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	14G033	A. BUILDING _____ B. WING _____	R 08/30/2016

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS FOLLOW UP TO ANNUAL CERTIFICATION SURVEY OF 5/13/16	{W 000}		
{W 104}	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: REPEAT Based on observation and interview, the facility's governing body failed to provide general operating direction over the facility and maintain appropriate and sanitary living environments affecting 39 of 39 clients residing in Homes 24, 25, 33 and 34 (R#'s 6, 7, 12, 13, 21, 31, 32, 33, 34, 35, 3, 22, 14, 23, 24, 36, 37, 38, 39, 40, 8, 9, 10, 11, 25, 26, 27, 28, 29, 30, 42, 43, 44, 45, 46, 47, 48, 49 and 50). Findings include: 1) Observations were conducted in Home 24 on 8/24/16 beginning at approximately 3:48pm. The following was observed: - Bathroom 111, as per E7 (MHT - Mental Health Technician), had feces smeared on the base of the toilet with feces in the toilet. There were no paper towels or hands towels for client use. - Bathroom 110, as per E7, there was no toilet paper in the bathroom for client use. - Blinds in the living room were twisted and bent. - An unused new medication cart was observed to be stored in the large bedroom.	{W 104}		9/21/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/09/2016

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{W 104}	Continued From page 1 2) Observations were conducted in Home 25 on 8/24/16 beginning at approximately 5pm. The following was observed and verified by E9 (RSS - Residential Services Supervisor): - One bathroom did not have toilet paper for client use. - One bathroom the two faucets were corroded and had jagged edges. - Two area rugs, one in the kitchen and one near the back door were torn with the edges torn presenting a trip hazard. - Large bedroom had blinds that were twisted and torn. - An unused new medication cart was observed to be stored in the large bedroom. 3) Observations were conducted in Home 33 on 8/23/16 at 4:10pm. An unused new medication cart was observed to be stored in the large bedroom. 4) Observations were conducted in Home 34 on 8/24/16 at 6:30am. An unused new medication cart was observed to be stored in the large bedroom. E12 (Director of Special Operations) was interviewed on 8/25/16 at 2:25pm. E12 was asked why unused new medication carts are being stored in client's bedrooms. E12 stated the facility does not have the funds to install them in the living room areas as initially planned. E12 stated the medication carts were stored in the living rooms, however, staff must have put them in the bedrooms. E12 was asked how long the facility has stored the unused new medication carts in the client's homes. E12 stated the unused new medication carts have been stored in	{W 104}		

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{W 104}	Continued From page 2 the client's homes for approximately 2 years.	{W 104}		
{W 249}	483.440(d)(1) PROGRAM IMPLEMENTATION 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. This STANDARD is not met as evidenced by: REPEAT Based on observations, record review and interview, the facility failed to provide the identified supervision level needed for 1 of 1 client (R46) in Home 34 with a special supervision level. Findings include: On 8/24/16 at 6:30am, R46 was observed sitting in her wheelchair with the television in the living area. R46 was observed to be by herself with all three Mental Health Technicians (MHT) working in the home (E18, E18 and E20) in the back bedroom area getting the other ladies ready for the day. Surveyor observed all three staff walking in and out of the living area into the back bedroom area or into the kitchen from 6:30am through breakfast was served at 7:37am. No continuous visual observation from staff was observed by surveyor. During this observation period, E21, Residential Services Supervisor, was	{W 249}		9/21/16

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{W 249}	Continued From page 3 also in the home briefly, walking in and out of the living area. The group and level supervision by home for Home 34 was reviewed. R46's supervision level for In Home is listed as Visual Observation. E21, was interviewed on 8/24/16 at 1:19pm. E21 stated, "For R46, staff has to be able to see her." E21 then verified that on 8/24/16, "There wasn't anybody consistently in the living area to supervise R46." E22, MHT, was interviewed on 8/26/16 at 11:08am. E22 stated, "R46 tries to walk independently and is very unsteady that she would fall and will get injured, so staff has to consistently monitor her."	{W 249}		
{W 295}	483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that the Behavior Intervention Plan for 1 of 1 client (R30) identifies criteria as to when to apply and remove the restraint (abdominal binder). Findings include: R30 was observed sitting in a wheelchair in her home on 8/24/16 from 6:52am through 8:15am.	{W 295}		9/21/16

