

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaints #IN00425498 and #IN00426041.</p> <p>Complaint #IN00425498: Federal and state deficiencies related to the allegation(s) are cited at: W186 and W210.</p> <p>Complaint #IN00426041: Federal and state deficiencies related to the allegation(s) are cited at: W186 and W210.</p> <p>Survey dates: 1/29/24, 1/30/24, 1/31/24, 2/1/24, 2/2/24 and 2/5/24.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/19/24.</p>	W 0000		
W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</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 record review and interview for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the facility failed to ensure clients A, B, C, D, E and F had the opportunity to spend personal funds during their community</p>	W 0126	The facility will ensure individual clients to the right to manage their financial affairs and teach them to do so to the extent of their capabilities.	03/05/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	03/04/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>outings.</p> <p>Findings include:</p> <p>On 1/29/24 at 4:33 PM, a review of clients A, B, C, D, E, and F's cash on hand personal finances was completed. The review indicated clients A, B, C, D, E and F all had a zero balance for their January 2024 financial ledgers and none of the clients had cash on hand for accounting. At 4:34 PM, the Qualified Intellectual Disabilities Professional (QIDP) was asked when was the last time clients A, B, C, D, E and F had gone to the community to spend their personal funds. The QIDP indicated the clients had recent spend downs from their RFMS (Residential Fund Management System) accounts. The QIDP was asked about the clients' cash on hand ledgers and when those ledgers indicated opportunity to spend personal funds in the community. The QIDP stated, "September of last year (2023)".</p> <p>On 2/1/24 at 10:50 AM, a review of the clients A, B, C, D, E and F's RFMS accounting was conducted. The review indicated the following debits related to community outings with opportunity for spending personal finances:</p> <p>Client A - 12/26/23 "Christmas Shopping" with a debit of \$135.63. Client B - 11/3/23 "Winter Clothes" with a debit of \$200.00 and 12/26/23 "Christmas Shopping" with a debit of \$201.93. Client C - No debit transactions from his RFMS account. Client D - 12/26/23 "Christmas Shopping" with a debit of \$171.40. Client E - 10/25/23 "Spend Down" with a debit of \$1,200.00, 11/24/23 "[Online Retailer] Clothes" with a debit of \$314.19, 12/26/23 "Christmas</p>		<p>The QIDP will update CFA and develop a formal money management goal to teach clients in the facility to manage their finances to the best of their capabilities.</p> <p>Goals will be updated based on the QIDP assessment developing a formal money management goal to teach clients in the facility to manage their finances.</p> <p>The QIDP will review all Clients CFAs and make updates to the ISP based on recommendations from the IDT comprised of para-professionals.</p> <p>QIDP will update The ISP (Individual Support Plan) based on assessment.</p> <p>The QIDP will retrain all staff in the facility on updated ISP.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>Shopping" with a debit of \$170.85 and 1/29/24 "Spend Down" with a debit of \$1,000.00. Client F - 10/30/23 "[Online Retailer] Shopping" with a debit of \$447.95 and 12/26/23 "Christmas Shopping" with a debit of \$157.74.</p> <p>On 2/1/24 at 3:45 PM, the QIDP was interviewed. The QIDP was asked about clients A, B, C, D, E and F's RFMS debits and if any of the indicated shopping included participation of the clients with spending personal funds in the community. The QIDP indicated the personal funds for the spend down debits was not cash on hand sent to the group home to be accounted within the cash on hand financial ledgers and client personal use. The QIDP indicated a list of items to purchase would be created with the staff for client needs. The QIDP was asked if the clients had opportunity and if accounting of their receipts of community purchases was available for review. The QIDP stated, "No. [Client D] is the only one spending money in the community. He'll go into the store and tell you what he wants. I'm not sure he has with any regularity. He has in the past". The QIDP was asked about the development of the list if the purchases for the clients were all made online. The QIDP indicated the clients participated with the team leader to include input from the clients for the development of the list and stated, "They did not go shopping for their Christmas. I think there is concern for taking [client E] and [client C] in the community because of their behaviors". The QIDP indicated clients B and D attended church activities on the weekend with the team leader but based upon the cash on hand financial ledgers and the debit accounting from the RFMS accounts, opportunities to spend personal funds had not occurred since September of 2023. The QIDP indicated clients A, B, C, D, E and F did not have money management objectives</p>			

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W 0186 Bldg. 00	<p>for participation and opportunity to spend personal funds. The QIDP indicated only client A had a basic money management objective for identifying coins. The QIDP indicated follow up was needed to ensure clients A, B, C, D, E and F's program plans had opportunities for spending personal funds in the community.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 2 of 3 sampled clients (A and C) and 1 additional client (D), the facility failed to ensure sufficient staffing resources were deployed appropriately to prevent: 1) an incident of client A obtaining leftover foods requiring medical attention to ensure aspiration had not occurred, 2) client D's fall while being left unattended while in the bathroom, and 3) a client-to-client aggression between clients C and D.</p> <p>Findings include:</p> <p>On 1/30/24 at 9:16 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client A:</p>	W 0186	<p>The facility will provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>The Operations Team will conduct a weekly meeting to project needs and plan coverage for open shifts with Human Resources until proper staffing ratios are maintainable.</p> <p>Human Resources has made filling Middle Road ICF open shifts a priority, this will continue until vacancies are filled.</p> <p>The Area Supervisor will coordinate with Direct Support Leads to ensure shift coverage. All unfilled shift will be reported to the</p>	03/05/2024

