIM Number: 100235020</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/20/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	Please see the plan of correction for each tag in this report for the annual recertification and state licensure for Provider # 15284; Facility # 804; AIM # 100235020		

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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W0126	<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, interview, and record review, for 2 of 4 sample clients (clients #2 and #3), the facility failed to use formal and informal opportunities to implement individual support plan (ISP) objectives for money skills training and failed to encourage clients #2 and #3 to use their financial skills.</p> <p>Findings include:</p> <p>On 1/10/12 from 6:40am until 8:40am, observation and interview were completed at the group home. At 8am, client #2 and #3's group home finances were reviewed with DCS (Direct Care Staff) #1. At 8:00am, DCS #1 provided client #2 and #3's check books that contained two (2) blank signed checks, check numbers #1050 and #1051 for client #2 and one (1) blank signed check, check number #711 for client #3. At 8:10am, DCS #1 stated "I have no idea why" client #2 and #3's blank checks were signed. At 8:10am, client #2 stated "I don't know what the checks" were for. Client #2 stated the House Manager (HM) "had me sign them." At 8:10am, client #3 stated he "didn't know why he signed"</p>	W0126	<p>A house meeting was held on January 26, 2012 to retrain all Bentley staff on the survey findings, including the standard that will allow clients to manage their financial affairs and teach them to do so to the extent of their capabilities. A copy of the in-service (staff development) record is available for review. At the recent house meeting staff was reminded to follow all client goals as written (including financial goals). The QMRP will continue to monitor all goals' at least quarterly, make revisions as necessary, and train staff accordingly. The Program Coordinator ("House Manager") was individually retrained on client #2 &amp; #3 financial goal and reminded to never allow clients to sign blank checks. A signed in-service ("Staff Development") is available for review. All staff will continue to be routinely trained (at minimum annually) on all clients' goals/objectives (including financial goals) and other plans. Persons Responsible: QMRP Program Coordinator/Program Assistants</p>	02/10/2012			

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	<p>blank checks. At 8:10am, clients #2 and #3 both indicated they liked to go to the bank.</p> <p>On 1/11/12 at 8:40am, an interview with the Administrative Assistant (AA) was completed. The AA indicated clients #2 and #3 had the skills to assist with their financial needs. The AA stated "the House Manager got busy, he had clients sign blank checks, and he skipped a step" to teach and encourage clients #2 and #3 to be involved and responsible for their individual banking needs. The AA stated the missing step in the banking transaction was for clients #2 and #3 to have signed an authorization voucher and then the "House Manager and the clients should have filled out the checks together." The AA stated "each program should have been implemented for each client."</p> <p>On 1/10/12 10:45am, a review of client #2's 4/14/11 ISP (Individual Support Plan) indicated a goal for client #2 to budget his money of \$3.00 in his personal wallet. Client #2's ISP indicated he could make a purchase in the community, read and write independently, and participate in community activities.</p> <p>On 1/10/12 at 11:45am, a review of client #3's 7/28/11 ISP indicated a goal for</p>				

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	<p>client #3 to count out his budgeted money each week and to sign a voucher daily for \$1.00 for him to budget daily. Client #3's ISP indicated he could go to the bank, participate in community activities, and read the newspaper.</p> <p>9-3-2(a)</p>			

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 2 of 4 sample clients (clients #1 and #4), the facility failed to use formal and informal opportunities to implement each clients #1's dining skill, and client #4's communication, hand washing, behavior management, and workshop activity objectives/goals.</p> <p>Findings include:</p> <p>1. On 1/9/12 from 5:10pm until 6:10pm, client #1 was observed at the group home to consume his evening meal of cut red potatoes, a whole slice of buttered bread, mixed vegetables, sliced canned peaches, and one inch by one inch cut fried then baked pork chop. One section of client #1's pork chop was not cut into squares. Client #1 was observed to spear the pork chop portion with his fork, then chew from the corners of the chop without redirection. At 5:36pm, client #1 consumed nine (9) bites of pork chop one after another four (4) times without chewing and without redirection. Client</p>	W0249	<p>A house meeting was held on January 26, 2012 to retrain all Bentley staff on the survey findings that apply, including the standard to use formal and informal opportunities to implement and address client #1's dining needs and client #4 communication, hand washing, and behavior support plan objectives/goals. A copy of the in-service (staff development) record is available for review. At the recent house meeting staff was retrained to follow all client goals/objectives specific to client #1's mechanical soft diet and dining goal (rate of consumption). Staff were also retrained on client #4's behavior support plan, appropriate sanitary (hand washing) skills, table/dining etiquette during meal times, and to utilize his communication book to assist in communicating his basic needs as written in his communication goal. Client #4's workshop objective is to follow directions from the Training Supervisor (TS). The TS for client #4 will be re-trained on his communication book &amp; goals, and prevocational goals. The TS will utilize sign language as specified</p>	02/10/2012			