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{W 295}	Continued From page 4 E18 was interviewed on 8/24/16 at 6:54am. E18 stated, "R30 uses a binder because of behavior. We take it off every hour to see if she is touching the g-tube (gastrostomy tube). We take it off for 5 minutes and if she won't touch it, we leave her binder off and continue to monitor her. Once the binder is on her, it will be on her for an hour per her Behavior Plan." Surveyor asked if it is on her and she is not trying to pull her g-tube, will the staff take it off? E18 answered, "No, we wait for an hour." R30's Behavior Intervention Plan dated 8/1/16 was reviewed. Under Target Behavior Preventive Procedures it includes; "Pulling on g-tube: R30 will wear a binder to prevent her from tampering with and or/puling out the g-tube. The binder will be faded as follows: It should be noted that for safety purposes, R30 does not wear the binder during showers, hygiene and / or when asleep. The binder will be released daily for 5 minutes per hour...As criterion is met, the time without the binder will be increased by 5 minutes until she is no linger wearing a binder..." E4, Chief Psychologist, was interviewed on 8/25/16 at 2:37pm. E4 stated, "The binder is on 24/7 except for showers, hygiene and when asleep and during release criteria. The criteria is every hour 5 minutes off unless she begins to pull at it. If she doesn't pull at it, additional 5 minutes will be added."	{W 295}		
{W 301}	483.450(d)(4) PHYSICAL RESTRAINTS A client placed in restraint must be checked at least every 30 minutes by staff trained in the use of restraints.	{W 301}		9/21/16

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{W 301}	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 1 client (R30) was checked every 30 minutes while using an abdominal binder. Findings include: R30 was observed sitting in a wheelchair in her home on 8/24/16 from 6:52am through 8:15am. E18 was interviewed on 8/24/16 at 6:54am. E18 stated, "R30 uses a binder because of behavior. We take it off every hour to see if she is touching the g-tube (gastrostomy tube). We take it off for 5 minutes and if she won't touch it, we leave her binder off and continue to monitor her. Once the binder is on her, it will be on her for an hour per her Behavior Plan." Surveyor asked if it is on her and she is not trying to pull her g-tube, will the staff take it off? E18 answered, "No, we wait for an hour." R30's Behavior Intervention Plan dated 8/1/16 was reviewed. Under Target Behavior Preventive Procedures it includes; "Pulling on g-tube: R30 will wear a binder to prevent her from tampering with and or/puling out the g-tube. The binder will be faded as follows: It should be noted that for safety purposes, R30 does not wear the binder during showers, hygiene and / or when asleep. The binder will be released daily for 5 minutes per hour...As criterion is met, the time without the binder will be increased by 5 minutes until she is no linger wearing a binder..." E4, Chief Psychologist, was interviewed on 8/25/16 at 2:37pm. E4 stated, "The binder is on 24/7 except for showers, hygiene and when	{W 301}		

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{W 301}	Continued From page 6 asleep and during release criteria. The criteria is every hour 5 minutes off unless she begins to pull at it. If she doesn't pull at it, additional 5 minutes will be added." R30's behavior recording form was reviewed. It includes a start and stop record, the target behaviors , replacement behaviors, interventions, reinforcers and staff initials. There is no record of R30 being checked when she is using her abdominal binder. E4, Chief Psychologist, was interviewed on 8/26/16 at 10:45am. E4 verified that this is the facility's record of the use of R30's abdominal binder.	{W 301}		
{W 302}	483.450(d)(4) PHYSICAL RESTRAINTS A client placed in restraint must be released from the restraint as quickly as possible. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a record of when a client must be released a the restraint as quickly as possible is maintained for 1 of 1 client (R30) using an abdominal binder. Findings include: R30 was observed sitting in a wheelchair in her home on 8/24/16 from 6:52am through 8:15am. E18 was interviewed on 8/24/16 at 6:54am. E18 stated, "R30 uses a binder because of behavior. We take it off every hour to see if she is touching the g-tube (gastrostomy tube). We take it off for 5 minutes and if she won't touch it, we leave her	{W 302}		9/21/16