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	<p>1) BDS incident report dated 9/1/23 indicated, "It was reported staff was getting [client A] to come and take his medication when she found [client A] at the stove eating leftover food. [Client A] is on a pureed diet. Staff was able to get [client A] to spit out food several times. [Client A] started to vomit as staff was completing finger sweeps. The nurse was contacted and advised staff to transport [client A] to the ER (emergency room) for evaluation. Plan to Resolve: [Client A] was evaluated and released with discharge paperwork for Aspiration Precautions, Adult. Staff will continue to monitor [client A] for signs of aspiration and report all signs and symptoms to the nurse".</p> <p>Investigation summary dated 9/1/23 indicated, "Description of incident: Staff went to find [client A] and he was in the kitchen eating the leftover food on the counter. [Client A] started to cough. The staff got lots of food out of his mouth. He stopped choking. The staff weren't sure all the food got out of his mouth. The nurse indicated to take him to the ER (emergency room) to check for possible aspiration... Witness Statements (Interview staff involved in the incident and list dates of interviews, their name(s) and include their statements: [Team leader]... 9/1/23... Where were you when [client A] was in the kitchen? I was doing meds. I came to find him and he was in the kitchen. He was eating out of the pans/bowls of leftover food... Conclusion: The client choked and the staff was not present due to not putting leftovers away before starting med (medication) pass. Recommendations: The staff will be retrained to put all food away after the meal to prevent potential client access and choking possibilities".</p> <p>On 2/1/24 at 3:45 PM, the Qualified Intellectual</p>		<p>Program Manager.</p> <p>A weekly report is being provided to the hiring manager that will identify open positions and forecast staff gains and losses.</p> <p>A member of the Administrative Team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility</p> <p>Persons Responsible: Program Manager, Human Resources, Quality Assurance, Area Supervisor, QIPD, DSL, Residential Manager, Human Resource Assistant, and DSP.</p>		

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	<p>Disabilities Professional (QIDP) was interviewed. The QIDP was asked about staff deployment during client A's incident of obtained leftover food items which required medical attention to ensure client A had not aspirated. The QIDP indicated deployment of staffing was a recommended area of review for training from the investigation. The QIDP stated, "Yeah, that should be reviewed as to where they are in the home". The QIDP was asked how staff should be deployed. The QIDP stated, "Checking on them and nearby frequently checking".</p> <p>2A) BDS incident report dated 10/16/23 indicated, "It was reported [client D] was on his way to the laundry room when he fell to the floor. Staff completed skin assessment and found a ½ inch abrasion on his left knee. Staff assisted [client D] from the floor. A little later [client D] went to his bedroom when he fell to the floor. Staff completed skin assessment and found no new injuries. Staff contacted the nurse and was instructed to transport [client D] to the ER for evaluation. Plan to Resolve: [Client D] was evaluated and had labs and urinalysis completed with normal results. X-ray of left knee was completed with no sign of fracture ... [Client D] was advised to take Tylenol as needed for pain. [Client D] was released to return to the group home".</p> <p>2B) BDS incident report dated 10/18/23 indicated, "It was reported staff heard a noise in the bathroom and went to see what had happened. Staff found [client D] sitting on the floor and he told staff he had fallen off the toilet. Staff assisted [client D] from the floor and completed skin assessment. [Client D] sustained a 1-inch bruise and a 3/8-inch abrasion on his right hip. Nurse was contacted and instructed staff to take [client D] to the ER (emergency room) for evaluation.</p>			

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	<p>Plan to Resolve: ... [Client D] also had Covid-19 and Flu A/B PCR (test for virus) swab completed. [Client D] tested positive for Covid-19 and has generalized weakness. [Client D] was released with prescriptions for Ibuprofen (pain reliever) and Acetaminophen (pain and fever relief). [Client D] will isolate in his room. All CDC (Center for Disease Control and Prevention) guidelines will be followed. ResCare management will provide all needed supports".</p> <p>Investigation summary dated 10/15/23 through 10/17/23 indicated, "Introduction: [Client D] had 3 falls within a 48-hour period of time. On 10/15/23 at 7AM, he fell on the way to the laundry room and got a small scrape on his knee. There was nothing in his path. On 10/15/23 at 8:30AM, [client D] had a fall in his room. There was nothing in his way. He was taken to the Urgent Care... On 10/17/23, [client D] fell off the toilet. He put his hands on his head and indicated he felt dizzy. He had a small scrap (sic) and bleeding on his left hip. He went to the ER to check for neurology concerns. He tested positive for Covid... Conclusion:... The staff will be retrained to check on clients in the bathroom frequently when they are on the toilet. Due to these falls, the nurse will update his risk plan. Recommendations: Staff will be retrained to check on the clients while they are in the restroom".</p> <p>On 2/1/24 at 3:45 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about staff deployment during client D's incidents of falls. The QIDP indicated client D had tested positive for Covid-19 following three falls between 10/15/23 through 10/17/23. The QIDP stated, "Yeah, that should be reviewed as to where they are in the home". The QIDP was asked how staff should be deployed.</p>			

