

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

PRINTED: 01/31/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2016
NAME OF PROVIDER OR SUPPLIER KANTHAK HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 724 SECOND AVENUE OTTAWA, IL 61350		
(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	W 000			
W 122	<p>COMPLAINT INVESTIGATION #1626588/IL#89927</p> <p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the facility failed to prevent neglect, for 2 of 6 individuals who required modified diets and a documented history of a swallowing disorder who choked on food requiring emergency services (R5, R6), when the facility failed to:</p> <p>Implement their own policy and procedures for neglect. <facility failed to supervise individuals with known special needs while eating. <failed to carry out physicians orders for specially modified diet. <Implement safe eating program.</p> <p>This resulted in an Immediate Jeopardy.</p> <p>Findings include:</p> <p>On 11/30/16 at 11:20 AM, an Immediate Jeopardy was identified to have began on 11/12/16, when: <facility failed supervise individuals with known special needs while eating. <failed to carry out physicians orders for specially modified diet. <Implement safe eating program.</p>	W 122			

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 122	Continued From page 1 On 11/30/16 at 1:30 PM, E10, Executive Director, was notified that the Immediate Jeopardy was removed.	W 122			
W 149	Refer to deficiencies cited at: W149 - Develop and implement written polices that prohibit abuse and neglect. W186 - Sufficient staff to manage and supervise clients. 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to prevent neglect, for 2 of 6 individuals (R5, R6), who required modified diets and had documented history of a swallowing disorder who choked on food requiring emergency services when the facility failed to: Implement their own policy and procedures for neglect. The facility failed to supervise individuals with known special needs while eating. The facility failed to carry out physicians orders for specially modified diet. The facility failed to implement safe eating program. This resulted in an Immediate Jeopardy. Findings include:	W 149			

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W 149	<p>Continued From page 2</p> <p>On Wednesday 11/30/16 at 11:20 AM, an Immediate Jeopardy was identified to have began on 11/12/16, when: The facility failed to supervise individuals with known special needs while eating. The facility failed to carry out physicians orders for specially modified diet. The facility failed to implement safe eating program.</p> <p>On 11/30/16, at 1:30 PM, E10 Executive Director, was notified that the Immediate Jeopardy was removed.</p> <p>The facility Policy 5.24, titled "Investigative Committee" was reviewed. This policy defines Neglect as "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."</p> <p>1. Review of R6's 8/2/16 Individual Service Plan (ISP), R6 functions in the moderate range of intellectual disability level, with additional diagnoses of Chronic Obstructive Pulmonary Disease, Obesity, Acid Reflux, Attention Defect Hyperactivity Disorder, Esophagi, Schatzki's Ring Disease, and Hiatal Hernia. R6's current weight is 195 pounds.</p> <p>"Choke Risk Assessment" dated 6/11/16 in the 8/2/16 ISP by E6, Registered Nurse Trainer (RNT) documents that R6 "has the tendency to eat rapidly, while occasionally stuffing too much food into his mouth". R6 is "verbally prompted by staff to slow down and take smaller bites". R6 is "monitored by staff trained in Basic Health and Safety and CPR/First Aid during mealtimes".</p>	W 149			

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W 149	<p>Continued From page 3</p> <p>In review of a videofluoroscopic swallow study on 11/11/16, documents R6 with a diagnosis of Dysphasia, unspecified type.</p> <p>"Recommendations as followed:</p> <ol style="list-style-type: none"> 1) Diet to be moist, mechanical soft foods with moist ground meat and regular consistency liquids. 2) Food to be taken in single swallow amounts example: 1/2 - 3/4 teaspoon in size. 3) Patient to utilize dry/double swallow following every food and liquid swallow. 4) Patient to utilize liquid wash/swallow after every 2 - 3 food swallows. 5) Oral care to be completed prior to and following meals." <p>An In-Service Education/Meeting Report dated 11/11/16, was reviewed. E6, RNT, documents R6's diet order change for Direct Staff Personnel (DSP), to include the order from the video swallow. In addition, E6 added to the staff in-service, if he takes liquids per straw, he needs to take same in single swallow amounts.</p> <p>The employees who signed this document, were, E3, E4, and E5 (DSP's). There is no evidence of E2, Qualified Intellectual Disability Professional (QIDP), E8, Head Cook/DSP, E9, DSP, being trained/inserviced.</p> <p>In review of Physician Orders dated 11/11/16, documents R6's needs following the swallow evaluation as:</p> <ol style="list-style-type: none"> "1) Diet to be moist, mechanical soft foods with moist ground meat and regular consistency liquids. If he takes liquids per straw, he needs to take same in single swallow amounts. 2) Food to be taken in single swallow amounts example: 1/2 - 3/4 teaspoon in size. 	W 149			