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{W 302}	Continued From page 7	{W 302}		

binder off and continue to monitor her. Once the binder is on her, it will be on her for an hour per her Behavior Plan." Surveyor asked if it is on her and she is not trying to pull her g-tube, will the staff take it off? E18 answered, "No, we wait for an hour."

R30's Behavior Intervention Plan dated 8/1/16 was reviewed. Under Target Behavior Preventive Procedures it includes; "Pulling on g-tube: R30 will wear a binder to prevent her from tampering with and or/puling out the g-tube. The binder will be faded as follows: It should be noted that for safety purposes, R30 does not wear the binder during showers, hygiene and / or when asleep. The binder will be released daily for 5 minutes per hour...As criterion is met, the time without the binder will be increased by 5 minutes until she is no linger wearing a binder..."

E4, Chief Psychologist, was interviewed on 8/25/16 at 2:37pm. E4 stated, "The binder is on 24/7 except for showers, hygiene and when asleep and during release criteria. The criteria is every hour 5 minutes off unless she begins to pull at it. If she doesn't pull at it, additional 5 minutes will be added."

A behavior recording form for R30 was reviewed. It includes a start and stop time. E4, Chief Psychologist, informed surveyor on 8/26/16 at 10:45am, that the start is when the abdominal binder was released and stop means it was put on again. The record does not clearly show if the calm criteria was met for the binder to be released or if the binder was released because it was the 5 minute release per hour was met per her Behavior Program Plan.

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{W 302}	Continued From page 8 E4, verified on 8/25/16 at 2:37pm that R30's abdominal binder is on 24/7 except for showers, hygiene, when asleep and during release criteria.	{W 302}		
{W 303}	483.450(d)(4) PHYSICAL RESTRAINTS A record of restraint checks and usage must be kept. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a clear record of checks and usage of the abdominal binder for 1 of 1 client (R30) was maintained. Findings include: R30 was observed sitting in a wheelchair in her home on 8/24/16 from 6:52am through 8:15am. E18 was interviewed on 8/24/16 at 6:54am. E18 stated, "R30 uses a binder because of behavior. We take it off every hour to see if she is touching the g-tube (gastrostomy tube). We take it off for 5 minutes and if she won't touch it, we leave her binder off and continue to monitor her. Once the binder is on her, it will be on her for an hour per her Behavior Plan." Surveyor asked if it is on her and she is not trying to pull her g-tube, will the staff take it off? E18 answered, "No, we wait for an hour." R30's Behavior Intervention Plan dated 8/1/16 was reviewed. Under Target Behavior Preventive Procedures it includes; "Pulling on g-tube: R30 will wear a binder to prevent her from tampering with and or/puling out the g-tube. The binder will be faded as follows: It should be noted that for safety purposes, R30 does not wear the binder	{W 303}		9/21/16

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{W 303}	Continued From page 9	{W 303}		

during showers, hygiene and / or when asleep. The binder will be released daily for 5 minutes per hour...As criterion is met, the time without the binder will be increased by 5 minutes until she is no linger wearing a binder..."

E4, Chief Psychologist, was interviewed on 8/25/16 at 2:37pm. E4 stated, "The binder is on 24/7 except for showers, hygiene and when asleep and during release criteria. The criteria is every hour 5 minutes off unless she begins to pull at it. If she doesn't pull at it, additional 5 minutes will be added."

