STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G140	A. BUILDING _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEM ROAD HOME	**702 STEM ROAD CREEDMOOR, NC 27522**

(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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the living room furniture was in good repair. This affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the home on 9/9/24 to 9/10/24, the living room sofa and recliner, revealed a man made material with several exposed peeled off areas on the arm rests and seat cushions. On 9/9/24 at 3:23pm, the recliner had a slip cover partially covering the chair, with the damage areas still exposed. The sofa did not have any slip cover. Record review on 9/10/24 of work orders from 9/8/24, there were no requests to repair or replace the sofa or recliner. Interview on 9/10/24 with Staff G revealed the living room furniture was less than 2 years old. Interview on 9/11/24 with the Home Manager (HM) revealed the living room furniture was less than 2 years old. There were 2 work orders submitted on 9/8/24 for bedroom repairs. Interview on 9/11/24 with the Interim Qualified Intellectual Disabilities Professional (QIDP) revealed a monthly environmental check identifies any item that needs an immediate repair. If a repair is identified, maintenance and the administrator is notified; to evaluate if the budget can replace it. The QIDP did not indicate	W 104		

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

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W 104	Continued From page 1 when the last check was conducted or if the furniture was identified for repair.	W 104		
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, record review and interviews, the facility failed to ensure client #1's Individual Program Plan (IPP) included specific guidelines to address consistently covering his arms/hands with his jacket. This affected 1 of 3 audit clients. The finding is: During observations in the home throughout the survey on 9/9 - 9/10/24, client #1 wore a jacket over his upper body and completely covering his arms/hands which were bent towards his chest. During interactions with the client, various staff completed tasks for the client without prompting him to remove his arms/hands from the jacket to assist. At 2 of 2 meals, client #1 either ate his food with his hand completely covered by the jacket while holding his utensil or with only a few of his fingers visible while feeding himself. The client was also noted to periodically eat from his plate using his mouth instead of his covered hands. Client #1 was not actively involved in tasks while his arms/hands were covered and positioned in this manner. Interview on 9/10/24 with Staff F and Staff G revealed client #1 always wears his jacket in this manner which is comforting to him. Additional interview indicated he will often sleep with the jacket on. Staff G noted wearing his jacket in this	W 240		

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W 240	Continued From page 2 manner was "in his plan" and they have not been told to do anything concerning his choice to wear it this way. Review on 9/9/24 of client #1's IPP dated 11/1/23 and his Behavior Support Plan (BSP) dated 11/28/23 did not include any information regarding client #1 wearing his jacket in this manner or guidelines for staff to effectively interact with him and assist during meals and other activities. Interview on 9/10/24 with the Home Manager (HM) revealed client #1 began wearing his jacket in this manner a couple of years ago and it's his personal preference. Additional interview indicated the client needs reminders to use his hands while wearing the jacket. The HM revealed she did not think there was any information about the client's use of his jacket in his IPP.	W 240		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the Individual Program Plan (IPP) included training in personal skills essential for privacy and independence, including toilet training, until it has	W 242		

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W 242	Continued From page 3	W 242		

been demonstrated that the client is developmentally incapable of acquiring them. This affected 2 of 3 audit clients (#1 and #2). The findings are:

A. During observations in the home throughout the survey on 9/9 - 9/10/24, client #1 wore an incontinence brief. The client was not observed to be prompted to use the toilet. A strong odor of urine was also noted in and around client #1's bedroom.

Review on 9/10/24 of client #1's Adaptive Behavior Inventory (ABI) dated 2/9/24 revealed he had trained on an objective to signal to staff his need to go to the bathroom (implemented 9/11/14, Terminated 10/30/17). Additional review of the ABI identified needs in the areas of using the toilet without help for bladder/bowel control and being trip trained for bladder/bowel control. Further review of client #1's IPP dated 11/1/23 revealed the client has trained on objectives to go to the bathroom with a prompt (2016) and to sign 'bathroom' (2020). The IPP did not include current training to address his toileting needs.