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	<p>The QIDP stated, "Checking on them and nearby frequently checking".</p> <p>3) BDS incident report dated 11/25/23 indicated, "[Client C] came out of his room and bit [client D] on the right bicep. Staff redirected and assessed for injuries. Plan to Resolve: [Client D] sustained redness, the size of a half dollar, on his bicep. The bite did not break the skin. Staff will continue to follow plans in place".</p> <p>Investigation Summary dated 12/1/23 indicated, "Introduction: It was reported to QA (Quality Assurance) on 11/24/23, [client D] came to staff [team leader] to let her know that [client C] had come into the living room and bit him on the right bicep. [Team leader] had been getting meds (medications) ready in the med room for med pass. The skin on [client D's] arm was not broken. The nurse was notified, and [client C] had gone back to his room after the incident. There were no further issues ... Conclusion: If there had been another staff in the home while [team leader] was doing meds, this incident may have been avoided. Recommendations: Two staff be available during med pass and mealtimes to provide necessary support ...".</p> <p>On 2/1/24 at 3:45 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about staff deployment during clients C and D's incident of client-to-client aggression. The QIDP was asked how staff should be deployed. The QIDP stated, "Checking on them and nearby frequently checking". The QIDP indicated deployment of staffing should be sufficient to implement program plans to prevent client-to-client aggression.</p> <p>This federal tag relates to complaint #IN00426041</p>			

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W 0210 Bldg. 00	<p>and #IN00425498.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A was reassessed for environmental supports to ensure his health and safety with access to unsecured cleaning chemicals and/or cleaning products.</p> <p>Findings include:</p> <p>Observations were conducted on 1/29/24 from 3:12 PM to 6:03 PM, on 1/30/24 from 7:02 AM to 8:05 AM, and on 1/31/24 from 5:47 PM to 6:48 PM. During observations, client A was not in the home on 1/29/24 and 1/30/24 during observations. Client A had been admitted to the hospital due to being pale in color and unresponsive with the nursing staff over the previous weekend. On 1/29/24 at 3:41 PM, the Qualified Intellectual Disabilities Professional (QIDP) was asked about client A's admission to the hospital. The QIDP indicated further testing was being completed and all results had been negative findings, but client A was going to stay in the hospital for an additional day for further observation and testing. The QIDP indicated the interdisciplinary team had discussed the possibility of a move to another residential setting with less housemates and more one to one staffing due to client A's recent decline in health believed to be related to his dementia. Client A</p>	W 0210	<p>1.The Facility will reassess Client#A environmental supports to ensure his health and safety with access to unsecured cleaning chemicals and/or cleaning products.</p> <p>2.The Facility will ensure the Interdisciplinary Team performs an accurate assessment and reassessments as needed to the preliminary evaluation.</p> <p>3.HRC will meet if it is determined that Client A access to unsecured cleaning chemicals and/or cleaning products is to be restricted.</p> <p>4.The QIDP will retrain all staff in the Facility on updated plans as needed.</p> <p>5 A member of the Administrative Team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility</p>	03/05/2024

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	<p>was discharged and returned to the group home during the afternoon hours on 1/30/24.</p> <p>On 1/31/24 from 5:47 PM to 6:48 PM, client A was present at the group home. The cabinets above the washer and dryer were unlocked and unsecured with cleaning chemicals and/or cleaning products. These cabinets with cleaning chemicals and/or cleaning products remained unlocked and unsecured throughout all observation periods during the week. At 6:00 PM, staff #10 was asked how client A was doing since his discharge from the hospital. Staff #10 stated, "Better. He does love to eat". Staff #10 prepared client A's food in a processor and stated, "He's a pureed diet. That's what this machine is. It helps to make it pureed". Staff #10 was asked about monitoring client A to prevent him from eating foods not prepared according to his dining plan and/or safe for him to consume. Staff #10 indicated the refrigerator had an audible alarm and stated, "Yeah. Open it. It will tell you. It's loud enough to alert you". Staff #10 indicated client A required monitoring to ensure his health and safety for proper food and beverage consumption. At 6:35 PM, the QIDP was asked about the unlocked and unsecured cabinets above the washer and dryer with cleaning chemicals, client A's recent hospitalization and the indication of a decline related to his dementia, and the overall safety of client A with having access to chemicals since an audible alarm system had been installed on the refrigerator door to alert staff when opened. The QIDP indicated no approval had been obtained to lock and secure cleaning chemicals like there had been for the installation of an audible alarm on the refrigerator. The QIDP indicated further assessment of client A's health and safety concerning access to chemicals and/or cleaning products was required.</p>		<p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Nurse, DSP.</p>	