The facility presented a Behavior Recording Form that includes the start, stop, target behaviors, replacement behaviors, intervention, reinforcers and staff initials. The record does not identify what specific behaviors R30 was doing in order for the restraint to be applied and how did she show that she is calm when the restraint was removed.

E4, Chief Psychologist, was interviewed on 8/26/16 at 10:45am who stated that the start is the time when the restraint is removed and the stop is the time when the restraint is applied. Every entry will have a start and stop time with pulling g-tube so it does not clearly tell you when she did her behaviors and when she stopped the behaviors.

E22, Mental Health Technician, was interviewed on 8/26/16 at 11:08am. E22 stated, "That record does not make sense since the binder is on 24/7 except during the specified release time. " E22 added, "Whenever we see her pull her g-tube, we verbally ask her to stop and she normally stops."

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{W 331}	Continued From page 10	{W 331}		
{W 331}	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record reviewed and interview, the facility failed to ensure that: 1) 1 of 1 client's (R45) liquid restriction was implemented on 8/23/16; and 2) Proper nail care is provided for 1 of 1 client (R40) whose right great toenail was observed to be excessively long. Findings include: 1) On 8/23/16 observations was conducted in Home 33. Surveyor observed dinner to be served at 5:46pm. R45 was observed to be done with his dinner at 6:03pm. At 6:10pm, E23(Mental Health Technician) went to R45, who was sitting in the living room area, with a full glass of water and prompted R45 to drink. R45 drank the water. When surveyor was leaving, surveyor noted a typewritten note on the refrigerator in the kitchen. It includes; "R45's diet order now includes a 2200ml fluid restriction due to diagnosis of hyponatremia. To better aid in providing the daily 2200ml fluid restriction do not give 80z water with meals, ..." This note is dated 8/2/16. Surveyor went back to the dining/living room area and interviewed E23 at 6:14pm. E23 stated, "We must have just gotten this for R45." E23 then verified, "Yes, I did give him water." R45's record was reviewed. A physician's order dated 7/29/16 was noted. It includes; "Restrict	{W 331}		9/21/16

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{W 331}	Continued From page 11	{W 331}		

fluids to 2000cc/ day (total). Discontinue prune juice. Discontinue extra fluids."

2) R40 was observed on 8/24/16 in Home 25. At approximately 5:15pm R40 was observed sitting on a couch in the living room. R40 was not wearing shoes or socks. R40's right great toenail was observed to be sticking out approximately 3/4 inch beyond the tip of his toe. R40's right great toenail was observed to be thick and discolored.

On 8/24/16 E9 (RSS - Residential Services Supervisor) was asked to observe R40's toenail. E9 came into Home 25 and at approximately 5:30pm E9 was asked if it was acceptable for R40's right great toenail to be so long. E9 stated it was not acceptable for R40's toenail to be so long.

R40's 5/18/16 IPP (Individual Program Plan) was reviewed. R40's IPP (Medical Section) notes the following:
"Mycotic toenails: No sign of soft tissue infection or pain. Keep toe nails trimmed Clean toenails with alcohol and apply Vicks Vaporub at bedtime."
There is no documentation, by nursing staff in R40's clinical record, that R40's toenails were monitored and trimmed as necessary.

E11 (DON - Director of Nursing) was interviewed on 8/25/16 at 11:22am. E11 was asked about R40's right great toenail and why it was not trimmed. E11 said that he would have to check. At 11:42am E11 stated that direct care staff are responsible to cut R40's toenails. E11 stated that staff attempted to cut R40's toenails, however, they were unsuccessful. E11 was asked if there is any documentation that staff attempted to cut