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	<p>#1 removed the section of speared pork chop then chewed from the edges of the chop, and held the pork chop portion with his fingers. Client #1 was observed to consume multiple bites of uncut buttered bread with multiple bites of mixed vegetables without chewing each bite. No redirection from staff was observed. Client #1's potatoes were not fork mashed and the buttered bread was not cut into bite size portions.</p> <p>On 1/10/12 from 7:25am until 8am, client #1 was observed to eat his breakfast of cold cereal with milk and a whole biscuit. Client #1's food was not cut or encouraged by staff to be cut up into bite size pieces. Client #1 was observed to consume nine (9) bites of cereal, one after another without pausing between bites, without drinking fluid between bites, and without chewing each bite.</p> <p>On 1/10/12 at 12:50pm, client #1's record was reviewed. Client #1's 10/12/11 ISP indicated objectives/goals for him to follow a mechanical soft diet and to make sure client #1 consumed his foods at "an appropriate speed" because of client #1's "high choking risk." Client #1's undated "Potential Aspiration Management Plan" indicated client #1 was at risk for aspiration and choking. Client #1's 11/21/11 "Swallow Study" indicated</p>		<p>during interactions with client #4 and regularly reference the communication book with him. Client #4 regularly utilizes the bathroom independently, however the TS will also be trained to recognize and respond to the "bathroom" sign. It is also noted that client #4 usually "runs" when moving through the shop. Interactions between the TS and client #4 will be monitored by the day program coordinator to ensure both formal and informal opportunities to implement ISP objectives are utilized consistently. A copy of client #4 group home communication goal was given to day program staff to utilize as communication goal. Staff will follow all client goals/objectives, behavior plans, and dietary plans as written. QMRP and Nurse will continue to routinely train staff on all client plans such as but not limited to communication goals, dining goals, behavior plans, and dietary plans. Routine monitoring by the way of visits to the home by the Director of Group Living and QMRP will allow for monitoring to ensure goals/objectives and formal and informal training is being consistently for all residents. Persons Responsible: Day Services Director Training Supervisor Day Program Coordinator QMRP Director of Group Living Program Coordinator of Bentley Home</p>				

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	<p>recommendations for client #1 to have a "Mechanical Soft diet with thin liquids" because client #1 "had two choking episodes while" eating "trail mix and on (potato) chips."</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) was completed. The QDP indicated client #1 had goals/objectives to have a mechanical soft diet and to eat at an appropriate rate. The QDP indicated client #1 should have been prompted and redirected to cut up his food into bite size pieces before consumption. The QDP indicated client #1 should have been redirected to pause and drink between bites of food.</p> <p>On 1/11/12 at 9am, the facility's undated "Soft and Mechanical Soft Diet" policy/procedure was reviewed. The policy/procedure indicated "The soft diet limits or eliminates foods that are hard to chew and swallow, such as raw fruits and vegetables, chewy breads, and tough meats...Foods may be softened by cooking or mashing...The mechanical soft diet gets its name from the fact that household tools and machines like a blender, meat grinder, or knife, are used to make foods easier to chew and swallow...Fruits and vegetables may be soft cooked or pureed. Meats...can be</p>			
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	<p>cooked, ground, and moistened with sauce or gravy to make chewing and swallowing more comfortable. Breads and crackers may be limited at first as they can be dry and difficult to swallow...."</p> <p>2. Observation was conducted at the group home on 1/9/12 from 4pm until 6:10pm, client #4 was non verbal, waved his arms/hands to communicate, and no communication book was encouraged or implemented by the facility staff.</p> <p>Observation was conducted at the group home on 1/10/12 from 6:40am until 8:40am, client #4 was non verbal, waved his arms/hands to communicate, and no communication book was encouraged or implemented by the facility staff.</p> <p>Observation was conducted at the facility owned workshop on 1/10/12 from 9:10am until 10:35am. Client #4 was non verbal, waved his hand/arm to communicate, and no communication book was encouraged or implemented by the workshop staff. At 9:40am, WKSHP (Workshop Staff) #1 walked by client #4 sitting alone at his work table and client #4 began to wave his fist with his arm in the air (the sign for bathroom). WKSHP #1 stopped by client #4's seat, stated "You want to patty cake?," and WKSHP #1 began to slap her</p>			