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W 149	<p>Continued From page 4</p> <p>3) Patient to utilize dry/double swallow following every food and liquid swallow.</p> <p>4) Patient to utilize liquid wash/swallow after every 2 - 3 food swallows.</p> <p>5) Oral care to be completed prior to and following meals."</p> <p>According to facility menu (Fall/Winter 2016-17,dates used 10/11, 11/8, 12/6, 1/3, 2/28, 3/27), for week 2, day 14, Supper was Roast Turkey - 3 oz, Cheesy Hash-brown Casserole - 4 oz, Seasoned Carrots - 4 oz, hot apple slices - 4 oz, Dinner Roll/Margarine - 1 ea/1 tsp, Skim Milk.</p> <p>The facility policy, titled "Policy NO: 8.02, Menus, Meal Planning, Diets and Diet Modifications, Nutrition, and Therapeutic Diets, Revised 01/2016" was reviewed. On Page 2, #3. The QIDP (Qualified Intellectual Disabilities Professional) shall give the diet order information to the cook/DSP by completing a Diet Order Form (Form GA-37). The Diet Order shall have name of physician and the signature of the QIDP. #7. All diet orders will be followed, as planned or approved by a physician and a qualified dietitian. Page 3, a.) General modifications are mechanical soft and pureed; these are designed to minimize or eliminate chewing. Menu/recipe modifications are provided for individuals to meet their dietary/nutritional needs."</p> <p>There was no physical evidence in the kitchen of individual's diet orders or instructions to modify diets according to physicians orders.</p> <p>In an interview with E4, Direct Staff Personnel (DSP), on 11/15/16 at 11:15 AM, E4 stated "the turkey was frozen so I substituted roast beef, mashed potatoes, green beans, peaches and</p>	W 149			

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W 149	<p>Continued From page 5</p> <p>pears". I asked E7, floating Qualified Intellectual Disability Professional (QIDP) who was in and out of the facility that day, and E7 said: "it would be ok to change this from Monday's meal" (Week 3, day 16).</p> <p>Facility Progress Note dated 11/12/16 at 6:30 PM, by E3, DSP, documents R6 "was outside of his bedroom and I was in the dinning room with other individual's who were still eating dinner. Around 3-5 minutes after R6 left the area because he was finished eating. He looked perfectly fine. I was sitting down at the table then I hear R12 yelling with shock and then R8, was yelling too. So, I went out to see what happened. I saw R6 on the ground. R6's face was on the ground and saw a little blood. R6's face was turning purple and I ran to get a phone to call 911. I called 911 because I was panicking since he was turning purple. R6 was laying flat down on his belly face too. I was trying to flip him over to do the Heimlich maneuver. R6 was to heavy but managed to get him on his side. He was opening his mouth trying to get air in but nothing was coming out. Face still purple. I was trying to open his mouth so he could breath. Then the medic's arrived and took care of the situation".</p> <p>Report from the emergency medical technicians (EMT) dated 11/12/16, it documents R6 "was rolled over and we attempted to ventilate patient via BVU (Bidirectional Ventilation Unit), but there was a lot of resistance. A Laryngoscope with forceps was used to remove a large piece of meat from the airway. We were then able to start PPV (Positive Pressure Ventilation). At this time the patient no longer had a pulse and CPR was started. An airway device was placed for continued suctioning of the airway. CPR</p>	W 149			