Interview on 9/10/24 with the Home Manager (HM) confirmed client #1 continues to have toileting accidents throughout the day requiring four changes of clothes for school. Additional interview indicated he does wear pull ups and staff follow a toileting schedule. The HM confirmed no formal training for toileting has been implemented in several years.

B. During observations in the home on 9/9/24 at 4:34pm, client #2 was observed to go independently to the bathroom and exited without washing his hands. Staff D saw client #2 leave

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W 242	Continued From page 4 the bathroom and encouraged him to return to wash his hands. When client #2 left the bathroom, it was observed that he was wearing an incontinent brief under his pants. Record review on 9/9/24 of client #2's individual program plan (IPP) dated 12/1/23 revealed he needed additional training to be independent with all toileting skills. The IPP confirmed client #2 could toilet himself but needed staff to assist him after a bowel movement to make sure he was thoroughly clean. Interview on 9/10/24 with the QIDP revealed client #2 sometimes had toileting accidents at school and acknowledged she was aware he wore incontinent briefs.	W 242		
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, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of communication, mealtime and	W 249		

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W 249	Continued From page 5 domestic skills. This affected 3 of 3 audit clients (#1, #2 and #6). The findings are: A. During observations throughout the survey on 9/9 - 9/10/24, client #1 was nonverbal and communicated with staff through vocalizations, body movements and some gestures. Various staff interacting with the client were not observed to use sign language, pictures or other forms of assistive communication. Interview on 9/10/24 with Staff G revealed they are encouraged to use signs with the clients, if they (the clients) use them. Additional interview indicated client #1 has picture cards he uses at school. Review on 9/9/24 of client #1's IPP dated 11/1/23 revealed he is "non-verbal...vocalizes a lot...means of communication appear to be behavioral...takes staff by the hand and pulls them to what he wants..." Additional review of the client's Communication Evaluation (dated 10/19/23) noted, "[Client #1] should be encouraged to use his communication book. Have him request food, activities, or make requests by pointing to the picture in the book...Staff should model symbol-based communication. Point to the item or activity, say the word, and then show the symbol in the book." Interview on 9/10/24 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 has a picture communication book located in the home. The QIDP acknowledged staff should be using client #1's communication book throughout his day.	W 249		

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W 249	Continued From page 6 B. During morning observations in the home on 9/10/24 at 7:12am, Staff F called client #1 to the dining area for breakfast. After the client retrieved his choice of instant oatmeal, he sat at the table, stood in the kitchen/doorway of the kitchen while the staff prepared the bowl of instant oatmeal and added muffins and boiled eggs to his plate. The staff then presented the plate to client #1 at the table and poured his drinks without his assistance. Client #1 was not actively prompted or encouraged to participate with preparing his breakfast plate or pouring his drinks. Interview on 9/10/24 with Staff F revealed they assist all of the clients with preparing breakfast items and pouring their drinks. Additional interview indicated the clients normally do a good job. Review on 9/10/24 of client #1's Adaptive Behavior Inventory (dated 2/9/24) identified needs in the area of pouring from small pitchers and serving himself. The ABI also indicated needs in the area of meal preparation for preparing beverages and making a sandwich. Interview on 9/10/24 with the Home Manager (HM) confirmed all clients in the home participate with serving themselves and pouring drinks at meals. During an interview on 9/10/24, when asked if clients in the home assist with preparing food items, the Qualified Intellectual Disabilities Professional (QIDP) replied, "I don't think the staff have them (the clients) assisting with that...maybe they do." C. During morning observations in the home on	W 249		

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W 249	Continued From page 7 9/10/24 at 7:55am, Staff F prepared a breakfast muffin into 6 pieces for client #2 to eat. Staff F took the plate of food to client #2 sitting at the table. After consuming his meal, client #2 took his plate with crumbs and empty glass to the kitchen and left on the counter. Client #2 was not verbally prompted by Staff F to discard the crumbs in the trash or to load his dirty dishes in the dishwasher. Staff F was observed loading the dishwasher with the items left on the counter by the clients. Review on 9/9/24 of client #2's Individual Program Plan (IPP) dated 12/1/23 revealed he needed support for self-care and other daily living skills. Training included using short and simple instructions. Interview on 9/10/24 with the HM confirmed all clients in the home participate with serving themselves. Interview on 9/10/24 with Nurse A revealed staff were giving dietary training on 7/15/24 to discuss meal preparation and active treatment for clients.	W 249		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #1's Individual Program Plan (IPP) was revised after he failed to progress towards identified objectives. This affected 1 of 3	W 257		