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	<p>On 1/30/24 at 9:16 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client A:</p> <p>-BDS incident report dated 9/1/23 indicated, "It was reported staff was getting [client A] to come and take his medication when she found [client A] at the stove eating leftover food. [Client A] is on a pureed diet. Staff was able to get [client A] to spit out food several times. [Client A] started to vomit as staff was completing finger sweeps. The nurse was contacted and advised staff to transport [client A] to the ER (emergency room) for evaluation. Plan to Resolve: [Client A] was evaluated and released with discharge paperwork for Aspiration Precautions, Adult. Staff will continue to monitor [client A] for signs of aspiration and report all signs and symptoms to the nurse".</p> <p>Investigation summary dated 9/1/23 indicated, "Staff went to find [client A] and he was in the kitchen eating the leftover food on the counter. [Client A] started to cough. The staff got lots of food out of his mouth. He stopped choking. The staff weren't sure all the food got out of his mouth. The nurse indicated to take him to the ER (emergency room) to check for possible aspiration ... Conclusion: The client choked and the staff was not present due to not putting leftovers away before starting med (medication) pass. Recommendations: The staff will be retrained to put all food away after the meal to prevent potential client access and choking possibilities".</p> <p>On 1/31/24 at 1:40 PM, the Nurse was interviewed. The Nurse was asked about client A's recent</p>			

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	<p>hospitalization and the indication of a decline related to his dementia. The Nurse stated, "The PCP (primary care physician) and psych (psychiatrist) said his dementia is progressing and neither doctor would do a med (medication) change. They told me changing his medications wouldn't help with the decline. They said it was his dementia". The Nurse indicated no new orders had been added since client A's recent hospitalization other than further follow up appointments with his primary care, Pulmonary (respiratory) and Neurology (brain/nervous system) doctors.</p> <p>On 1/31/24 at 1:52 PM, a review of client A's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 7/16/23 indicated, "Individual Profile: ... He (client A) has in early 2022 been dealing with issues related to dementia ... The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and his inability to transfer some skills to other environments or settings, [client A] is in need of continued placement and active treatment services. Alternative placement was discussed with [client A]. The team discussed other placement, waiver services, and supported living. It is the consensus of the team that [client A] will continue to receive services. Alternative placement may be a reasonable consideration at a later time ...".</p> <p>Medical Consult Discharge Paperwork dated 1/30/24 indicated, "Admitted:1/28/24 ... Reason for Admission: decreased responsiveness ... Problem List/Plan: CT (computerized scan) and MRI (imaging) negative. Neurology consulted</p>			

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W 0217 Bldg. 00	<p>Dementia ...".</p> <p>No assessment for client A concerning his access to chemicals and/or cleaning products was available for review.</p> <p>On 2/1/24 at 3:45 PM, the QIDP was interviewed. The QIDP was asked about the lack of assessment for client A's health and safety concerning unlocked and unsecured cleaning chemicals and/or cleaning products. The QIDP stated, "Yes. I agree with you". The QIDP indicated further review and follow up was needed to assess client A's health and safety concerning access to cleaning chemicals and/or cleaning products.</p> <p>On 2/2/24 at 3:48 PM, the Nurse was interviewed. Shared with the Nurse was the observation on 1/31/24 from 5:47 PM to 6:48 PM where the cleaning chemicals and/or cleaning products were left unlocked and unsecured. The Nurse was asked about a lack of an assessment available for review concerning client A's health and safety for unlocked and unsecured chemicals in the cabinets above the washer and dryer. The Nurse indicated further follow up was needed and stated, "I agree, I do think they should be locked".</p> <p>This federal tag relates to complaint #IN00426041 and #IN00425498.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility failed to assess client B's nutritional status to</p>	W 0217	1.The Facility will ensure the comprehensive functional assessment included nutritional	03/05/2024

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	<p>ensure the appropriate diet texture for meats was identified and incorporated into his health risk and dining plans.</p> <p>Findings include:</p> <p>Observations were conducted on 3:12 PM to 6:03 PM and on 1/31/24 from 5:47 PM to 6:48 PM. At 5:37 PM, client B joined his peers for the evening meal. Client B was served chicken and rice. At 5:39 PM, staff #11 assisted client B by cutting his chicken breast into small pieces and placed a clothing protector around him. Staff #11 then used hand over hand assistance with client B to put some peas onto his plate. At 5:47 PM, staff #11 assisted client B by cutting more pieces of chicken as a second serving. At 5:53 PM, client B obtained a 3rd serving of chicken breast. Client B held the whole piece of chicken breast in his hand and took bites from the whole fillet of chicken breast until he finished eating the third piece of chicken.</p> <p>On 1/31/24 at 5:55 PM, staff #10 was near the stove preparing the evening meal and staff #1 was assisting client B's peers. Staff #10 was asked what was being prepared for the evening meal. Staff #10 indicated the evening meal was going to be pork chops and potatoes with broccoli as another side dish. At 6:10 PM, client B and his peers gathered around the dining room table for their evening meal. Client B was provided chopped pieces of pork chop. At 6:13 PM, the peer next to client B placed more chopped pieces of pork chop on client B's plate. At 6:16 PM, client B finished eating all pieces of the chopped pork chop.</p> <p>On 1/31/24 at 3:30 PM, a review of client B's record was conducted. The review indicated the</p>		<p>status for Client B includes the appropriate diet texture for meats are identified and incorporated into his health risk plan and dining plan.</p> <p>2. The nurse updated the HRP and Dining plan to include the appropriate diet texture for meats and retrained all staff in the Facility on updated plans.</p> <p>3 A member of the Administrative Team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Nurse, DSP.</p>	

