

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

PRINTED: 06/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/21/2015
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
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W 000	INITIAL COMMENTS Annual Licensure and Certification survey Fundamental Survey	W 000			
W 194	Inspection of Care 483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure: 1. Staff obtain physician ordered weights, for 1 of 1 resident in the sample with significant weight gain (R5). 2. Staff demonstrated correct technique when using the hi-lo plate for 1 individual outside of the sample in House 65 (R14) and when using the thermometer to check food temperature in House 65. 3. Medication objectives were implemented for 1 of 1 individual outside the sample who was observed during the morning medication administration (R16). Findings include: 1. Facility policy titled, "Procedure for Obtaining Weights" dated 9/14, requires, ..."Ensure individual weight records are maintained according to physician orders and regulatory bodies."	W 194			

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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W 194	<p>Continued From page 1</p> <p>According to R5's annual physician's exam, dated 6/18/14, R5's ideal body weight is 120-160 lbs, and that R5 had almost a 40 lb weight gain in the past year. R5' diet calories were reduced for desired weight reduction. The physician's order sheet, dated 5/1/15 included, "monthly weight." For 2015, R5's weight is documented as 178.8 lbs on January 15, 168.8 on March 25, and 177.9 on April 7th. There is no weight recorded for February and May 2015. For 2014, weight documentation was missing for July, August, September, November and December.</p> <p>E3 (Assistant Director of Nursing) confirmed on 5/20/15, at 12:45 PM, that R5's monthly weights are not being documented as ordered. E3 said she has informed administration of the missing weights, and that the weighing should be scheduled around the same day each month, for consistent monitoring.</p> <p>E11 (Residential Service Director) said, on 5/20/15 at 1 PM, staff take weights on the residents while at the on-site day training, however R5 goes to an outside site, and that may be why some of his weights are missing.</p> <p>2. Direct Service Provider E17 was in charge of serving and checking temperatures of the food for the dinner meal in House 65 on 5/18/15 from 4:55 PM through 6:30 PM. E17 was checking food temperatures of food delivered in the kitchen. E17 used a thermometer with the plastic yellow cover in place when taking temperature of the green beans, meats and pureed veggies. At 5:00 PM, E17 was asked if the yellow cover of the thermometer can be removed. E17 removed the</p>	W 194			

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W 194	<p>Continued From page 2</p> <p>cover and continued to take the food temperatures of the remaining food. E17 validated that food temperature is taken every day before dinner.</p> <p>Administrator E1 validated on 5/20/15 that E17 said she was nervous (during meal observation and thermometer cover was not removed).</p> <p>3. According to E3, Structured Program Plan for self-medication (target date 10/1/14) for R16 is the current medication objective that staff are supposed to implement for R16. The plan requires the following: "Program Title: Self-Med Scooping... Program Day: Daily, Program Session Period: A.M... Current Status: ...continue the focus of his self med[ication] program to scooping his medications during noon medication pass... Short Term Objective: R16 will scoop medications from a med[ication] cup with Independence in 95% or more of sessions for 6 consecutive months... Charting Method: Staff will document compliance on care tracker. Training Procedures: 1. Nursing will place medications with pudding or applesauce in med[ication] cup. Nursing will ask staff to be present when completing the program. 2. Nursing will give R16 the spoon and ask him to please scoop his medications and place it in his mouth. 3. Nursing will prompt R16 if needed. If R16 successfully scoops the pudding give him verbal praise. 4. If R16 does not scoop the medication or refuses nursing will try to complete hand over hand. Staff are not to give the medications. Staff will then chart the prompt level needed to complete the program." A note handwritten in the bottom of the</p>	W 194			

