PRINTED: 07/21/2014 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6016596 B. WING 06/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE **COLEMAN HOUSE** CHICAGO, IL 60660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ΙD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Z9999 FINDINGS Z9999 LICENSURE VIOLATIONS: 350.1060e) 350.1210 350.3240a) 350.3240f) Section 350.1060 Training and Habilitation Services An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.3240 Abuse and Neglect An owner, licensee, administrator.

care facility is the perpetrator of the abuse, that inois Department of Public Health

neglect a resident.

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

a resident indicates, based upon credible evidence, that another resident of the long-term

employee or agent of a facility shall not abuse or

Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6016596 B. WING 06/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE **COLEMAN HOUSE** CHICAGO, IL 60660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. These requirements are not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure for 3 of 4 in the sample (R1, R2, R3) and 8 outside the sample (R5, R6, R7, R8, R9, R10, R11, R12) who live in the home, are not subjected to physical, verbal or mental abuse from R4. Findings include: R4's Individual Support Plan dated 10/17/2013 was reviewed and documented she has a diagnosis of Moderate Mental Retardation, Generalized Anxiety Disorder, Bipolar 1 Disorder, Depressive Disorder Mood Disorder. R4's Client Behavior Program dated 5/21/2014 identifies the following: Functional Analysis/Assessment: ...(R4) agitation and physical aggression is hypothesized to maintain by escaping the environment and access to preferred activities. Target Behavior Description: Yelling, screaming, crying slamming doors, hitting walls, spitting, pushing her walker without caution, cursing, threatening to harm others, name calling, flipping over tables, flipping over chairs, pouring out contents of cup/bowl to floor.

inois Department of Public Health

R4 has the following behavior objectives:

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
IL6016596		B. WING		06/19/2014		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
I COLEMAN HOUSE			TH RIDGE A	AVENUE		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
Z999 9	Continued From pa	ge 2	Z9999			
	less per month for 3will reduce incider times or less for 3 c	nt of agitation to 15 incident or 3 consecutive months nt of physically aggression to 3 onsecutive months				
		iors: Xanax, Effexor,				
	The facility policy titled Reporting/Investigation Procedure for Alleged Abuse/Neglect - Definition Addendum dated 1/2012, defines abuse as indicated by the following:					
	Mental Abuse: The use of demeaning, intimidating, or threatening words, signs, gestures, or other actionthat results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.					
	Physical Abuse:no inappropriate contac causes bodily harm.	t with an individual that				
	time period of 1/5/20 documented that all were subjected to ph	sk 2) were reviewed for the 014 to 6/11/2014 and clients, who live in the home, hysical, verbal or mental rd them by R4 which is ing incident reports:				
	documented) and hit she (R4) continue the	e into the kitchen (no time another resident (R3) then rowing chairs and banging on scratch, pinch staff (E10)."				
		1/2014 (no time documented) 2 and R10) names and telling				

Illinois Department of Public Health

them she hates them. (R9) was present and told

STATE FORM 6899 W4GJ11 If continuation sheet 3 of 12

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	A (X2) MULTIPLE CONSTRUCTION (X3		I(V2) DAT	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:		DE CONSTRUCTION DE	COMPLETED		
		IL6016596	B. WING		06/	19/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
COLEMA	AN HOUSE	6300 NOF	RTH RIDGE	AVENUE			
), IL 60660				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDENCY)	D BE	(X5) COMPLETE DATE	
Z9999	Continued From pa	ge 3	Z9999				
	back into their morn ongoing trend for (F formal behavior sup						
	(R4) was calling (R7 names. R7 and R5 agitated as staff red formal behavior sup	2014 (no time documented) 7 and R5) inappropriate left the room and R4 became irected her according to her port plan. This is an ongoing ddressed by the IDT"					
	(R4) was yelling at a following residents (expressed concern a words that were beir on the dining room to chairs. She did not contact with any of his verbal and physical at through her behavior	1/2014 (no time documented) and in the presence of the R6, R2, R12, R8). All about the yelling and the ang used. (R4) also banged able and knocked over have any direct physical are peers and the trend of aggression is addressed a support plan. R4 did all intervention, receiving 1 mg					
	"5/3/2014 - On 5/3/2 (R4) and (R8) were y home visit."	014 (no time documented) /elling at each other about					
77770007744	(R4) stated that she R12, R6, and R10.	O14 (no time documented) wanted to hit, kick and punch She made this statement to of her peers but did not ctly to her peers."					
	with minor intensity to continued to have dif emotions and was ph	o time documented) hit R3 wo separate timesR4 ficulty managing her hysically aggressive toward conment. Upon consultation					