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	<p>following:</p> <p>Dining Plan 8/1/23 indicated, "Behavior Concerns: [Client B] has risk of choking at mealtimes ... Food Texture: Soft diet ... Dietary Restrictions or Supplements: Cut veggies and fruit into bite size pieces ...".</p> <p>Health Risk Plan for Choking dated 8/14/23 indicated, "Approach: 1. Staff will administer meals per diet as ordered by physician. Staff will assist with eating and cut breads (sandwiches) into 16 pieces ...".</p> <p>Health Risk Plan for Dysphagia (swallowing difficulties) dated 8/14/23 indicated, "Approach: 1. Staff will administer meals according to physician orders. 2. Staff will monitor all food intake by having a staff member monitoring client during meals to watch for signs of choking ...".</p> <p>Physician Order dated 12/13/23 indicated, "Diet: Soft ...".</p> <p>On 1/31/24 at 3:52 PM, the Nurse was interviewed. The Nurse was asked about client B's dietary restriction for meat food items, the physician order indicating a soft diet order and observation of client B consuming pieces of meat with the third helping of chicken being whole with client B taking bites from it. The Nurse stated, "I need to get clarification on his meats. On a soft diet, I want to run that past his PCP (primary care physician)". The Nurse was asked about client B eating from a whole piece of chicken taking bites from holding it in his hand. The Nurse stated, "I don't think that is appropriate. We need to see if it should be chopped and with some liquids". The Nurse indicated further follow up with client B's primary care physician to assess and ensure client</p>			

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W 0227 Bldg. 00	<p>B's appropriate diet texture for meats was correct.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C had a plan to ensure healthy food alternatives were offered based on his preferences with less warmed up processed foods.</p> <p>Findings include:</p> <p>Observations were conducted on 1/29/24 from 3:12 PM to 6:03 PM, on 1/30/24 from 7:02 AM to 8:05 AM, and on 1/31/24 from 10:45 AM to 11:56 PM at the day service provider location and from 5:47 PM to 6:48 PM. During these observations client C consumed four meals. On 1/29/24 the evening meal consisted of chicken breast fillets, rice, and peas. At 5:37 PM, client C was seated at the table with his peers. Staff #11 assisted with the serving bowls and used hand over hand assistance with the clients. As staff #11 assisted the clients, the Qualified Intellectual Disabilities Professional (QIDP) used a verbal prompt to encourage client C to try some of the chicken breast prepared for the evening meal. Client C made a vocalization indicating he did not want the chicken breast. At 5:41 PM, staff #11 used a verbal prompt with client C to encourage him to try some peas from the serving bowl. Client C made a vocalization indicating he did not want the</p>	W 0227	<p>1 The facility will ensure that the individual program plan states specific objectives necessary to meet clients' needs identified in their comprehensive assessment.</p> <p>2 The Nurse will contact the dietician to identify health food choices based on Client C's preference.</p> <p>3 The QIDP will update Client C ISP to include objectives to address healthy food choices based on his preferred food choices.</p> <p>4 The QIDP will train Facility Staff on the updated ISP for Client C.</p> <p>5 A member of the Administrative Team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility</p> <p>Persons Responsible: QA Manager, QA Coordinator, QIDP, Residential Manager, Area Supervisor, DSPs, and Program</p>	03/05/2024

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	<p>peas. At 5:42 PM, the team leader brought client C some warmed processed chicken nuggets with hashbrown squares. At 5:48 PM, client C finished eating his chicken nuggets and hashbrown squares and left the dining room.</p> <p>On 1/30/24 at 7:33 AM, client C was seated at the dining room table with his peers. The team leader assisted the clients with the serving bowl and placing cream of wheat and cinnamon raisin toast on their plates. At 7:35 AM, client C indicated he did not want raisin toast. The QIDP used a verbal prompt to encourage client C to try a bite of the raisin toast. Client C made a vocalization and indicated he did not want to try the raisin toast. Client C declined to try to the cream of wheat and raisin toast and was provided a pop tart as an alternative.</p> <p>On 1/31/24 at 10:45 AM, the Program Manager at the day service provider location was asked about supports and services and the location of the clients. The Day Program Manager stated, "[Day Program] provides services for [client D], [client E], [client F] and [client B]. ResCare sends one to two staff for [client C] and [client A]". The staff which accompanied client C to the day service location were staff #1 and staff #7. At 11:28 AM, staff #1 and staff #7 used verbal prompting to encourage all clients to prepare for their noon meal, clean up their work areas and wash their hands. At 11:40 AM, staff #1 brought client C chips, crackers, Jello and warmed up processed chicken nuggets for his noon meal. At 11:48 AM, client C finished eating his noon meal.</p> <p>On 1/31/24 at 5:55 PM, staff #10 was asked what was being prepared for the evening meal. Staff #10 indicated pork chops and potatoes with a side dish of broccoli. At 6:08 PM, client C sat down at</p>		Manager.	