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{W 331}	Continued From page 12 R40's toenails and were unsuccessful. E11 stated he was not aware of any documentation but was told this information by E10 (Nurse Supervisor). E10 was interviewed on 8/25/16 at 1:03pm, via phone call. E10 stated that he cut R40's toenails today. E10 stated that R40 also has a podiatry appointment ordered by the physician. E10 stated that staff are responsible for cutting R40's toenails. E10 was asked why R40's toenails were not cut. E10 stated, "I'm guessing staff just let it get too long." E10 stated that staff are to monitor R40's toenails once a week or maybe every 2 weeks. E10 stated it appears R40 has not had his right great toenail cut in at least 1 month. E10 was asked if staff attempted to cut R40's toenails and were unsuccessful. E10 stated that he did not know if staff attempted to cut R40's toenails.	{W 331}		
{W 369}	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: REPEAT Based on observations, record review and interview, the facility failed to ensure that medications are given in accordance with physician's orders. Findings include:	{W 369}		9/21/16

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{W 369}	Continued From page 13	{W 369}		

1) R27 was observed receiving his medication on 8/23/16 at 4:56pm from E5, nurse. R27 received Ferrous Sulfate 325mg tablet, which E5 crushed and mixed with yogurt. Surveyor reviewed the Medication Administration Record for R27. The order was noted to have a note under the medication that states, "DO NOT CRUSH". Surveyor informed E5 this prior to her giving R27 his medication. E5 stated, "He's going to spit it out if we give it to him whole."

Z1, Pharmacist, was interviewed on 8/25/16 at 10:40am. Z1 stated, "Ferrous sulfate can cause gastric irritation if crushed. It's not toxic to the client though." If swallowing is an issue, we should make an effort to change it to liquid."

2) On 8/24/16, surveyor observed clients in Home 34 eating their breakfast from 7:37am through 7:51am. Surveyor then observed R9 and R47 receiving their medications from E6. R9 was observed receiving her medication at 8:04am. E6 was overheard saying. R9's artificial tears is unavailable. I will have to circle this and will inform the doctor." At 8:13am, R47 was observed receiving her medications. R47 received Omeprazole 20mg among her other medications. Surveyor noted on R47's Medication Administration Record that under Omeprazole it states, "GIVE 30 MINUTES BEFORE MEALS". Surveyor informed E6 this, E6 stated, "I forgot they were done eating. Normally I would have gotten here earlier and it's been a hectic morning."

Z1, Pharmacist, was interviewed on 8/25/16 at 10:40am. Z1 stated, "For Omeprazole to be given after breakfast, it's against manufacturer's recommendation. The manufacturer

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{W 369}	Continued From page 14 recommends to give it on an empty stomach.	{W 369}		
{W 382}	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: REPEAT Based on observation, interview and record review the facility failed to maintain the security of a prescribed medication for 1 of 1 client outside the sample (R13). Findings include: On 8/24/16 at approximately 4:55pm, after exiting Home 24 (R13's residence), surveyor found a mostly used tube of Triamcinolone Acetonide 0.1% cream. The cream had R13's name on a label on the medication. R13's clinical record including R13's current POS (Physician's Order Sheet) was reviewed. R13's POS identifies the following order: Triamcinolone Ointment 0.1% 15GM - Apply to soles of both feet daily twice a day. E11 (DON - Director of Nursing) was interviewed on 8/25/16 at 11:04am and 11:22am. E11 was asked about the tube of ointment found outside of Home 24 on 8/24/16 including verifying R13's name on the label on the tube. Initially E11 stated that staff apply this medication, usually after showers. At 11:22am E11 stated that the tube of	{W 382}		9/21/16

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{W 382}	Continued From page 15 ointment is a topical steroid for Athletes foot. E11 clarified this medication is only applied by nursing staff and it is a prescribed medication for R13. E11 was asked how the medication tube was to be disposed. E11 stated the tube can be disposed of in a garbage can in the home. E11 was asked why, the mostly used medication tube, was found outside of R13's residence. E11 stated that he did not why the medication was outside. E11 stated that this medication should be stored in a locked cabinet.	{W 382}		
{W 460}	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: 2) Observations were conducted on 8/23/16 in Home 33. Dinner was observed to be served at 5:46pm. When the clients were almost done with dinner, surveyor observed a can of dietary fiber supplement in the middle of the dining room table. Surveyor did not observed any of the staff use the supplement on any of the clients. E23, Mental Health Technician, was interviewed on 8/23/16 at 6:07pm. E23 stated, "That supplement is for R26 and R43." The weekly diet updates for home 33 was reviewed. Under supplement it lists R42 and R43 as the clients receiving the dietary fiber supplement.	{W 460}		9/21/16