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W 194	Continued From page 3 Structured Program Plan reads, "Staff Chart... AM..." On 5/19/15, at 8:15 a.m., E19 administered the following medication to R16 (crushed into powder and mixed with applesauce): Vitamin D 1000 u[nits] (1 tablet), Mapap 500 mg (2), lisinopril 5mg [milligram] (1), baclofen 10 mg (1/2), allerhist 1.34 mg (2), buspirone 10 mg, sertraline 100 mg (2), oyster shell 500 (1), Omeprazole 20 mg (1). E19 mixed the medication powder in applesauce in a medication cup with a spoon and fed 3 spoons of the mix to R16. The medication was administered in R16's bedroom. E19, surveyor, and R16 were present in the room. No other staff were present in the room. On 5/21/15, at 10:10 a.m., E3, Assistant to Director of Nursing (ADON) stated that the the Program Plan sheet is not very clear on when the self-medication program should be charted because it says A.M. for program session and staff chart, but it says noon in the Current Status. On 5/21/15, at 10:40 a.m., E20, Qualified Intellectual Disabilities Professional (QIDP) stated that in the computer, R16's objective is scheduled to be charted at 12 p.m. On 5/21/15, at 10:09 a.m., E19 (Nurse) stated that the objective should have been done daily and each time medication is administered to R16. E19 confirmed that on the morning of 5/19/15, staff was not present in the room during the medication administration during surveyor observation. E19 added that she does not remember if she implemented the medication program for R16.	W 194			
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN	W 247			

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W 247	<p>Continued From page 4</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one in the sample R2 on home 63 that the individual program plan include opportunity for client choice and self management.</p> <p>Findings include:</p> <p>Per record review of the Individual Service Plan dated 12-30-14, R2 is a 51 year old male who functions in the Moderate Range of Intellectual Disabilities. R2's diagnoses includes Hypertension, Cerebral Palsy, and Seizure Disorder.</p> <p>During observations on 5-18-15 at 5:00 P.M. R2 was observed in the kitchen area with E12 (Direct Support Person). E12 scooped his food onto his plate. E12 buttered his bread. E12 was observed to pour his drinks into his cups. At 5:32 P.M. R2 had completed eating his meal and was getting gloves on his hands to wipe down the table and proceeded to move a chair to the wall area.</p> <p>Per record review of the Occupational Therapy Reevaluation dated 11-18-14 is written R2 is able to use hands functionally for all tasks. R2 feeds himself independently using both a fork and a spoon. The summary and recommendations are to continue to encourage independence in self care as much as possible within this setting.</p>	W 247			

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W 247	Continued From page 5 Per record review of the Family Style Meal Assessment dated 12-18-14 is written R2 is able to use utensils properly. R2 is able to feed himself including the appropriate rate of eating. R2 is able to pour his own liquids with assistance. R2 will participate in appropriate socialization during meal times. R2 will tolerate hand over hand assistance. Per interview with E12 on 5-18-15 at 5:43 P.M. When asked if R2 can scoop his own food, E12 replied yes he can but it is hard for him to reach over the stove all the way up to get the food. When asked if he can pour his own drinks, E12 replied yes. When asked if he could butter his own bread, E12 stated yes. Per interview with E13 (Home Coordinator) on 5-18-15 at 5:35 P.M. when asked if R2 can put his plates away yes he can but he wants to start to wipe the table and moves into that part of his participation program.	W 247			
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on observations, interviews and record	W 264			

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W 264	<p>Continued From page 6</p> <p>review, the facility failed to ensure restrictive techniques relating to client rights are reviewed by the Human Rights Committee and are incorporated into the Behavior Intervention Plan for 1 of 3 in the sample (R9).</p> <p>Findings include:</p> <p>R9's Face Sheet dated 4/10/2015 states she is a 47 year old female who is Legally Blind with limited vision, non-verbal with a Diagnosis of Intermittent Explosive Disorder, Seizure Disorder, Diabetes Mellitus with complications-Type 1.</p> <p>R9 was observed in the home on 5/19/2015 at 6:50 a.m. in her bedroom (private room) with E4, Direct Support Person. At 7:32 a.m., E4 observed to be arm in arm with R9 walking from her bedroom (wearing silver shoes) into the dining room and sitting at a table by herself. E4 placed a clothing protector on R9 and E4 proceeded to give R9 a glass of juice which R9 drank independently. Upon R9 completing the juice she began to hit the table and was prompted to stop by E4. A deep high sided plate was brought to the table for R9. Surveyor asked E4 what was in the dish (surveyor observed it was a pureed diet) and E4 stated that apple sauce, meat and hot cereal was all mixed together. Surveyor observed R9 use a built-up spoon to feed herself independently using her right hand. R9 completed her breakfast at 7:46 a.m. E4 wiped R9's mouth and hands then assisted R9 up from the chair. E4 was arm in arm with R9 as they walked back into R9's bedroom. At 8:05 a.m., R9 observed in room with E4. E4 was observed standing right next to R9 as she ambulated from her bedroom into the bathroom area. E5 was observed with R9 at 8:25 a.m. arm</p>	W 264			