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	<p>the table. Staff #10 brought client C a plate with warmed french-fries and chicken nuggets. Client C was seated at the table alone. Client C was not offered the main menu items of pork chops, potatoes, and broccoli. At 6:10 PM, client C's peers joined him in the dining room for their evening meals. At 6:12 PM, client C finished eating his french-fries and chicken nuggets and returned to his bedroom.</p> <p>On 1/31/24 at 4:16 PM, a review of client C's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 1/22/1/25 (sic) indicated, "Priority Objectives: 1. Medication Skills. 2. Pedestrian Safety Skills. 3. Oral Hygiene Skills. 4. ADL (adult daily living) skills...". Client C's ISP did not indicate objectives to address healthy food choices based on his preferred food items.</p> <p>Dining Plan dated 8/14/23 indicated, "Dietary Restrictions or Supplements: Lactose Intolerant. Strict low fat diet... Specific Skills to Maintain/Acquire: The ability to eat safely which has been done in the past and follow the menu...".</p> <p>Physician Order dated 12/13/23 indicated, "Diet: Strict low fat, NCS (non-concentrated sweets), Diabetic diet...".</p> <p>On 1/31/24 at 3:59 PM, the Nurse was interviewed. The Nurse was asked about client C's dining habits and offering healthy food choices to promote less consumption of warmed up processed foods. The Nurse indicated a formal plan to offer client C healthy food choices based on his preference was not available for review and stated, "I don't know if there are low fat chicken</p>			

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W 0252 Bldg. 00	<p>nuggets. I wonder if they had made them (chicken breast to make nuggets), if it would be better (something client C would have eaten). He has other things he likes. We can't make him change. Maybe we make it in an air fryer". The Nurse indicated further review and development of a plan to encourage healthy food choices based on client C's preference was needed.</p> <p>On 2/1/24 at 3:45 PM, the QIDP was interviewed. The QIDP was asked about client C's dining habits and offering healthy food choices to promote less consumption of warmed up processed foods. The QIDP indicated a plan needed to be developed. The QIDP indicated she had spoken with the Nurse about food options and identifying preferred healthy choices as option when he does not want what was prepared from the menu. The QIDP stated, "The plan is to offer him the food before making the chicken nuggets. We talked yesterday about introducing him to new foods. It's all about looks for him". The QIDP indicated the development of a plan to ensure client C was offered healthy food choices was needed.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's behavior tracking was maintained for his target behavior of inappropriate sexual behavior.</p> <p>Findings include:</p>	W 0252	<p>1 The Facility will ensure data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>2 The QIDP retrained staff on</p>	03/05/2024

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	<p>On 1/31/24 at 3:30 PM, client B's record was reviewed. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/14/23 indicated, "Challenging Behaviors: Inappropriate sexual behavior...".</p> <p>-Behavior Support Plan (BSP) dated 7/14/23 indicated, "Behavioral History:... [Client B] has trouble with public masturbation and will attempt to massage various items on his upper leg and can be verbally redirected when this happens ...</p> <p>Target Behavior and Goals: When [client B] rubs himself in public with various objects or openly masturbates. Goal: [Client B] will have five or fewer occurrences of inappropriate sexual behavior for three consecutive months 4.14.24...</p> <p>Data Collection: Data will be collected on the [client B] Structured A-B-C (Antecedent-Behavior-Consequence) data collection sheet across all shifts. Instruction to fill out the data sheets are provided on the data sheets themselves...".</p> <p>-No behavior tracking was available for review.</p> <p>On 2/1/24 at 3:45 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the behavior tracking for client B. The QIDP indicated no behavior tracking could be provided for review. The QIDP was asked if staff should document on client B's inappropriate sexual behavior. The QIDP stated, "Yes, they need to do it (ABC behavior tracking)".</p> <p>9-3-4(a)</p>		<p>tracking Client B behavior tracking on inappropriate sexual behavior.</p> <p>3 QIDP retrained staff on tracking inappropriate sexual behavior on the ABC Tracker.</p> <p>4 ABC Tracking will be review weekly by the Area Supervisor or DSL and Monthly by QIDP.</p> <p>5 A member of the Administrative Team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 1/31/24 at 1:15 PM, a review of the group home evacuation drills was conducted. The review of the evacuation drills included the following affecting clients A, B, C, D, E and F:</p> <p>During the overnight shift (8 PM - 8 AM), there was no documentation of evacuation drills conducted from 10/1/23 through 12/31/23.</p> <p>On 1/31/24 at 1:40 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the missing evacuation drill documentation between 10/1/23 through 12/31/23 for the twelve hour second shift. The QIDP indicated no further documentation was available for review. The QIDP was asked how evaluation drills should be conducted. The QIDP stated, "One per shift per quarter".</p> <p>9-3-7(a)</p>	W 0440	<p>-All staff at the home will be re-trained on conducting evacuation drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>-The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>-Direct Supper Lead will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>-The Area supervisor will ensure drills are completed as required.</p> <p>-The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: Program</p>	03/05/2024	