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W 149	<p>Continued From page 6 continued while transporting to hospital".</p> <p>Interview on 11/15/16 at 11:31 AM, with E3, Direct Service Personnel (DSP), E3 stated; "I was the only staff on duty, E4 left at 5:30 PM on 11/12/16, and I was in the kitchen when E7, Floating Qualified Intellectual Disability Professional, left right after E4. The dinner was not done yet and I had to finish preparing the meal. It was late around 6:00 PM I was cutting up the meat, it was roast beef and very tough. I was blending up the food and passing out the food to the clients to put on the table. Everyone was eating when I sat down. Then R6 got up and threw his plate away and left the dining room. It was probably about 5 minutes, I just sat down with R15 to feed her when I heard 2 people screaming. I went to look and found R6 was face down in the hallway and his face was purple. I tried talking to him and then I ran to get the cordless phone to call 911. I tried flipping him over, but I only was able to get him on his side. I saw bubbles coming out and he was biting his tongue. Then the EMT's arrived and took over." When asked what R6 had for dinner, E3 stated "grounded roast beef, peaches and pears, bread, mashed potatoes and green beans". When asked how do you set the table E3 stated "dinner was late so I had everyone come into the kitchen and get their plates and bread. I was still grinding up the special diets, so, I gave the plates to a few of the clients and told them to give them to who gets the special diets". When asked how E3 knew for sure that everyone received the right diet, E3 stated; "the clients know who is on a special diet, but I didn't see if they received the right plates because I was in the kitchen".</p> <p>There was no other evidence of adequate</p>	W 149			

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W 149	<p>Continued From page 7 supervision during meals presented.</p> <p>In an interview on 11/15/16 at 10:47 AM, E2, QIDP, stated there are no eating programs for anyone in the facility.</p> <p>In an interview on 11/16/16 at 1:50 PM, E1, Administrator, stated that R6 remained on ventilator in the hospital.</p> <p>During the daily status meeting on 11/17/16 at 3:15 PM, E1, Administrator, stated the facility was notified at 10:00 AM on 11/17/16, that life support was removed and R6 passed away.</p> <p>In an interview with E1, Administrator, on 11/15/16, at 10:02 AM, E1 informed surveyors of incident on 11/12/16 involving R6, needing emergency service for a choking incident. When asked how many staff were on duty at the time of the incident, E1 stated 1 DSP. When asked about supervision of care with only 1 staff on duty, E1 stated we are working on hiring people, and plan to do open interviews.</p> <p>In an interview with E3, (DSP), on 11/15/16, at 11:31 AM, when asked how are you able to supervise the clients if you are the only staff member working, E3 stated "its hard. There is some nights I am alone and I have to pass medication, cook and keep an eye out for the clients. Its hard but you get use to it".</p> <p>In an interview with E4, (DSP), on 11/15/16, at 3:26 PM, when asked how are you able to supervise the clients if your the only staff member working, E4 stated "this is hard. I have been here since May 2016 and it is mainly weekends that I work and it is always just me".</p>	W 149			

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W 149	Continued From page 8 E10 Executive Director, was notified that the Immediate Jeopardy was removed on 11/30/16 at 1:30 PM. The facility remains out of compliance as the facility has not had the opportunity to fully implement and evaluate the effectiveness of their plans. This surveyor confirmed through interview and review of the facility's plan that the facility took the following actions to remove the Immediate Jeopardy. > The facility has reformatted the schedule so that, despite staffing vacancies, there are no fewer than two staff present within the home at all times individuals are home and awake. In the instance that an emergency occurs, staff will call upon the QIDP and Administrator for assistance covering scheduling gaps. Within the past two weeks, a full time cook has been hired and a part time DSP for weekend shifts. Additional staff are scheduled for new hire orientation in the next two weeks. The QIDP has been retrained on schedule changes or problems to the administrator as they occur. The administrator will monitor the monthly staff schedule for compliance with this corrective action. > Facility staff have been retrained on specialized diets. A training was conducted 11/15/16 in which the diet order book was updated and staff were informed of this update. On 11/21/16 further hands on training was conducted describing, preparing, and demonstrating the modified diets present within the facility. During the training signs and symptoms of aspiration were discussed along with the expectation that staff be present at all times in the facility when food is being consumed by those residing at the facility. Staff will be	W 149			

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W 149	<p>Continued From page 9</p> <p>receive annual retraining on dietary orders on an annual basis at a minimum. Staff will also receive annual retaining any time dietary orders are modified and/or if incidents occur which warrant retraining The QIDP will update the diet order book any time that there are new orders and perform weekly mealtime observations to ensure all staff are utilizing the trainings they have been provided to keep individuals safe during meals. The administrator will monitor by periodic reviews of diet order books and mealtime observations.</p> <p>> The diet order book, which is kept in the kitchen for all staff to reference, has been updated based on the current dietary physician orders for each individual. All staff have been retrained on where to find this information and the fact that the Medication Administration Record also details this same information. Individual R5's ordered swallow evaluation has been scheduled at this time, and is to take place on 12/2/16 at 8:30 AM. Upon completion of swallow evaluation, any dietary order recommendations will be communicated with R5's physician. The facility will provide follow up to the physician to ensure that dietary order recommendations are considered and, if ordered by the physician, immediately implemented by facility personnel. On 11/30/2016 the first shift staff, the nurse trainer, and the QIDP have been trained on the importance of following up with doctors orders in a timely manner. At least annually, the RN trainer will provide retraining on this topic. The administrator will monitor for compliance.</p> <p>> Eating programs will be developed for each of the individuals who are currently prescribed modified texture diets by 11/30/2016. Programs will be individualized and based upon the</p>	W 149			