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W 264	<p>Continued From page 7</p> <p>in arm walking in hallway outside of the unit. At 10:10 a.m., E5 and R9 was observed walking arm in arm around the unit, into the bathroom and around in her room until 10:20 a.m. at which time she sat at the table in the dining room and E5 put shaving cream on her right hand. R9 rubbed the creams over her hands for approximately 5 minutes then E5 cleaned R9's hands and proceeded to assist her from the chair, arm in arm, walking to the bedroom and changed her shirt (3 times). Surveyor observed during observations that E4 and E5 was no more than an hands length away from R9. Surveyor observed that when R9 turns staff turns with her. Staff (E4 and E5) was observed to be arm in arm with R9 during the majority of the surveyor's observations.</p> <p>E4 was interviewed on 5/19/2015 at approximately 7:50 a.m. E4 stated that she is with R9 from 6:00 a.m. to 8:15 a.m. then E5, Direct Support Person, works with her. E4 stated that R9's (supervision level) is in room with staff but not on 1:1 supervision. E5 was interviewed at approximately 8:12 a.m. and stated that she will be with R9 at 8:15 a.m. and will be on the unit with R9 for day training until 3:00 p.m. E5 also stated that today she will be working until 6:30 p.m. with R9. E5 stated no other clients are on the unit with R9 during day training. E5 states when she has R9 she does not have any other clients (assigned to her). E5 stated that she walks around the area with R9. E5 stated staff has to be with R9 as she moves around the home because she is blind. Surveyor asked if R9 knows how to "trail" (i.e. navigate around the home) and E5 said yes. E5 states that R9 walks most of the day then she sits on the toilet and up again walking.</p>	W 264			

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W 264	<p>Continued From page 8</p> <p>Human Rights Committee Meeting Minutes dated 2/17/2015, 1/28/2015, 10/23/2014, 9/5/2014, and 8/14/2014 were reviewed. Review of these committee meeting minutes did not reference the need for 1:1 supervision nor is 1:1 incorporated into the Behavior Intervention Plan.</p> <p>R9's record was reviewed and no documentation could be located that R9 is in need of 1:1 level of supervision with "hands-on proximity" (staff walking arm in arm with her) nor is 1:1 supervision included in R9's Behavior Intervention Plan dated 4/2014. R9's Individual Service Plan dated 4/7/2015 states under (7) Individual Review: (R9) works 1:1 with staff and does not interact with her peers; (8) Family Style Meal: (R9) eats at the same time as her peers, but sits 1:1 with staff and resumes her schedule as soon as she is done eating; (9) Social History Update: Following recommendation by E14 ...she is provided 1:1 assistance for a large portion of her week day with a consistent schedule; (14)Vocational/Educational Assessment: (R9) participates in a 1:1 structured program that was designed specifically to meet her needs. 1:1 staff provide a safe environment for her at... 22: Physical Exam/Review: 1:1 staff due to her blindness and SIB (self-injurious behavior).</p> <p>E11, Residential Service Director, was interviewed on 5/19/2015 at approximately 10:00 a.m. E11 stated that R9 does have a 1:1 staff and staff are trained to handle her (R9) behaviors.</p> <p>E11 was interviewed on 5/19/2015 at approximately 1:55 p.m. and stated that there is no documentation in the Behavior Intervention</p>	W 264			

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W 264	Continued From page 9 Plan that R9 is in need of 1:1 (supervision) nor has the Human Right Committee reviewed the need for 1:1 supervision. E11 states R9 has this level of supervision because she is blind and have medical problems.	W 264			
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure restrictive techniques are incorporated into the Behavior Intervention Plan for 1 of 3 in the sample (R9). Findings include: R9's Face Sheet dated 4/10/2015 states she is a 47 year old female who is Legally Blind with limited vision, non-verbal with a Diagnosis of Intermittent Explosive Disorder, Seizure Disorder, Diabetes Mellitus with complications-Type 1. R9 was observed in the home on 5/19/2015 at 6:50 a.m. in her bedroom (private room) with E4, Direct Support Person. At 7:32 a.m., E4 was observed to be arm in arm with R9 walking from her bedroom (wearing silver shoes) into the dining room and sitting at a table by herself. E4 placed a clothing protector on R9 and E4 proceeded to give R9 a glass of juice which R9	W 289			