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W 0448 Bldg. 00	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the facility failed to ensure evacuation drills were documented with accurate duration and/or issues and concerns to prevent future reoccurrence.</p> <p>Findings include:</p> <p>On 1/31/24 at 1:15 PM, a review of the group home evacuation drills was conducted. The review of the evacuation drills included the following affecting clients A, B, C, D, E and F:</p> <p>-12/21/22 at 3:30 AM, duration 16 minutes and 3 seconds. No issues and/or concerns were documented.</p> <p>-1/1/23 at 10:04 AM, duration 26 minutes. No issues and/or concerns were documented.</p> <p>-3/6/23 at 8:00 AM, duration 15 minutes. No issues and/or concerns were documented.</p> <p>-3/23/23 at 5:45 AM, duration 10 minutes. No issues and/or concerns were documented.</p> <p>-4/7/23 at 6:00 AM, duration 10 minutes. No issues and/or concerns were documented.</p> <p>-4/30/23 at 9:20 PM, duration 0 minutes. An inaccurate duration with no issues and/or concerns being documented.</p> <p>-5/24/23 at 3:00 PM, duration 6 minutes. No issues and/or concerns were documented.</p> <p>On 1/31/24 at 1:40 PM, the Qualified Intellectual</p>	W 0448	<p>Manager, Area Supervisor, Residential Manager, Direct Support Lead, DSP, QA</p> <p>1 All staff at the Facility will be re-trained on conducting fire drills quarterly on all shifts. The Area Supervisor will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>2 The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>3 Staff will be in serviced by the Program Manager on conducting evacuation drills, data collection, and determine if a solution to reduce the length of duration for evacuation drills as needed.</p> <p>4 The Direct Support Lead will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>5 The Area supervisor will ensure drills are completed as required.</p> <p>6 The program manager will conduct random monthly</p>	03/05/2024

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W 0455 Bldg. 00	<p>Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the duration of drill and a lack of documentation investigating any difficulties to ensure drills were completed timely to prevent reoccurrence of any difficulties. The QIDP indicated more follow up was needed to ensure staff accurately documented both the duration and if difficulties occurred, what those were. The QIDP stated, "Yeah, that should be closer to 5 minutes and explain why it took so long".</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 1 of 3 sampled clients (B), the facility failed to ensure infection control practices were implemented during client B's medication administration and evening meal.</p> <p>Findings include:</p> <p>Observations were conducted on 1/29/24 from 3:12 PM to 6:03 PM and on 1/31/24 from 5:47 PM to 6:48 PM. At 4:01 PM, the team leader brought cleaning wipes to the medication administration room and prepared for the evening medication administration routine. At 4:02 PM, the team leader washed her hands.</p> <p>At 4:10 PM, the team leader asked the Qualified Intellectual Disabilities Professional (QIDP) to assist her by bringing a boost supplemental drink and some thickener for liquids to the medication administration room.</p>	W 0455	<p>inspections to ensure drills are being completed as required.</p> <p>7 A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP</p> <p>The facility will ensure that an active program for the prevention, and control of infection and communicable diseases is ongoing.</p> <p>The Facility Staff will be in-serviced by the QIDP on ensuring all staff in the facility sanitize their hands during med pass and proper use of PPE.</p> <ul style="list-style-type: none"> ·The Direct Support Lead and Direct Care Professionals will ensure all Company and State PPE guidelines are followed for all visitors, staff and clients. ·The Area Supervisor and Program Manager will perform random checks to ensure the active program for the prevention, and control of infection and communicable diseases is 	03/05/2024

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	<p>At 4:12 PM, the team leader mixed the thickener in the water and administered client E his medication. After client E's medication administration routine, the team leader did not wash or sanitize her hands again.</p> <p>At 4:14 PM, the team leader verbally prompted for client D to come to the medication administration room as she prepared his medication. At 4:16 PM, the team leader administered client D his medications. The team leader did not wash or sanitize her hands.</p> <p>At 4:19 PM, the team leader used a verbal prompt and asked client B to wash his hands and prepare for his medication administration routine. The team leader did not wash or sanitize her hands.</p> <p>At 4:20 PM, client B obtained water and took a drink, followed by an attempt to take his medications the team leader had prepared. One tablet remained in the small plastic cup. The team leader used her bare hand and fingers to retrieve the tablet stuck in the cup and placed it in client B's hand. Client B then administered the tablet to himself.</p> <p>At 4:24 PM, the team leader was asked if client B had difficulty with taking his medication. The team leader stated, "No. He took a drink of water, then tried to take his meds (medications)". The team leader was asked if the tablet she had retrieved using her bare fingers had stuck in the cup. The team leader stated, "Yeah".</p> <p>On 1/31/24 at 5:55 PM, staff #10 was preparing the evening meal and staff #1 assisted other housemates of client B in the home. Staff #10 was asked what was being prepared for the evening</p>		<p>ongoing.</p> <ul style="list-style-type: none"> The QIDP will in-service Facility Staff on ensuring client hand washing prior to all meals and food safety. <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: QA Manager, QA Coordinator, QIDP, Residential Manager, Area Supervisor, DSP and Program Manager.</p>	