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REPEAT

Based on observation, record review and interview, the facility failed to ensure clients receive a nourishing, well balanced diet including

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{W 460}	Continued From page 17	{W 460}		

specially prescribed diets to prevent a nutritional deficiency for two individuals (R42) and (R43) in home thirty three, one individual (R41) in home six and one individual (R19) in home seven when a dietary fiber supplement was not provided at the dinner meal for all three homes.

Findings include:

1) Dinner meal observations were conducted in home six on 8/25/16 beginning at 4:35pm. E13; Mental Health Technician 2 (MHT2) was observed assisting individuals to set-up for the dinner meal. At 5:00pm, the dinner meal was served and R41 received lasagne, string beans, pears, milk and water. R41 finished his meal at 5:15pm.

Record review of facility document titled "WEEKLY DIET UPDATES" dated 4/05/16 states that R41 is to receive: one tablespoon of a dietary fiber supplement twice a day.

Interviews were held on 8/25/16 with E13; Mental Health Technician 2 (MHT2) at 5:15pm, E14; Residential Service Supervisor (RSS) at 5:50pm and E15; Unit 1 Director at 5:20pm in home six and confirmed that the dietary fiber supplement for R41 was not provided at the dinner meal because it was not available in the home and according to E13 (MHT2), the dietary fiber supplement had not been available for a week.

1a) Observation in home seven on 8/25/16 at 5:55pm in the kitchen cabinets did not contain any dietary fiber supplements.

Record review of facility document titled "WEEKLY DIET UPDATES" dated 4/05/16 states

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{W 460}	Continued From page 18 that R19 is to receive: one tablespoon of a dietary fiber supplement three times a day. An interview was held with E17; Mental Health Technician 2 (MHT2) at 6:00pm in home seven. E17 (MHT2) stated "We used to keep the fiber in the kitchen cabinets here but, the nurse has it in her nursing cabinet and provided (R19) with his fiber just before dinner today. I do not know her name because she worked overtime. The nurses suddenly started passing it (fiber) out." An interview held with E16; Unit 1 Nursing Supervisor on 8/26/16 at 10:00am via telephone confirmed that dietary supplements are kept in the house and that "nurses, do not give dietary fiber supplements to the individuals. It is the responsibility of the technician 3 to order it and give it to the residents."	{W 460}		
{W 488}	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. This STANDARD is not met as evidenced by: REPEAT Based on observation and interview, the facility failed to ensure 10 of 10 clients (R#'s 3, 14, 22, 23, 24, 36, 37, 38, 39 and 40) residing in Home 25 were provided appropriate silverware (fork, knife and spoon) for their dinner meal. Findings include: Observations were conducted in Home 25 on	{W 488}		9/21/16

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{W 488}	Continued From page 19 8/24/16 beginning at approximately 5pm. R#'s 3, 14, 22, 23, 24, 36, 37, 38, 39 and 40 were observed eating their dinner meal at this time. These 10 clients were observed to be eating their dinner meal with spoons. None of the 10 clients had a knife or a fork. R37 was observed attempting to cut a piece of meat with a spoon. E8 (MHT - Mental Health Technician) was interviewed on 8/24/16 at approximately 5:02pm. E8 was asked if silverware was available for the 10 clients to use for their meal. E8 stated, "They don't need forks." Surveyor pointed out that R37 was attempting to cut and eat his chicken with a spoon. E8 went into the kitchen and obtained a fork and knife for R37. R3, R14, R22, R23, R24, R36, R38 and R39 were not given appropriate silverware to use for their dinner meal.	{W 488}		