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W 149	Continued From page 10 combined results of choking assessments, individual risk assessments, ICAP assessments, and swallow evaluations. Facility staff will be trained on these programs as they are scheduled to work, but prior to the next time they work a shift which requires mealtime supervision. All staff will be trained on meal time programs by 12/6/2016. Going forward, following completion of choking assessments, individual risk assessments, ICAP assessments, and/or swallow evaluations which identify a choking or aspiration risk factor, a discussion will be generated regarding the need for further action (modified diets, further evaluations, speech therapy recommendations, and/or programming focused on meal time safety.) Additionally, this information will be discussed at the time of each individuals annual staffing. The QIDP will create and revise meal time programs as needed. The administrator will monitor for compliance.	W 149			
W 186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on record review, interview and observation the facility failed to ensure adequate staffing to attend to the needs of the individuals for 16 of 16 individuals who reside in the facility (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, and R16).	W 186			

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W 186	<p>Continued From page 11</p> <p>Findings include:</p> <p>1. The facility policy, titled "Policy NO: 8.02, Menus, Meal Planning, Diets and Diet Modifications, Nutrition, and Therapeutic Diets, Revised 01/2016" was reviewed. On Page 2, #3. The QIDP (Qualified Intellectual Disabilities Professional) shall give the diet order information to the cook/DSP by completing a Diet Order Form (Form GA-37). The Diet Order shall have name of physician and the signature of the QIDP. #7. All diet orders will be followed, as planned or approved by a physician and a qualified dietitian. Page 3, a.) General modifications are mechanical soft and pureed; these are designed to minimize or eliminate chewing. Menu/recipe modifications are provided for individuals to meet their dietary/nutritional needs."</p> <p>In review of the facility submitted roster that validates level of functioning, undated, there are 6 individuals who function in the Mild range of Intellectual Disability (ID) (R3, R4, R6, R9, R12, R16); there are 8 individuals who function in the Moderate range of ID (R1, R2, R5, R8, R10, R11, R13, R14); there are 2 individuals who function in the Severe range of ID (R7, R15).</p> <p>a. R6's 8/2/16 Individual Service Plan (ISP), R6 functions in the moderate range of intellectual disability level, with additional diagnoses of Chronic Obstructive Pulmonary Disease, Obesity, Acid Reflux, Attention Defect Hyperactivity Disorder, Esophagi, Schatzki's Ring Disease, and Hiatal Hernia. In review of a videofluoroscopic swallow study on 11/11/16, documents R6 with a diagnosis of Dysphasia, unspecified type. "Recommendations as followed:</p>	W 186			

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NAME OF PROVIDER OR SUPPLIER KANTHAK HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 724 SECOND AVENUE OTTAWA, IL 61350		
(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 186	<p>Continued From page 12</p> <p>1) Diet to be moist, mechanical soft foods with moist ground meat and regular consistency liquids.</p> <p>2) Food to be taken in single swallow amounts example: 1/2 - 3/4 teaspoon in size.</p> <p>3) Patient to utilize dry/double swallow following every food and liquid swallow.</p> <p>4) Patient to utilize liquid wash/swallow after every 2 - 3 food swallows.</p> <p>5) Oral care to be completed prior to and following meals."</p> <p>b. R5's 11/2016 Physicians Order Sheet (POS), R5 is an 81 year old female with diagnoses of Moderate Intellectual Disability and Esophagitis. R5's diet is ordered as, "Mechanical Soft W/Moist Ground Meat".</p> <p>c. R1's POS, dated 11/2016, R1 is a 66 year old female with current diagnosis of Moderate Intellectual Disability, Diabetes type II, Obesity, Gastric Esophageal Regurgitation Disorder, and Seizures. Current Diet states "General Diet, Mechanical Soft with ground meat."</p> <p>d. R15's, Individual Service Plan (ISP), dated 5/25/16, R15 is a 53 year old female with current diagnosis of Profound Intellectual Disability level and Hypothyroidism. Under Dietary: R15's annual Nutritional assessment completed 6/20/16, documents "R15 is currently on a general diet; mechanical soft with moist chopped meat; no bread unless toasted." Under Functional Skills: R15's documents eating and meal preparation skills, dressing skill, self care skills and domestic skills are very limited to negligible."</p> <p>e. R13's, ISP, dated 2/9/16, R13 is a 32 year old</p>	W 186			