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W 257	Continued From page 8 audit clients. The finding is: Review on 9/9/24 of client #1's IPP dated 11/1/23 revealed objectives to match 3 items with no more than gestural prompts 70% of the time for 3 consecutive review periods (implemented 4/20/20, 4 steps), to identify a penny correctly 75% of the time for two consecutive review periods (implemented 4/6/20, 4 steps) and to set his own place setting correctly with gestural prompts 75% of the time for 2 consecutive review periods (implemented 7/15/21, 7 steps). Additional review of progress notes for the objectives indicated the following: Match 3 items: March '23 - July '24 on step 1 Identify a penny: March '23 - July '24 on step 1 Set his placesetting: Dec '23 - July '24 on step 4 Interview on 9/10/24 with the Habilitation Specialist (HS) confirmed client #1 has trained on the objectives for 3 - 4 years without much progress and no revisions have been made except for the extension of the objecitve's completion dates.	W 257		
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	W 263		

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W 263	Continued From page 9 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 reviews and interview, the facility failed to ensure written informed guardian consent was obtained for 2 of 3 audit clients (#1 and #6). The findings are: A. Review on 9/10/24 of client #1's Behavior Support Plan (BSP) dated 11/28/23 revealed an objective to display self-injurious behavior on no (0) occasions for 12 consecutive months. Additional review of the plan included the use of Geodon, Trazedone, Diazepam and Melatonin. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #1's guardian. Interview on 9/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed verbal consent had been obtained from client #1's guardian in December 2023; however, no written informed consent for the BSP was available for review. B. Review on 9/10/24 of client #6's BSP dated 6/7/23 revealed an objective to display physical aggression on no (0) occasions for 12 consecutive months. Additional review of the plan included the use of Risperdal and Propranolol. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #1's guardian. Interview on 9/10/24 with the QIDP revealed no written informed consent from client #6's guardian was available for review.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT	W 288		

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W 288	Continued From page 10 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, record review and interviews, the facility failed to ensure a technique to manage client #6's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 3 audit clients. The finding is: During observations in the home on 9/10/24, client #6's eyeglasses were kept in an office of the home. Client #6 was prompted to put on his eyeglasses just before leaving for school. Interview on 9/10/24 with Staff G revealed client #6's eyeglasses are kept in the office because he will break them or misplace them. Review on 9/10/24 of client #6's Individual Program Plan (dated 1/22/24) revealed he wears eyeglasses. Additional review of the plan indicated an objective to tolerate wearing his eyeglasses for 1 minute. Further review of the record did not include a technique of placing his eyeglasses in the office (out of his possession) to address inappropriate behaviors. Interview on 9/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's eyeglasses were kept in the office of the home so he won't destroy them.	W 288		
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii)	W 342		

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W 342	Continued From page 11 Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure medication technicians were train to report signs and symptoms of new conditions, to the nurse for evaluation. This affected 1 of 3 audit clients (#6). The finding is: During medication administration observation on 9/10/24 at 7:00am, Staff F took client #6's blood pressure before giving Propranolol medication. Staff F took the blood pressure twice and recorded it at 132/90 and 138/94. A sign on the wall in the medication room listed blood pressure ranges 90/60 to 120/80. Staff F told client #6 she was giving him the medication to treat his behaviors. Record review on 9/10/24 of client #6's Physician's Orders dated 8/14/24 revealed check blood pressure and pulse twice daily before meds. Record review on 9/10/24 of the client #6's medication administration record (MAR) for September, 2024 recorded his blood pressure: 9/1/24 at 127/91 at 7:01am; 132/80 at 8:49pm 9/2/24 at 128/94 at 7:26am and 136/72 at 7:50pm 9/3/24 at 132/72 at 6:39am and 124/80 at 8:24pm 9/4/24 at 121/88 at 7:41pm	W 342		