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAI	VOI CONNECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	COM	PLETED	
		IL6016596	B. WING		06/19/2014		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE			
COLEM	AN HOUSE		RTH RIDGE	AVENUE			
242.15	CHAMADV CTA		D, IL 60660				
(X4) ID PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE	
Z9999	Continued From pa	ge 4	Z9999				
	with her physician, (medications"	(R4) received crisis	THE THE PROPERTY OF THE PROPER				
	"4/6/2014 - 9:00 a.r she walked past her	m. (R4) hit R3 on the arm as	PRE ARRESTO CONTRACTOR (CONTRACTOR CONTRACTOR CONTRACTO				
	R3 who was trying to (R4) then had to be	n. (R4) yelled "I hate you" at o help her make her lunch. physically restrained for 10 her from hitting (R3)."					
	"3/4/2014 - 8:07 a.m. (R4) hit another resident with her purse as well as throwing her snack and placement at staff. (R4 was yelling, calling her peers names and spitting on the floor. (R4) was also turning over the dining room chairs. (R4) was also using vulgar language toward staff. (R4) shattered cup after throwing it on the floor."						
	began yelling, cursin floor and refused to	g, crying, spit on floor, sat on get up, hit peer (R10), hitting ws threw her glasses and					
	that she hates her gu shoot her head off, th one of her housemat	n. (R4)started telling staff uts and that she was going to hen she continue by hitting es (R12), spitting on the flooring and crying and calling es (R5)."					
	and whining. (R4) hit the shoulder with her knocked over chair. (threaten to spit on an arguing with another i	(R4) pounded table. (R4) other resident (R3). (R4) resident (R6)."					
	'3/24/2014 - (R4) ye	ileu at K3 (no time				l	

Ilinois Department of Public Health

STATE FORM 6899 W4GJ11 If continuation sheet 5 of 12

Illinois Department of Public Health

IIIIIOIS L	Department of Public						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	•	PLE CONSTRUCTION		E SURVEY	
,,,,,		BEATH TOATION HOMBER.	A. BUILDING	G:	COMPLETED		
		IL6016596	B. WING				
		10016396] b. wiiio		06	/19/2014	
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE			
COLEMA	AN HOUSE		RTH RIDGE				
(VA) ID	SIIMMARYSTA	TEMENT OF DEFICIENCIES), IL 60660			1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
Z9999	Continued From pag	ge 5	Z9999				
	documented) , "I har arm as she was wal	te her and then hit R10 in the king by."					
	names and told her	no time documented) call R7 she hated her. Staff other activity away from (R4)."					
Andrew to Addition to Angeles and Angeles	"3/25/2014 - (R4) (no to staff that she hit a a outing."	o time documented) reported nother resident (R3) while on					
	upset due to a recen began yelling, swear (R4) also struck one a separate housema	o time documented) became to treturn from home visit and ing and hitting the walls. housemate (R3) and pulled te hair (R12). R8 began to one of her peers (R4). R8 lifferent activity."					
	telling everyone she another resident (R9 (R4) was pacing the other residents. (R4) home. 8:30 a.m. (R9 was going to kill anothates and wishes she	(R4) was screaming and hates them. Resident hit). (R4) was using profanity. floor. R4 was arguing with was yelling I want to go)) was agitated. stating she her resident and how she (R4) will leave the house. I language to her peers."					
	"2/20/2014 - 7:45 a.m her morning routine. happened to be nearl	n. (R4) was agitated during She hit a peer (R10) who by."					
	"1/25/2014 - 7:45 a.m back and shoulder."	. (R4) struck peer (R10) on					
1	'1/9/2014 - 7:25 a.n screaming, calling sta names. Resident hit (R4) flipped over 2 tal	off and other residents bad another resident (R10).					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** 2 12 100 COMPLETED A. BUILDING: _____

IL6016596

B. WING_

06/19/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ERRANI HOUSE

6300 NORTH RIDGE AVENUE

,0	AN HOUSE CHICAGO	, IL 60660		
(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) COMPLET DATE
Z9999	Continued From page 6	Z9999		
	telephone on floor"			
	"1/8/2014 - 9:42 a.m. (R4) was agitated through out morning routine. She hit peers (R3, R5, R9) who happened to be in close proximity."			
and the second s	"1/5/2014 - 12:42 p.m. (R4) punched another resident (R5) while walking to her room."			ARRANA ATTACAMAN
47.22.2	R4 also targeted Z1 at the day training site as indicated on incident reports on the following dates:			
	"2/21/2014 - (R4) (no time documented) became agitated in her work program and hit peer (Z1) who happened to be nearby at the time."			
	"2/21/2014 - (R4) (no time documented) the residents were playing Uno and another resident told (R4) she put down the wrong card. (R4) hit the other resident in the shoulder (Z1)."			
	"1/8/2014 - 11:05 a.m (R4) hit (Z1) on left arm with DVD."			TO CONTRACT OF THE CONTRACT OF
	E1, Administrator, was interviewed on 6/10/2014 at 2:30 p.m. E1 stated that they have been working with R4 with medication adjustments and changes to her Behavior Plan. E1 stated the guardian does not want R4 sent to the hospital to stabilize. E1 states R4 has a history of aggression. R4 has lived in practically every nome on the campus but eventually has to move due to aggression.			
i a	E2, Qualified Intellectual Disability Professional, was interviewed on 6/11/2014 at approximately 7:00 a.m. E2 stated that R4 is in a private room and no level of supervision has been identified for R4.			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION ::		E SURVEY PLETED	
		IL6016596	B. WING		06/	19/2014	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
COLEMA	N HOUSE		RTH RIDGE A), IL 60660	AVENUE			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	Continued From page	ge 7	Z9999				
	home on 6/11/2014	the morning routine in the from 6:55 a.m. to 9:30 a.m. as escorted into the dining ct Support Person.					
	At 9:11 a.m., R4 we standing by the cent by the counter and F times on her should went into the dining dining room and tur	ent into the kitchen and was ser counter. R3 was standing R4 proceed to hit R3 two er. R3 started to cry and room. R4 then went into the ned over the dining room. R4 proceeded to go back					
	At 9:18 a.m., Surveyor observed R4 threatening to hit R9 as she passed her going out of the kitchen and R4 also told R12 that she did not like her hat and "I hate you."						
	fork in her hands. E Disability Profession removed the fork fro physical holding rest	ng to hit R3 again and had a 2, Qualified Intellectual al, with the assistance of staff m R4's left hand and used a raint briefly. R4 once ng the table, spitting, and he floor.					
	R4 was assisted to the remedications. R4 staff around her) to medication bubble parands. R4 observed oward staff and E2 destraint to both wrist grabbing onto E2 closes.	s yelling, trying to kick staff. ne medication area to receive observed by surveyor (with rying to kick staff, hitting the ack, trying to hit staff with her to be very aggressive observed to use holding to block her hitting and thing. ervations at the facility on					