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	<p>hands to client #4's hands in a patty cake motion. At 10:35am, the workshop bell rang and client #4 immediately got up from his chair and ran into the men's bathroom.</p> <p>Client #4's record was reviewed on 1/10/12 at 12:40pm. Client #4's 9/23/11 ISP (Individual Support Plan) indicated objectives/goals to sign yes/no/more/shower/help/thank you, and to use a picture book to communicate. Client #4's record indicated he had the skill to sign "bathroom." Client #4's record indicated he was non verbal and used sign language and a picture book to communicate. Client #4's record indicated a workshop objective to stay on task to complete work related activity.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) was completed. The QDP indicated client #4 had goals/objective to use sign language and a picture book to communicate his wants/needs. The QDP indicated client #4 should have had his book with him at home and at the workshop. The QDP indicated client #4 signs "bathroom" by waving his fist/arm in the air. The QDP indicated client #4 should have had activity, work assignments, and interaction during his morning at workshop from 9:10am until</p>			
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	<p>10:35am.</p> <p>3. Observation was conducted at the group home on 1/9/12 from 4pm until 6:10pm, client #4 was non verbal, waved his arms/hands to communicate, and client #4 slammed doors, cabinets, drawers, and his hands on the dining room table without redirection from the facility staff. At 5:42pm, client #4 ate diced mixed vegetables with his fingers, licked his fingers, scooped food off the table and ate it, and no redirection was observed. No handwashing was observed. At 6pm, client #4 again ate food from the table that had fallen from his plate without redirection.</p> <p>Observation was conducted at the group home on 1/10/12 from 6:40am until 8:40am, client #4 was non verbal, waved his arms/hands to communicate, and slammed doors, cups on the dining room table, his hands on the dining room table, and no redirection from facility staff was observed. At 7:25am, client #4 independently gathered his breakfast of frosted mini wheat cereal, a biscuit, scooped jelly from the jelly jar with the same spoon he had used to eat cereal with, and no redirection was observed. At 7:25am, client #4 scooped one fourth of a 28 ounce jar of jelly onto his biscuit, dripped the jelly on the table, ate the jelly</p>						

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	<p>off the table, and no redirection was observed. At 7:30am, client #4 got up and retrieved a second biscuit, began to stack the second biscuit with jelly, and DCS (Direct Care Staff) #2 stated "You should have had only one biscuit." At 7:30am, client #4 reached for client #3's glass on the table and client #3 stated "Hey, not so fast. Drink your own." Client #3 put one hand on his drinking glass and client #4 was not redirected. Client #4 then scooped more jelly with his cereal spoon from the jelly jar and no redirection was observed.</p> <p>Client #4's record was reviewed on 1/10/12 at 12:40pm. Client #4's 9/23/11 ISP indicated objectives/goals to sign yes/no/more/shower/help/thank you, and to use a picture book to communicate. Client #4's 9/23/2011 BSP (Behavior Support Plan) indicated targeted behaviors of Physical Aggression, Aggressive Behaviors of swinging at individuals, pounding chair on floor, and turning tables over. Client #4's plan indicated "he will throw temper tantrums when he is frustrated or hungry." Client #4's plan indicated client #4 should have been redirected each time a behavior was displayed.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental</p>			

