

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
“REPEAT B” VIOLATION(S)
STATEMENT OF VIOLATIONS

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BURNHAM HEALTHCARE

0043398

Facility Name

I.D. Number

14500 SOUTH MANISTEE, BURNHAM, IL 60633

Address, City, State, Zip

30321

MAY 20, 2011

Reviewed By

Date of Survey

ANNUAL LICENSURE AND FOLLOW UP

15848, 26838, 26953, 28873, 29564,
29717, 30198

Type of Survey

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

“REPEAT B” VIOLATION(S):

300.4030c)d)e)f)g)

Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S

Based on the facility Plan of Correction stating that care plans shall address specific goals for SMI residents. Reassessment as necessary and updating the individual care plans of identified residents to determine whether the programming offered is effective.

Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S

c) The plan for each resident shall state specific goals that are developed by the IDT. The resident's major needs shall be prioritized, and approaches or programs shall be developed with specific goals, to address the higher prioritized needs. If a lower priority need is not being addressed through a specific goal or program, a statement shall be made as to why it is not being addressed or how the need will be otherwise addressed.

d) The ITP shall contain objectives to reach each of the individual's goals in the plan. Each objective shall:

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- 1) Be developed by the IDT;
 - 2) Be based on the results obtained from the assessment process;
 - 3) Be stated in measurable terms and identify specific performance measures to assess; and
 - 4) Be developed with a projected completion or review date (month, day, year).
 - e) Services designed to implement the objectives in the resident's ITP shall specify:
 - 1) Specific approaches or steps to meet the objective;
 - 2) Planned skills training, skill generalization technique, incentive/behavior therapy, or other interventions to accomplish the objectives, including the frequency (number of times per week, per day, etc.), quantity (in number of minutes, hours, etc.) and duration (period of time, i.e., over the next 6 months) and the support necessary for the resident to participate;
 - 3) The evaluation criteria and time periods to be used in monitoring the expected results of the intervention; and
 - 4) Identification of the staff responsible for implementing each specific intervention.
 - f) Whenever possible, residents shall be offered some choice among rehabilitation interventions that will address specific ITP objectives using techniques suited to individual needs.
 - g) ITP Documentation:
 - 1) Significant events that are related to the resident's ITP, and assessments that contribute to an overall understanding of his/her ongoing level and quality of functioning, shall be documented.
 - 2) The resident's response to the ITP and progress toward goals shall be documented in progress notes.

These regulations are not met as evidenced by:

Burnham Healthcare has not followed the plan of correction for 300.4030 from the survey of June 24, 2010.

Based on observation, record review and interview, the facility failed to provide the planned psychosocial rehabilitative services for 4 of 30 sampled residents, R3, R12, R21 and R22 who have treatment plans for psychosocial programs which are not being provided or not consistently provided. The treatment plan for these residents are generic in nature and does not address residents' individualized needs.

The findings include:

1. R3 is a 69 year old resident admitted to the facility on 8/23/10. R3's diagnoses include Major Depression.

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R3 is alert and oriented with impaired decision making skills and short and long term memory deficit and told surveyor that he does not attend any programming.

R3 is classified as Subpart S with a plan of care, which is generic in nature, to provide 1:1 counseling and group therapy. There are no specific goals outlined for psychosocial treatment nor documented progress toward accomplishing goals. It is documented that R3 would like to be escorted to groups and activities.

Psychosocial progress notes states resident refuses to attend groups and needs much encouragement, but accepts 1:1 visits with staff. E4 told survey team that R3 has had a recent decline in physical condition but staff continue to provide 1:1 counseling.

Review of the facility's psychosocial treatment attendance record for the past year reveals that R3 has not attended groups and does, inconsistently, receive 1:1 counseling. There is no individualized treatment plan (ITP) in place. There is no documentation of resident's response and progress with 1:1 intervention and no alternative interventions in place to address R3's continued refusal to attend groups. On 3 of 3 days R3 is observed in his room, inactive, in bed.

2. R12 is a 46 year old resident admitted to the facility on 6/9/10, with diagnoses that include Major Depression and the plan of care includes identifying therapeutic involvement that might be of interest, including 1:1 support, group and day program attendance, safe sex group. There are no specific goals outlined for psychosocial treatment nor documented progress toward accomplishing goals. On 3 of 3 days R12 was observed in the facility, sitting in the dining room or in her room, not engaged in any meaningful activities or group. R12 has a boyfriend who is also a resident in the facility.

Review of the facility's psychosocial program attendance shows R12 having never attended the safe sex group. R12 is on the roster for day program (Gateway) with no evidence that she has ever attended and no documented reason as to why not, and no alternative approaches implemented to increase compliance. R12 last attended psychosocial group on 10/3/10. R12 has also been experiencing non-compliance with diet and has had a 11.3% weight gain in 6 months with no social service intervention. R12 could not identify whom her psychosocial case worker is. E4 stated that R12 has recently had a decline in physical functioning and has not been able to participate in group activities. There is no evidence that R12 receives 1:1 counseling.

3. R22 is a 54 year old resident admitted to the facility on 4/15/11 with multiple diagnoses including Major Depression, Major Psychosis and the ITP is for participation in psych-social programs. There are no specific goals outlined for psychosocial treatment nor documented progress toward accomplishing goals. R22 was observed on 3 of 3 days not engaged in meaningful activities. Review of the facilities psychosocial attendance shows no attendance by R22 since

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admission. Facility staff aware of this non-attendance and documents that they will continue to encourage and monitor.

4. R21 is a 67 year old resident with diagnosis of Psychosis and schizophrenia. R21 is care planned for participation in psych-social programs. There are no specific goals outlined for psychosocial treatment nor documented progress toward accomplishing goals. R22 was observed on 3 of 3 days not engaged any meaningful activities. During the initial tour of the facility on 5/10/11 R21 angrily expressed to surveyor his desire to be discharged as the facility is not doing anything for him. Review of the facilities psychosocial attendance shows no attendance to psychosocial programming by R21. This lack of attendance is not addressed by staff.

(RB)