STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G297	A. BUILDING _____ B. WING _____	03/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE PLACE	704 CAROLINA AVENUE AHOSKIE, NC 27910

(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
E 039	EP Testing Requirements CFR(s): 483.475(d)(2) (2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following: *[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:] (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.	E 039	E 039 - The facility will ensure that an exercise is conducted annually to test the EPP. The QP will conduct a tabletop exercise with all staff members present. QP will monitor yearly.	5/25/19

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

ICF Division Director | 5-3-19

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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E 039	Continued From page 1 *[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure a facility/community-based or tabletop exercise was conducted to test their emergency plan. The finding is: The facility's Emergency Preparedness (EP) plan did not include completion of facility/community-based exercise or tabletop exercise over the past twelve months. Review on 3/26/19 of the facility's EP plan updated on 5/15/18 did not include a full-scale community-based or individual facility-based exercise or a tabletop exercise to test their emergency plan. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the facility has not conducted a full-scale facility/community-based exercise or a tabletop	E 039		

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E 039	Continued From page 2 exercise to test the effectiveness of their current emergency plan.	E 039		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #6 was afforded privacy during the care of his personal needs. This affected 1 of 4 audit clients. The finding is: Client #6 was not afforded privacy during toileting. During observations in the home on 3/26/19 at 4:13pm, a staff prompted client #6 to the bathroom for toileting. Additional observations in a rear hallway of the home at 4:14pm, revealed client #6 sitting on the toilet with the door wide open, A staff stood in the doorway of the bathroom talking to another staff in a room adjacent to the bathroom. After a few seconds, the staff in the doorway of the bathroom closed the door slightly and left area. Client #6 remained on the toilet and visible to anyone in the hallway. Interview on 3/27/19 with Staff D revealed client #6 needs prompts and monitoring to close the bathroom door during toileting. Review on 3/27/19 of client #6's Adaptive Behavior Inventory (ABI) dated 2/7/19 revealed he is partially independent with closing the	W 130	W 130 - The facility will ensure the privacy of all clients during treatment and care of personal needs. QP will inservice all staff members on privacy and client#6 ability to close the door while using the bathroom. QP will monitor weekly.	5/25/19

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W 130	Continued From page 3 bathroom door when using the toilet. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff need to monitor client #6 in the bathroom and ensure the door is closed during toileting.	W 130		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #4's Individual Program Plan (IPP) included information to support his independence during dining. This affected 1 of 4 audit clients. The finding is: Client #4's IPP did not include information to support his use of adaptive dining equipment. During lunch observations at a local community college on 3/26/19 at 12:54pm, client #4 consumed his food utilizing a sectioned plate, built-up handle spoon, non-skid mat and regular cups. During dinner observations in the home on 3/26/19 at 6:15pm, the client utilized the same items with the exception of a non-skid mat. Additional observations at breakfast on 3/27/19 at 6:31am, revealed client #4 using a regular plate, cups and spoon. No adaptive dining equipment was utilized at the breakfast meal. Interview on 3/27/19 with Staff D revealed client	W 240	W240 - The facility will ensure the IPP describes relevant interventions to support the individual toward independence. QP will update client#4's IPP to include the use of adaptive equipment during mealtime and inservice all staff members. QP will monitor weekly.	5/25/19

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W 240	Continued From page 4 #4 does not use any adaptive equipment at meals. Review on 3/27/19 of client #4's IPP dated 10/3/18 revealed he eats independently with some spillage. Additional review of the IPP did not include any information regarding the use of adaptive dining equipment during meals. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she thought client #4's adaptive dining equipment had been discontinued; however, she could not be for certain.	W 240		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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: Based on observations, interviews and record review, the facility failed to ensure 4 of 4 audit clients (#3, #4, #5, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, choice-making, communication, family style dining, and dining skills. The findings are:	W 249	W249- The facility will ensure that all clients receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency.	5/25/19