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	<p>Professional) was completed. The QDP indicated client #4 had goals/objectives to use sign language and a picture book to communicate his wants/needs. The QDP indicated client #4 should have been redirected to not attempt to take other clients' food item. The QDP indicated client #4's behaviors of slamming his fist on tables, the dining room table, and slamming doors should have been redirected each time the behavior was displayed. The QDP indicated the facility staff did not implement client #4's ISP and BSP goals/objectives and should have used formal and informal opportunities to teach client #4.</p> <p>9-3-4(a)</p>			
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W0323	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, for 2 of 4 sampled clients (clients #1 and #4), the facility failed to ensure client #1 and #4's hearing and vision were assessed annually and failed to ensure client #1 and #4's medical histories and physicals were annually evaluated.</p> <p>Findings include:</p> <p>1. On 1/10/12 at 12:50pm, client #1's record was reviewed. Client #1's 10/12/11 ISP (Individual Support Plan) indicated a 6/2/10 hearing assessment. Client #1's record indicated a 12/29/2010 history and physical completed by client #1's personal physician which included client #1's hearing and vision screening. Client #1's record did not indicate a current hearing or vision assessment available for review.</p> <p>On 1/10/12 at 12:40pm, client #4's record was reviewed. Client #4's 9/23/11 ISP indicated a 9/21/2010 hearing assessment. Client #4's record indicated a 9/1/2010 history and physical completed by client #4's personal physician which included client #4's hearing and vision screening. Client #4's record did not indicate a current hearing or vision assessment available for review.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) and the AA (Administrative Assistant) was completed. Both the QDP and the AA indicated clients #1 and #4 had no current annual vision and hearing assessments available for review. The AA and the QDP indicated client #1 and #4's annual hearing and vision assessments had been scheduled with</p>	W0323	<p>Client # 1 had an annual physical scheduled on 2/2/12. The physician noted that his hearing and vision were within normal limits and did not make any further recommendations. Client #4 had an annual physical completed on 1/16/12. The physician noted that Client #4's hearing and vision were within normal limits and did not make any further recommendations. In the future, each client will have an annual physical scheduled and completed. Vision and hearing will be evaluated on an annual basis, more often as needed. LOGAN Community Resources makes every effort to meet all nursing and medical needs of each resident. If LOGAN is short a nurse, nursing and medical care will be monitored and provided by other medical professionals such as a nurse and/or physician. Persons Responsible:Nurse SupervisorNurseDirector of Group Living</p>	02/10/2012			

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	<p>each client's personal physician.</p> <p>2. On 1/10/12 at 12:50pm, client #1's record was reviewed and indicated a completed history and physical completed by client #1's personal physician on 12/29/2010.</p> <p>On 1/10/12 at 12:40pm, client #4's record was reviewed and indicated a completed history and physical completed by client #4's personal physician on 9/1/2010.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) and the AA (Administrative Assistant) was completed. Both the QDP and the AA indicated no 2011 completed histories or physicals for clients #1 and #4 had been completed. The AA stated "We were without a nurse when these came due," and no histories or physicals were completed. The AA and the QDP indicated client #1 and #4's histories and physicals had been scheduled with each client's personal physician.</p> <p>9-3-6(a)</p>				

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W0336	<p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4), the facility failed to complete nursing quarterlies.</p> <p>Findings include:</p> <p>On 1/10/12 at 12:50pm, client #1's record was reviewed and indicated "Nursing Quarterly" assessments completed on 10/4/11, 4/4/11, and 1/3/11. No nursing quarterly assessment was available for review from 4/4/11 through 10/4/11.</p> <p>On 1/10/12 at 10:45am, client #2's record was reviewed and indicated "Nursing Quarterly" assessments completed on 10/4/11, 4/4/11, and 1/3/11. No nursing quarterly assessment was available for review from 4/4/11 through 10/4/11.</p> <p>On 1/10/12 at 11:45am, client #3's record was reviewed and indicated "Nursing Quarterly" assessments completed on 10/4/11, 4/4/11, and 1/3/11. No nursing quarterly assessment was available for review from 4/4/11 through 10/4/11.</p> <p>On 1/10/12 at 12:40pm, client #4's record</p>	W0336	<p>We are unable to go back into time and complete a quarterly assessment for July 2011. LOGAN Community Resources makes every effort to meet all nursing and medical needs of each resident. In the future, we can identify and designate a nurse to complete quarterly assessments in effort to prevent missed quarterly assessments.</p> <p>Persons Responsible: Nurse Supervisor Nurse Director of Group Living</p>	02/10/2012	