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W 289	<p>Continued From page 10</p> <p>drank independently. Upon R9 completing the juice she began to hit the table and was prompted to stop by E4. A deep high sided plate was brought to the table for R9. Surveyor asked E4 what was in the dish (surveyor observed it was a pureed diet) and E4 stated that apple sauce, meat and hot cereal was all mixed together. Surveyor observed R9 use a built-up spoon to fed herself independently using her right hand. R9 completed her breakfast at 7:46 a.m. E4 wiped R9's mouth and hands then assisted R9 up from the chair. E4 was arm in arm with R9 as they walked back into R9's bedroom. At 8:05 a.m., R9 observed in room with E4. E4 observed standing right next to R9 as she ambulates from her bedroom into the bathroom area. E5 observed with R9 at 8:25 a.m. arm in arm walking in hallway outside of the unit. 10:10 a.m. E5 and R9 observed walking arm in arm around the unit, into the bathroom and around in her room until 10:20 a.m. at which time she sat at the table in the dining room and E5 put shaving cream on her right hand. R9 rub the creams over her hands for approximately 5 minutes then E5 cleaned R9 hands and proceeded to assist her from the chair, arm in arm, walking to the bedroom and changed her shirt (3 times). Surveyor observed during observations that E4 and E5 was no more than an hand length away from R9. Surveyor observed that when R9 turns staff turn with her. Staff (E4 and E5) observed to be arm in arm with R9 during the majority of the surveyor's observations.</p> <p>E4 was interviewed on 5/19/2015 at approximately 7:50 a.m. E4 stated that she is with R9 from 6:00 a.m. to 8:15 a.m. then E5, Direct Support Person, works with her. E4 stated that R9's (supervision level) is in room with staff</p>	W 289			

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W 289	<p>Continued From page 11</p> <p>but not on 1:1 supervision. E5 was interview at approximately 8:12 a.m. and stated that she will be with R9 at 8:15 a.m. and will be on the unit with R9 for day training until 3:00 p.m. E5 also stated that today she will be working until 6:30 p.m. with R9. E5 stated no other clients are on the unit with R9 during day training. E5 states when she has R9 she does not have any other clients (assigned to her). E5 stated that she walks around the area with R9. E5 states staff have to be with her as she moves around the home because she is blind. Surveyor asked if R9 knows how to "trail" (i.e. navigate around the home) and E5 said yes. E5 states that R9 walks most of the day then she sits on the toilet and up again walking.</p> <p>R9's record was reviewed and no documentation could be located that R9 is in need of 1:1 level of supervision with on hands proximity nor is 1:1 supervision included in R9's Behavior Intervention Plan dated 4/2014. R9's Individual Service Plan dated 4/7/2015 states under (7) Individual Review: (R9) work 1:1 with staff and does not interact with her peers; (8) Family Style Meal: (R9) eats at the same time as her peers, but sits 1:1 with staff and resumes her schedule as soon as she is done eating; (9) Social History Update: Following recommendation by E14 ...she is provided 1:1 assistance for a large portion of her week day with a consistent schedule;</p> <p>(14)Vocational/Educational Assessment: (R9) participates in a 1:1 structured program that was designed specifically to meet her needs. 1:1 staff provide a safe enironment for her at... 22: Physical Exam/Review: 1:1 staff due to her blindness and SIB (self-injurious behavior).</p> <p>E11, Residential Service Director, was</p>	W 289			

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W 289	Continued From page 12 interviewed on 5/19/2015 at approximately 10:00 a.m. E11 stated that R9 does have a 1:1 staff and staff are trained to handle her (R9) behaviors. E11 was interviewed on 5/19/2015 at approximately 1:55 p.m. and stated that there is not documentation in the record that R9 is in need of 1:1 (supervision) nor has the Human Right Committee reviewed the need for 1:1 supervision. E11 states R9 has this level of supervision because she is blind and have medical problems.	W 289			
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: Based on observation and interview, the facility failed to ensure the medication tackle box was secured with an intact lock when not being used for medication administration in House 65. Findings include: R1 is an individual residing in House 66. On 5/18/15 at 4:40 PM, Surveyor and Nurse E18 went to bedroom of R1 after medications were verified with bubble pack in med cart locked in the lounge area. In R1's room is a wheeled cart with a tackle box on top of the cart. E18 was asked about the contents of the tackle box. E18 opened the tackle box. To open the tackle box, E18 turned the padlock's body and the shank was	W 382			

