

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2013
NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104		
(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 487	Continued From page 41 Staff (31) removed the food tray and R12 remained sitting at the table. Direct care staff (E18) came to the table and asked E31 if R12 gets seconds (since she was still sitting at the table) and E31 answered yes. E18 went and got another tray for R12. R12 Physician Order Sheet dated 12/2013 document that R12 is to received Double Portions at each meal. 2. R7 was observed on 12/9/2013 at the dinner meal in the West Dining Room at approximately 5:33 p.m. R7 was observed at a table with a pureed diet and a built up spoon. R7 observed to be eating fast with his right hand and licking food off his fingers. R7 observed taking his hand and going around his plate with his fingers scooping food up and licking his finger until the plate was cleaned of any food. Staff arrived at the table and stated "you didn't get anything to drink and staff proceeded to give him 1 glass of yellow juice. R7 observed to be trying to get the food off his clothing protector and eat it. No seconds were offered to R7 as he appeared to still be hungry.	W 487			
W9999	FINAL OBSERVATIONS STATEMENT OF LICENSURE VIOLATIONS 350.620a) 350.690a) 350.690b) 350.690c) 350.690d) 350.690e) 350.3240a)	W9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2013
NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104		
(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	
W9999	<p>Continued From page 42</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.690 Disaster Preparedness</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p> <p>b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow.</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel.</p> <p>d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.</p> <p>e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.</p>	W9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2013
NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104		
(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	
W9999	<p>Continued From page 43 Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide safety from fire, smoke and environment hazards and failed to educate staff in handling emergency situations for the past year impacting 10 of 10 residents in the sample (R1-R10), 69 of 69 residents outside of the sample (R11-R79) and all staff hired in the past year (E9, E11, E17, E19-E82) when:</p> <p>The facility did not conduct a full evacuation drill on all three shifts once per year for the past year.</p> <p>The facility failed to ensure special provisions for the evacuation of residents with physical disabilities was provided in the past year.</p> <p>The facility policy failed to direct staff and residents to conduct full evacuations of fire and disaster drills.</p> <p>Findings include:</p> <p>Review of Facility Fire and Evacuation Drills for the past year (since 12/12/12) confirmed no full evacuation was conducted on any of the three shifts.</p> <p>The facility Report of Fire Drill reports an actual smoke that set off the fire alarm in the C-wing on 02/08/13 at 3:30 PM where the residents in the</p>	W9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2013
NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104		
(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	
W9999	<p>Continued From page 44</p> <p>C-wing were evacuated into the A-wing. E1 confirmed on 12/10/13 at 11:45 AM that none of the residents in the A and C wings fully evacuated the building. The facility residents in the B-wing (R2, R11, R32, R38, R41, R49, R52, R58, R62, R64 and R79) evacuated out of the building. The residents in the A-wing and B-wing did not evacuate out of the building. The residents of A and B wings are: R1, R3-R10, R12-R31, R33-R37, R39, R40, R50, R51, R53-R57, R59-R61, R63, R65-R78.</p> <p>Per Facility Census dated 11/13 and provided on 12/12/13 by E2 (Social Service Director) approximately at 12:00 PM, there are:</p> <p>a. 29 of 29 individuals who are non-mobile (R3, R9, R10, R13, R14, R15, R17, R19, R24, R31-R50)</p> <p>b. 19 of 19 individuals who use wheelchairs to ambulate (R1, R4, R5, R6, R7, R18, R20, R21, R25, R29, R51-R59)</p> <p>c. 5 of 5 individuals who use walkers to ambulate (R23, R60, R61, R62, R79)</p> <p>d. 26 of 26 individuals who are independent with ambulation but need direction during an evacuation drill (R2, R8, R11, R12, R16, R22, R26, R27, R28, R30, R63-R78).</p> <p>Undated Facility Policy and Procedure on Fire, Disaster and Evacuation Drill provided on 12/12/13 approximately at 12:00 PM include: A. "Fire Staff Responsibilities. Upon the detection of smoke or flames. NOTE: Evacuation only means removing residents from an area of threat. Do not leave the building, unless you or the residents are in immediate jeopardy, or it is ordered by the Administrator, DON (Director Of Nursing), or fire department staff. B. Facility. Local Fire Department and Evacuation Procedure.</p>	W9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2013
NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104		
(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	
W9999	<p>Continued From page 45 Immediate Evacuation NOT warranted."</p> <p>Undated Facility Fire Staff Responsibilities Policy and Procedure Form identify responsibilities for staff working in reception, administration, management, case management, office, nursing, direct care, plant operations, dietary and environmental (maintenance, housekeeping, laundry).</p> <p>In the past year, facility hired 67 new employees and 31 of the 67 still work at the facility:</p> <ul style="list-style-type: none"> a. 2 feeders (E9 and E82), E9 still works at the facility b. 2 Case Managers (E11 and E17), E11 and E17 still work at the facility c. 1 Administration staff (E19), E19 still works at the facility d. 37 Direct Care staff (E20-E33, E47-E69), E20-E33 still work at the facility e. 3 Housekeeping staff (E34-E36), E34-E36 still work at the facility f. 3 Nursing staff (E37, E70, E71), E37 still works at the facility g. 11 Activities staff (E38-E42, E72-E77), E38-E42 still work at the facility h. 2 Clerical staff (E43 and E44), E43 and E44 still work at the facility i. 6 Dietary staff (E45, E46, E78-E81), E45 and E46 still work at the facility. <p>Interview with E1 (Administrator) on 12/10/13 at 11:40 AM regarding lack of full evacuation drill in the past year include: "All of the drills that I gave you are partial drills and no full evacuation drills have been conducted in the past twelve months. The drills for first shift are January, April and July. The drills for second shift were February, May, August and November . The drills for third shift</p>	W9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2013
NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104		
(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	
W9999	Continued From page 46 are March, June, September and December." E1 confirmed on 12/12/13 at 10:06 AM that "there was no facility wide evacuation because I thought it was adequate to do partials. Partial evacuations involve moving A wing to the B or C wing, B wing to the A or C wing, C wing to the A or B wing. It is not safe to go outside of this building in this neighborhood." At 11:39 AM, E1 confirmed that fire, disaster and evacuation drills conducted involved moving to a safe area and did not evacuate outside of the facility." (B)	W9999			