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	<p>was reviewed and indicated "Nursing Quarterly" assessments completed on 10/4/11, 4/4/11, and 1/3/11. No nursing quarterly assessment was available for review from 4/4/11 through 10/4/11.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) and the AA (Administrative Assistant) was completed. Both the QDP and the AA indicated no nursing quarterly assessments were available for review from 4/4/11 through 10/4/11. The AA stated "We were without a nurse when these came due," and the quarterlies were not completed.</p> <p>9-3-6(a)</p>			
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W0338	<p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>Based on record review and interview, for 1 of 4 sampled clients (client #3) who lived in the group home, the facility failed to initiate action for client #3's recommendation for an EKG (Electrocardiogram).</p> <p>Findings include:</p> <p>On 1/10/12 at 11:45am, client #3's record was reviewed. Client #3's 9/1/11 "Psychiatric Report" from client #3's Psychiatrist indicated a recommendation "Follow up FP (Family Physician)/Cardiologist to have EKG done [client #3 was] on big dose of Celexa (for behaviors)!" Client #3's 10/4/11 "Nursing Quarterly" summary and client #3's record did not indicate a notification to client #3's family physician, nor an appointment, or action for an EKG.</p> <p>On 1/11/12 at 10am, an interview with the QDP (Qualified Developmental Disability Professional) was completed. The QDP indicated no action or documentation for client #3's EKG recommendation was</p>	W0338	<p>Client #3 had an EKG completed on 2/1/12. Once the EKG has been read and results received, all recommendations will be followed, as appropriate. In the future, all referrals from physicians will be addressed in a timely manner.</p> <p>Persons Responsible: Nurse Supervisor Nurse Program Coordinator QMRP</p>	02/10/2012			

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	available for review.  9-3-6(a)			

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W0455	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 4 of 4 sample clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to maintain proper hygiene practices.</p> <p>Findings include:</p> <p>Observation was conducted at the group home on 1/10/12 from 6:40am until 8:40am, with clients #1, #2, #3, #4, #5, #6, and #7. At 7:25am, client #4 independently gathered his breakfast of frosted mini wheat cereal, a biscuit, and scooped jelly from the jelly jar with the same spoon he had used to eat cereal with, and no redirection from facility staff was observed. At 7:25am, client #4 scooped one fourth of a 28 ounce jar of jelly onto his biscuit, dripped the jelly on the table, ate the jelly off the table, and no redirection was observed. At 7:30am, client #4 got up and retrieved a second biscuit, began to stack the second biscuit with jelly, and DCS (Direct Care Staff) #2 stated "You should have had only one biscuit." At 7:30am, client #4 reached for client #3's glass on the table and client #3 stated "Hey, not so fast. Drink your own." Client #4 reached into client #3's</p>	W0455	<p>On January 26, 2012 a house meeting was held to retrain staff on implementing and maintaining proper hygiene practices. The QMRP has reviewed with staff techniques to assist clients in infection control, maintaining a sanitary environment during meal times, client dining goals, and overall table/dining etiquette. Staff will assist clients with portion control and sanitary issues at meal times by purchasing packets of various condiments such as jelly, ketchup, mustard, etc. Staff will also assist by placing food and/or condiments in serving dishes with serving utensils. To allow better spacing at the table during meals times, clients will have the option to use the breakfast nook and table to minimize client #4 from being in arms reach of other clients food/drinks. Staff has also been encouraged to sit with/next to individuals who are in need of dining assistance to successfully and safely consume their food at mealtimes. This will eliminate the incidents of client #4 stealing other clients food/drinks and insure that client #1 is consuming food at an appropriate rate and in appropriate portion size. Staff was reminded to direct all client's to wash their hands if their hands are contaminated from things such as licking them or picking</p>	02/10/2012			