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W 382	Continued From page 13 noted not locked into the body. In the tackle box were pre-poured medications of an individual living in a different home. These medications were Famotidine, Calcium, Dilantin and Beneprotein. When E18 closed the tackle box, the body and shank did not lock in place. E18 was asked to lock and unlock the lock device in use. E18 validated the lock device is loose. E18 validated on 5/18/15 at 4:50 PM that the lock in use is a universal dial. At 5:15 PM, E18 informed surveyor that the supervisor was notified of the lock issue and the old lock was replaced with a new keyed lock.	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: Based on observation, record review, and interview the facility failed to ensure for 4 of 4 clients in home 63 (R2, R11, R12, and R13) that are to receive beneprotein that each client receive a nourishing well balanced diet including modified and specially prescribed diets. Findings include: Per record review of the Individual Service Plan dated 12-30-14, R2 is a 51 year old male who functions in the Moderate Range of Intellectual Disabilities. R2's diagnoses includes Hypertension, Cerebral Palsy, and Seizure Disorder.	W 460			

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W 460	<p>Continued From page 14</p> <p>During observations on 5-18-15 at 5:00 P.M. R2, R11, R12, and R13 were observed to be dining. R2, R11, R12, and R13 did not receive beneprotein added to their evening meal.</p> <p>Per record review of the Physician Order Sheet for R2 dated 5-1-15 to 5-31-15 is written diet is general regular. R2 to have a low fat low cholesterol diet. R2 to have yogurt at breakfast and dinner. Beneprotein powder add 2 scoops twice daily to breakfast and dinner (staff to do).</p> <p>Per record review of the Medication Administration Record dated April 30, 2015 is written for R2 Beneprotein Powder to add 2 scoops twice daily to breakfast and dinner (staff to do). Yogurt at breakfast and dinner.</p> <p>Per record review of the Semi Annual Medical Individual Habilitation Plan dated 7-15-14 is written R2 on beneprotein due to history of poor skin integrity. R2 to continue current diet and additional protein to promote good skin integrity.</p> <p>Per record review of the Diet List dated 5-11-15 is written for R2 to have a low fat, low cholesterol diet. Beneprotein 2 scoops twice daily in breakfast and dinner (staff to do). R2 supplements is written yogurt at breakfast and dinner. R11 is on an 1800 calorie diet with beneprotein 2 scoops to breakfast and dinner (staff to do). R12 is a 1500 calorie pureed diet to add beneprotein one scoop to breakfast and dinner. R13 is a 1800 mechanical soft diet with beneprotein 2 scoops twice daily in breakfast and dinner for staff to do on home.</p> <p>Per interview with E12 (Direct Support Person) on</p>	W 460			

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W 460	Continued From page 15 5-18-15 at 5:43 P.M. when asked if R11 gets Beneprotein, E12 stated that she will check the diet menu and did not see that and stated that he is supposed to get beneprotein. When asked if R2 gets beneprotein E12 stated yes and that the beneprotein was in the wrong storage area. When asked what do you do if clients do no get beneprotein, E12 stated that they did not get it during the evening meal but that they will give it later in a snack.	W 460			
W 478	483.480(c)(1)(ii) MENUS Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure food substitutions were offered and provided to 1 of 1 individual in the sample in House 65 who eats food by mouth (R1) and 1 individual outside of the sample in House 65 (R17). Findings include: Dinner observations in House 65 on 5/18/15 from 5:10 PM through 6:16 PM include Direct Service Provider (DSP) E17 monitoring food served by R1 to herself. R1 refused to scoop green beans. E17 did not provide a substitute to the green beans. DSP E16 helped R17 with her dinner. R17 smells her food before deciding to eat the scooped portion. E16 offered the apricots to R17 several times during her meal and R17 did not eat the apricots. DSPs E15 and E16 were asked about how staff	W 478			

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W 478	Continued From page 16 responds to individuals who refuse their food. E15 stated on 5/18/15 at 6:05 PM "if no one likes the food, offer it three times and that's it." E16 agreed with E15's response. Residential Service Director E11 validated on 5/21/15 at 10:03 AM that substitutions should be offered, staff can call the kitchen. R1 can say if she wants something else, usually for the main entree. Correct thing (for staff to do) is to offer (and provide) substitutions.	W 478			