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W 186	<p>Continued From page 13</p> <p>male with current diagnosis of Profound Intellectual Disability Level, Anxiety, and Specific Developmental Learning Difficulty. Under Dietary: R13's Annual Nutritional Assessment completed 2/11/16, documents R13 is currently on a pureed diet since 2/7/13.</p> <p>f. R14's ISP, dated 2/9/16, R14 is a 44 year old male with current diagnosis of Moderate Intellectual Disability Level, Diabetes Mellitus Type II, Anxiety, Intermittent Explosive Disorder, and Bipolar I. Under Dietary: R14's Annual nutritional assessment was completed on 1/19/16. R14 currently maintains a general diet with chopped meat/Mechanical soft with chopped meat.</p> <p>Facility "Progress Note" dated 10/9/16. E4 (DSP) was the only staff member in the residential building during a choking episode that required emergency room visit for R5. In an interview on 11/15/16 at 11:15 AM, E4, Direct Service Personnel (DSP), stated that she was the only staff working that day. E4 further stated that she did not call 911, but called E1 (Administrator) and E6 (DSP). E4 stated she had to find someone to come in so E3 (DSP) came in and E4 took R5 to the hospital. E4 stated that she and R5 arrived to the hospital around lunchtime.</p> <p>Facility "Progress Note" dated 11/12/16. E3 (DSP) was the only staff member in the residential building during a choking episode that required emergency services for R6. In an interview on 11/15/16 at 11:31 AM, with E3, (DSP), E3 stated "I was the only staff on duty, E4 left at 5:30 PM on 11/12/16, and I was in the kitchen when E7, Floating Qualified Intellectual</p>	W 186			

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

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W 186	<p>Continued From page 14</p> <p>Disability Professional, left right after E4.</p> <p>The facility staff schedule for October 2016, and November 2016, was reviewed. In October 2016 only 5 Direct Staff Personnel (DSP) are listed. (E3, E4, E5, E8 and E9). On the schedules provided the staffing schedule is as follows: 1 DSP is scheduled for 7:30 AM to 3:30 PM, 1 DSP scheduled for 3:30 PM to 11:30 PM, and 1 DSP scheduled 11:30 PM to 9:30 AM for the weekend shifts. During the week the schedule shows 2 staff on evening shift (1 staff in at 2:30 PM - 10:30 PM and 1 staff in at 3:30 PM to 11:30 PM).</p> <p>During observations on 11/15/16, at approximately 3:00 PM, clients arrived home from Day Training. At 3:10 PM, R1 came into the dining room and said she had a bowel movement and needed to be changed. E1, Administrator, was the only DSP in the facility and took R1 to the bathroom to assist. E 10, Executive Regional Director was in the kitchen preparing the dinner meal. At approximately 3:30 PM, E4 arrived for PM shift. Around 3:35 PM, clients arrived home from day training services. At 4:00 PM, E8 arrived to help out with dinner and staffing. Review of staff schedule did not note E1 & E10 to work the floor to provide services to individuals of the residential facility.</p> <p>In an interview with E1, Administrator, on 11/15/16, at 10:02 AM, E1 informed surveyors of incident on 11/12/16 involving R6, needing emergency service for a choking incident. When asked how many staff were on duty at the time of the incident, E1 stated 1 DSP. When asked about supervision of care with only 1 staff on duty, E1 stated we are working on hiring people, and plan to do open interviews.</p>	W 186			

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W 186	Continued From page 15 In an interview with E3, (DSP), on 11/15/16, at 11:31 AM, when asked how are you able to supervise the clients if you are the only staff member working, E3 stated "its hard. There is some nights I am alone and I have to pass medication, cook and keep an eye out for the clients. Its hard but you get use to it". In an interview with E4, (DSP), on 11/15/16, at 3:26 PM, when asked how are you able to supervise the clients if your the only staff member working, E4 stated "this is hard. I have been here since May 2016 and it is mainly weekends that I work and it is always just me".	W 186			