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W 342	Continued From page 12 9/5/24 at 125/78 at 6:49am, 122/84 at 4:31pm and 138/89 at 8:29pm 9/6/24 at 127/92 at 6:56am and 133/86 at 8:05pm 9/7/24 at 138/80 at 7:16am, 126/75 at 4:19pm and 136/72 at 7:50pm 9/8/24 at 154/82 at 7:03am, 146/74 at 4:42pm and 140/74 at 7:47pm 9/9/24 at 138/80 at 7:16am 9/10/24 at 138/94 at 7:00am Interview on 9/10/24 with Nurse A revealed Propranolol is a medication used to lower blood pressure but also to treat behaviors. Nurse A acknowledged she was not informed today client #6's blood pressure was elevated and outside the normal range. Interview on 9/10/24 with Nurse B revealed she was not informed today client #6's blood pressure was elevated. Nurse B acknowledged the doctor would only be concerned if the blood pressure was over 140.	W 342		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all drugs are administered in accordance with physician's orders. This affected 1 of 3 audit clients (#1). The finding is: During observation in the home on 9/10/14 at 7:13am, client #1 was in the dining room eating breakfast.	W 368		

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W 368	Continued From page 13 Interview on 9/10/24 with Staff F (Medication Technician) revealed she usually starts dispensing medications at 5:30am since client #1 has to have one of his medications before he eats. Additional interview indicated client #1 had received his medications at about 5:45am. Review on 9/10/24 of client #1's physician's orders dated 8/12/24 revealed to take 1 Levothyroxin 10mg, 30 minutes before breakfast or other medications. Interview on 9/10/24 with Nurse A confirmed client #1 should have received his medication as indicated on his orders.	W 368		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) 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 observations, document review and interviews, the facility failed to ensure all drugs were kept locked except during administration. The finding is: During observations in the home on 9/10/24 from 7:24am - 7:31am, Staff F (Medication Technician) left the medication cabinet unlocked and with the cabinet door wide open. Additional observations revealed the door leading into the medication area was also open during this time. Interview on 9/10/24 with Staff F revealed she was not aware the medication cabinet was unlocked and she thought she had closed it. The	W 382		

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	34G140	A. BUILDING _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 382	Continued From page 14 staff indicated she does not normally leave the medication cabinet unlocked. Review on 9/10/24 of the facility's Storage of Medication Policy (Policy #1009.1, Revised October 2018) revealed, "Compartments containing medications are locked when not in use...(Compartments include, but are not limited to drawers, cabinets,...)." Interview on 9/10/24 with Nurse A confirmed all drugs should be kept locked when not being administered.	W 382		
W 391	DRUG LABELING CFR(s): 483.460(m)(2)(ii) The facility must remove from use drug containers with worn, illegible, or missing labels. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all drug containers included a legible label. This affected 1 of 3 audit clients (#2). The finding is: During afternoon observations of medication administration in the home on 9/9/24 at 4:19pm, Staff C (Medication Technician) retrieved a bottle of medication belonging to client #2 from the refrigerator. The staff dispensed 10 ml of the liquid and gave it to client #2. Closer observation of the bottle revealed the name "Liquid Calcium Magnesium"; however, the bottle did not contain a pharmacy label. Immediate interview with the MT revealed the bottle normally has a label and he was not sure why the label was missing.	W 391		

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W 391	Continued From page 15 Review on 9/10/24 of client #2's physician orders dated 8/13/24 revealed the client receives 10ml of Liquid Calcium Magnesium daily. Review on 9/10/24 of the facility's Storage of Medication Policy (Policy #1009.1, October 2018) revealed, "Medications are stored in the containers in which their original labeled container." Interview on 9/10/24 with Nurse A revealed client #2's father brings a bottle of Liquid Calcium Magnesium to the home and staff should then transport the bottle to the nurse at the day program where a label is applied. Additional interview confirmed all medications should contain a pharmacy label.	W 391		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the fire drills were conducted at varying times and conditions. This had the potential to affect 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: Record review on 9/9/24 of fire drills in the home revealed 2nd and 3rd shifts did not vary: Second Shift: 2/16/24 6:13pm 2nd 11/6/23 6:38pm 2nd Third Shift: 6/22/24 1:02am 3rd 3/18/24 1:37am 3rd	W 441		