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W 249	Continued From page 5 1. Client #3 was not prompted or encouraged to participate in cooking tasks to his maximum potential. Upon arrival to the home on 3/27/19 at 6:00am, scrambled eggs were observed in a dish on the counter and pancakes and waffles were on a plate in the microwave. The kitchen and living room were dark and all clients were in their bedrooms. Immediate interview with Staff D revealed she and another staff were beginning to get clients up. During morning observations in the home on 3/27/19 at 6:13am, Staff D prompted client #3 into the kitchen and asked him to put on an apron and set the table. The client set dining utensils at each client's place and was then prompted by the staff to remove his apron and return to the living room. At 6:25am, Staff D heated eggs, waffles and pancakes in the microwave as client #3 sat in the living room unengaged. Interview on 3/27/19 with Staff D revealed client #3 has goals to help in the kitchen and he "can actually help them cook" on 2nd shift; however, on 1st shift he can only stir items like grits or oatmeal. Additional interview indicated, "I don't ever let him mess with the eggs...I always handle the eggs...I let him turn the turkey sausage cause it don't make no grease." Review on 3/27/19 of client #3's IPP dated 1/20/19 revealed an objective to prepare a side dish for breakfast. Additional review of the plan identified a need to improve meal preparation skills by preparing a simple dish. Further review of the client's Adaptive Behavior Inventory (ABI)	W 249	1. 1. QP will inservice all staff members on client#3's kitchen/mealtime strengths and how he should participate in cooking tasks. QP will monitor weekly.	5/25/19

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W 249	Continued From page 6 dated 2/13/19 indicated he can prepare sandwiches independently and requires partial assistance to operate the oven/burners (electric oven), use kitchen equipment, fry basic foods and prepare a breakfast and dinner meal. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 can assist with various meal preparation tasks and should have been prompted to do so at breakfast. 2. Client #6 was not prompted or encouraged to utilize manual sign language. During observations throughout the survey on 3/26/ - 3/27/19, client #6 was non-verbal and responded to verbal prompts and simple gestures. Client #6 did not utilize any manual sign language and staff were not observed to use signs while interacting with the client. Client #6 was not prompted or assisted to use manual signs. Interview on 3/27/19 with Staff D indicated client #6 needs to be prompted by staff for most tasks. Review on 3/27/19 of client #6's IPP dated 10/26/18 revealed the client is non-verbal and communicates his basic needs with prompting and understands some of the things being asked of him. The plan also indicated he can indicate his wants using gestures. Additional review of the client's record noted pictures and instructions for the following manual signs: Ball, good, stop, socks, eat, yes, no , mother, love, sleep, bed, I love you, play, hungry dirty, milk, wait, shoes, chair, coffee, walk, work, and stand.	W 249	2. QP will inservice all staff members on client#6 manual signs and how to implement these signs throughout the course of the day. QP will monitor weekly.	5/25/19

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W 249	Continued From page 7 Interview on 3/27/19 with the QIDP revealed client #6 use to have an objective to use manual signs in the past and staff should be using sign language with him and prompting him to use manual signs. 3. Clients were not afforded personal choice during all meals. During lunch observations at a local community college on 3/26/19 at 12:10pm, client finished serving themselves all food items. Clients immediately and simultaneously lifted and pressed their hands together and began reciting a Grace. As the client recited this, a staff stated, "I can't hear y'all...say it louder." The clients continued to say the Grace with hands lifted and pressed together. Afterwards, the clients began consuming their meal. During breakfast observations in the home on 3/27/19 at 6:37am, clients were serving food items. After client #4 had finished serving himself, he stated, "I want eat" and attempted to pick up his utensil. Staff E stood next to him and physically pushed his hand down, stating "Hold on...wait for [Another client] to finish." Client #4 continued to wait to eat. Interview on 3/27/19 with Staff E revealed client #4 had been made to wait as a courtesy to other clients still serving themselves. The staff stated client #4 often gets anxious at meals. Review on 3/27/19 of client #3's IPP dated 1/20/19 indicated, "[Client #3] is verbal using one word utterances to indicate needs when his gestures are unsuccessful with prompting."	W 249	3. QP will inservice all staff members on client choice during mealtime. Clients have the choice of participating in saying grace and client#4 has the choice of eating his meal after his food is on his plate. QP will monitor weekly	5/25/19

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W 249	Continued From page 8 Review on 3/27/19 of client #4's IPP dated 10/3/18 revealed, "Staff will encourage [Client #4] to express needs/wants verbally." The plan also noted, "[Client #4] can express personal preferences and will make choices when encouraged by staff. [Client #4] requires staff assistance to exercise his rights." Review on 3/27/19 of client #6's IPP dated 10/26/18 revealed he can make choices and indicated wants using gestures. Interview on 3/27/19 with the QIDP confirmed clients have a choice of saying Grace at meals and do not have to wait to eat if they choose not to. 4. Client #5 was not prompted or encouraged to participate in family style dining or other dining skills at breakfast. During breakfast observations in the home on 3/27/19 at 6:31am, clients began serving themselves and participating in family style dining as client #5 sat in the living room area. During this time, Staff D retrieved client #5's plate, proceeded to place food items on it and cut up his food into smaller pieces. The client's drink was also pre-poured by staff. Client #5 was then prompted to the table for breakfast. Interview on 3/27/19 with Staff D revealed client #5 does not participate in family style dining tasks do to his behaviors at meals. Review on 3/27/19 of client #5's ABI dated 2/7/19 indicated the client can independently pass bowls/platters, serve himself from bowls/platters, and ask for bowls/platters to be passed. The ABI	W 249	4. QP will inservice all staff members on client#5's abilities to participate in family style dining. QP will monitor weekly.	5/25/19