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	<p>meal. Staff #10 indicated the evening meal was going to be pork chops and potatoes with broccoli as another side dish.</p> <p>At 6:10 PM, client B and his housemates gathered around the dining room table for their evening meal. The clients were not prompted to wash their hands prior to the evening meal.</p> <p>At 6:13 PM, client F was seated next to client B and began scooping up his pork chop pieces from his plate. As client F scooped up his pork chop, the QIDP stated to both staff #10 and staff #1, "[Client F] does not want his pork chop". The QIDP proceeded to leave the dining room to find thickener for the evening meal. Client F proceeded to scoop up his pork chop and began placing those pieces on client B's plate. Staff #10 and staff #1 were present in the dining room. No verbal prompts to prevent client F from placing his pork chop on client B's plate were provided. Client B proceeded to eat pieces of pork chop from his plate.</p> <p>At 6:16 PM, client B finished eating all pieces of pork chop from his plate.</p> <p>On 2/1/24 at 3:45 PM, the QIDP was interviewed. The QIDP was asked about the infection control practices during client B's medication administration and mealtime where people touched and used their bare hand for the medication and food items he had consumed. The QIDP indicated client B should have been prompted to retrieve his medication when stuck in the cup, that staff could have used a gloved hand, and staff should have intervened to prevent client B from eating the pork chop. The QIDP indicated hand washing should have been prompted prior to this evening meal. The QIDP stated, "We'll</p>			

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W 0474 Bldg. 00	<p>follow up with staff".</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 additional client (E), the facility failed to ensure client E's diet consistency was implemented according to his dining plan and physician orders for nectar thickened liquids and a pureed (honey thick consistency) food textured diet.</p> <p>Findings include:</p> <p>An observation was conducted on 1/30/24 from 7:02 AM to 8:05 AM. At 7:12 AM, staff #8 prepared for client E's morning medication administration routine. At 7:28 AM, client E took his morning medications with a cup of water mixed with his morning dose of Polyethylene Glycol 3350 (constipation) medication. At 7:29 AM, staff #8 filled a second cup of water with the powder Thick-it to thicken the additional cup of water and provided it to client E. Client E's first cup of water used to administer his morning medications did not contain the thickener.</p> <p>At 7:33 AM, the team leader assisted client E using hand over hand assistance to place his morning meal of cream of wheat and a portion of pureed raisin toast on his plate. As the team leader circulated around the table assisting client E's peers, staff #8 placed a bowl of chopped boiled egg next to client E's plate. Client E did not attempt to eat his chopped boiled egg. At 7:41 AM, client E obtained a second serving of the</p>	W 0474	<p>The Facility will ensure all food is served in a form consistent with the developmental level of the client.</p> <p>The Nurse will retrain staff in the Facility on all clients the clients dining plan and following physicians orders.</p> <p>The Area Supervisor will conduct random weekly observation to ensure staff are following client dining plan and physicians orders.</p> <p>A member of the Administrative Team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility</p> <p>Persons Responsible: Nurse, QA Manager, QA Coordinator, QIDP, DSL, Area Supervisor, DSP and Program Manager.</p>	03/05/2024

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	<p>raisin toast. The second serving of the raisin toast was a whole piece of bread. At 7:42 AM, client E used his hands and broke the toast into pieces and placed them into his mouth to eat. At 7:43 AM, client E took his plate and utensils to the kitchen sink ending his morning meal.</p> <p>On 1/31/24 at 3:57 PM, a focused review of client E's record was conducted. The review indicated the following:</p> <p>-Dining Plan dated 8/1/23 indicated, "Behavioral Concerns: [Client E] has a history of choking during mealtimes. Food Textures: Pureed texture ... Fluid Texture: Nectar thickened liquids ...".</p> <p>-Physician Order dated 12/13/23 indicated, "Diet: Puree. Nectar thick liquids ... Thick-it Pow (powder): Use as directed in food or beverages for honey thick consistency ...".</p> <p>On 1/31/24 at 3:59 PM, the Nurse was interviewed. The Nurse was asked about client E's diet consistency and provided examples from observation for thin liquids during medication administration, whole pieces of raisin toast and chopped boiled egg. The Nurse indicated client E's diet texture was a pureed diet with nectar thick liquids. The Nurse indicated client E's dining plan and physician order for his diet consistency should be implemented to ensure client E received nectar thick liquids and a pureed food textured diet. The Nurse indicated further follow up was needed to ensure staff were retrained on client E's diet textures.</p> <p>On 2/1/24 at 3:45 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client E's diet textures for liquids and food items. The QIDP indicated</p>			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>client E's diet texture for liquids was nectar thick and a pureed diet consistency. Shared with the QIDP were observations where client E's diet textures were not implemented during his meal and medication administration. The QIDP indicated further follow up was needed to ensure staff implemented and followed client E's diet textures according to his dining plan and physician orders.</p> <p>9-3-8(a)</p>				