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W 441	Continued From page 16 12/18/23 1:51am 3rd Interview on 9/9/24 with the Home Manager (HM) revealed staff followed a master schedule to conduct fire drills, during a pre-assigned timeframe. The HM acknowledged she reviewed the fire drills but did not realize the times were not varying.	W 441		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that food was not cross-contaminated before serving. This affected 1 of 3 audit clients (#1 and #6). The finding is: During morning observations in the home on 9/10/24 at 7:24am, client #1 sat at the dining table alone, with a bowl of muffins in front of him. He picked up 2 of the muffins, bit into the food and returned them to the bowl, with 7 other muffins. Staff F returned to the dining room at 7:25am, looked at the muffins in the bowl, took the bowl to the kitchen to reheat the muffins and selected 2 of the uneaten muffins for client #1 but left the muffins partially eaten in the bowl. Another observation on 9/10/24 at 7:30am, revealed Staff G left the dining room briefly, with client #1 remaining at the table eating breakfast. Client #1 took 2 muffins from a large bowl, took several bites and placed the muffins back in the bowl, with 7 other muffins. The muffins partially	W 454		

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W 454	Continued From page 17 eaten remained in the bowl, even though all of the clients had not eaten breakfast. Interview on 9/10/24 with Staff F revealed she noticed some of the muffins in the bowl, were not whole pieces. Staff F revealed she thought the clients had broken off pieces of the muffins and did not consider anyone had partially eaten them. Interview on 9/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed if food has been partially eaten or touched, staff should throw it out.	W 454		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) 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 observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#2 and #6) received their modified and specially-prescribed diets as indicated. The findings are: A. During observations in the home on 9/9/24 at 3:10pm, client #6 retrieved a snack cake from the pantry and took it to the table. The snack cake was approximately the size of the palm of an average hand. The client began consuming the cake uncut. Staff A stood nearby and prompted the client to take small bites. However, client #6 consumed the food in three large bites. The client was not prompted or assisted to cut the snack cake into smaller pieces.	W 460		

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W 460	Continued From page 18 Review of client #6's Individual Program Plan (IPP) dated 1/22/24, his current physician's orders signed 8/12/24 and a list of each client's diet (dated 8/14/24) posted in the kitchen of the home revealed he should consume his food cut into "1/4 inch" pieces. Interview on 9/10/24 with Staff A revealed they follow the client's diets on the list posted in the kitchen of the home. Interview on 9/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's food should be cut into 1/4 inch pieces as indicated. B. During observations in the home on 9/9/24 at 3:10pm, client #2 retrieved a slice of cake from the pantry and took it to the table. The cake was broken into 6 pieces, equalizing 1" size. The cake was later broken into 1/2"-3/4" pieces by Staff B, who visually supervised snack time. Client #2 ate the cake without incident. An additional observation of client #2 at a restaurant at 5:00pm, Staff D deboned baked chicken and cut the chicken into 1" thin strips and left the green beans as presented. Client #2 ate less than 10% of his meal, without incident. On 9/10/24 at 7:55am, client #2 was served a large breakfast muffin by Staff F who broke it into large 1-2" pieces. Client #2 quickly ate his food, flapping his arms and rocking in his chair. The muffin became crumbly and broke into small pieces by the time client #2 finished his meal without incident. Review on 9/9/24 of client #2's Physician's Orders signed 8/13/24 and a list of dietary orders on 8/14/24 posted in the kitchen, revealed his food	W 460		

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W 460	Continued From page 19 should be cut 1/4" pieces. Interview on 9/10/24 with the QIDP confirmed client #2's food should be cut into 1/4" pieces as indicated.	W 460		