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W 249	Continued From page 9 also noted client #5 can use a knife for cutting and pour from a small pitcher given partial assistance. Interview on 3/27/19 with the QIDP confirmed client #5 can assist with dining tasks and participate in family style dining given assistance. 5. Client #4 was not prompted or assisted to clear his place setting after breakfast. During breakfast observations in the home on 3/27/19 at 6:51am, client #4 finished his meal and continued to drink his beverage. A staff standing next to him, removed his dishes and eating utensil as he remained at the table. Client #4 was not prompted or encouraged to clear his dishes after the meal. Review of client #4's ABI dated 2/7/19 revealed the client can clear his dirty dishes with partial independence. Interview on 3/27/19 with the QIDP confirmed client #4 can clear his dishes given prompting. 6. Client #3 was not provide double portions at breakfast as indicated. During observations at the breakfast meal on 3/27/19 at 6:31am, client #3 served himself a single portion of all food items including pancakes, eggs and a fruit cup. Observation of a diet list dated 1/23/19 posted in the kitchen revealed client #3 should receive a regular diet with "Double portions". Interview on 3/27/19 with Staff D confirmed all of	W 249	5. QP will inservice all staff members on client#4's ability to clear his place setting after meals. QP will monitor weekly. 6. QP will inservice all staff members on client#4's dietary needs as prescribed. QP will monitor weekly.	5/25/19 5/25/19

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W 249	Continued From page 10 the clients received a single food serving at breakfast. Additional interview with Staff A confirmed the diet list was current and they follow it for all client diets. Review on 3/27/19 of client #3's IPP dated 1/20/19 and his current physician's orders dated 12/8/19 revealed the client should consume "Double portions" at meals. Interview on 3/27/19 with the QIDP confirmed client #3 receives double portions at all meals.	W 249		
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure client #3's Individual Program Plan (IPP) was reviewed and revised after he had completed the identified objective. This affected 1 of 4 audit clients. The finding is: Client #3's Behavior Support Plan (BSP) was not revised after he had completed the objective. Review on 3/27/19 of client #3's BSP dated 12/7/17 revealed an objective to exhibit 1 or fewer challenging behaviors per review period for 11 consecutive review period. The plan addressed taking food not served to him and property destruction. Additional review of the plan included the use of Latuda, Provigil and Zoloft.	W 255	W255- The facility will ensure that all IPP's are reviewed and revised after a completed identified objective. QP will contact psychologist to have client#3's BSP revised. QP will monitor monthly.	5/25/19

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W 255	Continued From page 11 Further review of psychology progress notes (January '18 - August '18) and behavior data sheets (September '18 - March '19) for the objective revealed no documented behavior incidents over the past 14 months. During an interview on 3/27/19, the Qualified Intellectual Disabilities Professional (QIDP) stated, "[Client #3] never has a behavior." Additional interview confirmed the client just needs to be monitored for picking up food laying around the kitchen and "seldom" has behaviors as identified in his behavior plan. The QIDP acknowledged client #3's BSP was completed and the team may need to consider if he needs a formal plan to address behaviors.	W 255		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive behavior support program (BSP) was only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audit clients (#3). The finding is: Client #3's BSP did not include a current written informed consent from his legal guardian. Review on 3/27/19 of client #3's record revealed a BSP dated 12/7/17. The BSP addressed	W 263	W263- The facility will ensure that programs are conducted only with the written informed consent of the client, parents or legal guardian. QP will have a written informed consent signed by the guardian for client#3's BSP.	5/25/19

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W 263	Continued From page 12 property destruction and taking food not served to him. Additional review of the record identified the use of Latuda, Provigil and Zoloft to address inappropriate behaviors. Further review of the record revealed the guardian had signed a consent dated 1/20/18. The record did not include a current written informed consent signed by the guardian. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's consent had expired and no current written informed consent had been obtained.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure techniques to manage client #5's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is: Techniques to manage client #5's inappropriate behaviors at meals were not included in an active treatment plan. During breakfast observations in the home on 3/27/19 at 6:31am, Staff D removed a butter knife located at client #5's place setting. As other clients began serving themselves, the staff retrieved client #5's plate, proceeded to place	W 288	W288 - The facility will ensure that techniques to manage inappropriate client behaviors are never used as a substitute for an active treatment program.	5/25/19