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	<p>cereal bowl with client #4's fingers, removed a finger portion of client #3's cold cereal with DCS #2 watching, ate the cereal he removed with his fingers, and no redirection from staff was observed. Client #3 put one hand on his drinking glass and client #4 was not redirected by the facility staff. Client #4 then scooped more jelly with his cereal spoon from the jelly jar and no redirection was observed. From 7:30am until 8:00am, DCS #2 encouraged clients #1, #2, #3, #5, #6, and #7 to insert their spoon into the jelly jar and retrieve jelly for their biscuit. The spoons used inside the jelly jar were the same spoons use each client had been eating breakfast cereal with.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) was completed. The QDP indicated it was not good hygiene for clients to be eating food from the dining room table, with fingers from other client #3's bowl, or to utilize the contaminated cereal spoons for jelly.</p> <p>9-3-8(a)</p>		<p>scabs as well as before mealtimes. Staff was also reminded to replace a client's food/drink if someone else touches or put their hand in their food/drink. All findings have been reviewed with staff and documented as staff training on a Staff Development Record. QMRP and PC will continue to monitor and train all staff routinely and on an as needed basis. Program Assistants and PC will continue to implement all goals as written and continue to train clients whenever there is an opportunity to do so. Persons Responsible: QMRPProgram Coordinator Program Assistants</p>		

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W0484	<p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, and interview for 4 of 4 sample clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to encourage and teach clients to use a full set of silverware.</p> <p>Findings include:</p> <p>Observation was conducted at the group home on 1/10/12 from 6:40am until 8:40am, with clients #1, #2, #3, #4, #5, #6, and #7. At 7:25am, clients #1, #2, #3, #4, #5, #6, and #7 had a spoon to consume their breakfast. No redirection for a fork and knife was observed. The breakfast meal consisted of a biscuit and choice of cold cereal. At 7:25am, client #4 independently gathered his breakfast of frosted mini wheat cereal, a biscuit, and scooped jelly from the jelly jar with the same spoon he had used to eat cereal, and no redirection was observed. At 7:25am, client #4 scooped one fourth of a 28 ounce jar of jelly (7 ounces) onto his biscuit, dripped the jelly on the table, ate the jelly off the table, and no redirection was observed. At 7:30am, client #4 got up and retrieved a second biscuit, began to stack the second biscuit with jelly, and</p>	W0484	<p>A house meeting was held January 26, 2012 to retrain all staff and ensure that they understand that clients will be encouraged and/or taught to use a full set of silverware. Staff will ensure that a full set of silverware are available for all the individuals to use in this facility during all meal times. A copy of the in-service (staff development) record is available for review. The Program Manager/QMRP and/or Program Coordinator will monitor to ensure that a full set of silverware are available for all the individuals to use for every meal. Staff will continue to receive on-going training to ensure that all clients have the necessary items to meet their developmental needs during meal time. Persons Responsible: QMRPProgram CoordinatorProgram Assistants</p>	02/10/2012			

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	<p>DCS (Direct Care Staff) #2 stated "You should have had only one biscuit." Client #4 then scooped more jelly with his cereal spoon from the jelly jar and no redirection was observed. From 7:30am until 8:00am, DCS #2 encouraged clients #1, #2, #3, #5, #6, and #7 to insert their spoon into the jelly jar and retrieve jelly for their biscuit. The spoons used inside the jelly jar were the same spoons use each client had been eating breakfast cereal with. No knife was provided or encouraged. Client #2 retrieved a knife to butter his biscuit before using his contaminated spoon into the jelly.</p> <p>On 1/11/12 at 8:40am, an interview with the QDP (Qualified Developmental Professional) indicated clients #1, #2, #3, #4, #5, #6, and #7 should have had a full set of silverware during meals.</p> <p>9-3-8(a)</p>			
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