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	34G297	A. BUILDING _____ B. WING _____	03/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE PLACE	704 CAROLINA AVENUE AHOSKIE, NC 27910

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W 288	Continued From page 13 food items on it and cut up his food into smaller pieces. Client #5 was then prompted to the table for breakfast. Interview on 3/27/19 with Staff D revealed client #5's knife was removed from the table and his plate was prepared for him because he has behaviors at meals and will throw things which upsets other clients and causes others to start having behaviors. Review on 3/27/19 of client #5's Behavior Support Plan (BSP) dated 4/3/18 revealed an objective to exhibit 10 or fewer challenging behaviors per month for 11 consecutive review periods. The plan addressed aggression, severe disruption property destruction and making responsible choices. Additional review of the BSP did not include the use of techniques utilized during the breakfast meal. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the previously described techniques should not have been utilized and are not included in client #5's BSP.	W 288	QP will inservice all staff members on client#5's BSP and what techniques should be utilized if he displays any challenging behaviors during mealtime. QP will monitor weekly.	5/25/19
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by:	W 312	W312 - The facility will ensure that drugs used are only used as an integral part of the BSP to reduce or eliminate a behavior	5/25/19

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W 312	Continued From page 14 Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Support Plan (BSP) directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 1 of 4 audit clients (#3). The finding is: Client #3 was not considered for a reduction or elimination of behavior medications. Review on 3/27/19 of client #3's BSP dated 12/7/17 revealed an objective to exhibit 1 or fewer challenging behaviors per review period for 11 consecutive review period. The plan addressed taking food not served to him and property destruction. Additional review of the plan included the use of Latuda, Provigil and Zoloft which were also identified in the client's current physician's orders dated 12/8/18. Additional review of psychology progress notes (January '18 - August '18) and behavior data sheets (September '18 - March '19) for the objective revealed no documented behavior incidents over the past 14 months. During an interview on 3/27/19, the Qualified Intellectual Disabilities Professional (QIDP) stated, "[Client #3] never has a behavior." Additional interview confirmed the client continues to ingest medications to address inappropriate behaviors although no target behaviors have been documented for at least 14 months. The QIDP confirmed the team had not discussed the continued use of client #3's behavior medications.	W 312	QP will consult with psychologist and psychiatrist about reduction of client#3's behavior medication. QP will monitor monthly.	5/25/19
W 481	MENUS	W 481		

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W 481	Continued From page 15 CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food substitutions and foods actually served were documented. The finding is: Food substitutions were not documented. During dinner observations in the home on 3/26/19 at 6:15pm, clients consumed grilled ham and cheese sandwiches, brussel sprouts, mashed potatoes, applesauce, milk and water. Review on 3/26/19 of the dinner menu revealed the following: Ham/cheese Quiche, mashed potatoes, brussel sprouts, applesauce and beverages. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the clients in the home do not like ham/cheese Quiche so a substitution was made at the dinner meal. Additional interview indicated staff do not document generally meal substitutions.	W 481	W481- The facility will ensure that food substitutions and foods actually served are documented. QP will inservice all staff members on how to utilize the food substitution list and where to document. QP will monitor weekly.	5/25/19
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) 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: Based on observations, interviews and record	W 488	W488 - The facility will assure that all clients eat in a manner consistent with his or her development level.	5/25/19

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W 488	Continued From page 16 review, the facility failed to ensure client #5 ate in a manner which was not stigmatizing. This affected 1 of 4 audit clients. The finding is: Client #5 was not assisted to eat in the least stigmatizing manner possible. During dinner observations in the home on 3/26/19 at 6:15pm, client #5 consumed his meal with a large bath towel and tied it around his neck. No food spillage was noted on the towel during the meal. During additional observations at the breakfast meal on 3/27/19 at 6:31am, staff retrieved a long sheet of paper towels and tucked the top portion of the paper towels into client #5's shirt collar while the lower portion extended down to his lap. Client #5 consumed his meal with the paper towels applied in this manner. Minimal food spillage was noted at the breakfast meal. Interview on 3/27/19 with Staff E revealed the paper towels had been placed around client #5's neck because he spills food at meals and drools. Review on 3/27/19 of client #5's Individual Program Plan (IPP) indicated he feeds himself independently. The plan did not include information regarding the need for clothing protectors at meals or the use of bath towels or excess paper towels around his neck. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 should not have had a bath towel or paper towels around his neck and these items are not needed at meals.	W 488	QP will assess client#5's eating manners and inservice all staff members on his strengths and needs. QP will monitor weekly.	5/25/19