,	Illinois I	Department of Public	Health				
			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION S:		E SURVEY IPLETED
			IL6016596	B. WING		06/19/2014	
	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	COLEMAN HOUSE		RTH RIDGE D, IL 60660	AVENUE			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	Z9999		ge 8 kimately 4:05 through 5:45	Z9999			
		p.m., R4 displayed I aggressive behavior	oud physical and verbal				
		returned from her da Surveyor was obser the hallway. R12 wa medications from E5 (DSP). R4 used lou threw her walker. R bedrooms. R4 hit th grabbed E2, Qualifie Professional (QIDP) E2 on the arm. R12 dining area. At 4:05 p.m., R9 was implementing her mo	g the behaviors when she ay program at 4:05 p.m. ving the medication pass in as beginning to receive 5. Direct Support Person d abusive language and 4 was in the hallway near the e wall with her fist. R4 ed Intellectual Disability . R4 was screaming and hit was told by E5 to go into the sin E2's office. R9 was oney program with E2 when				
		surveyor and took su surveyor into the dini door to the dining roo dining room is closed access to the rest of	room. R3 came to the arway and led and room. R3 closed the form. Once the door to the fighth the residents do not have the home. R3 said to the ere, I don't want you to get				
		4:15 p.m. Surveyor of living room with the did R1 was sitting in the interviewed E5 (6/10/ when R4 has behavion	ng room at approximately observed R2 sitting in the oor closed to the hallway. television room. Surveyor 14 at 4:15 p.m.). E5 said ors the protocol is to have 2 p everyone else away from				

At 4:28 p.m. E6, DSP called E8, afternoon Illinois Department of Public Health

Illinois Department of Public Health

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DAT	E SURVEY
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:	1	G:		PLETED
				·····		
		IL6016596	B. WING			19/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
COLEM	AN HOUSE		RTH RIDGE			
), IL 60660			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From page	ge 9	Z9999			
	supervisor to report behaviors. R5 came hugged E6. E6 ask	-				
	At 4:28 p.m. R3 said people be afraid, she	I, "I try to be careful, a couple e scratched me."				
	At 4:40 p.m. R9 was sitting in E2's office. R9 was waiting in the office to finish her money program that was disrupted when R4 came home from day program at approximately 4:05 p.m.					
	the home. E8 came to the individuals who door. R5 was crying	rnoon supervisor, came to into the dining room to talk were behind the closed, she said she was thinking aven. R5 said she wanted to visit another home.				
	said to surveyor R4 is down. R9 told E8 the	e into the dining room and s bothering me, write that e same information she told ing at the table crying.				
	room. Both said they	R9 were sitting in the dining would ignore R4. R9 balled and made a hitting motion and				
	At 5:05 p.m. the nurse was in the home to as R4 Ativan 1 mg, it usu	e, E7 arrived. E7 said she ssess R4. E7 said she gave ually helps.				
1	door was closed. R4 he kitchen with E6. F	n E2's office with E2, the left E2's office and came to R4 started yelling, R4 and went into the hallway. R9 door.				

linois Department of Public Health

W4GJ11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DAT	E SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING	3:	СОМ	PLETED
		IL6016596	B. WING		06/19/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
COLEMA	AN HOUSE		RTH RIDGE	AVENUE		
(X4) ID	SLIMMARY STA		D, IL 60660			
PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From page	ge 10	Z9999			The state of the s
	At 5:30 p.m. R5 said the hall by herself wi	I she did not want to walk in ithout staff.				
The state of the s	On 6/11/2014 the fol interviewed about ho home.	lowing individuals were ow they feel living in the				
**************************************	on 6/11/2014 at 7:12 afraid, (R4) has hit me, she has hit me a someone or staff will for any marks. If she	n guardian) was interviewed a.m R1 stated "I am ne. I feel upset that she hit a couple of times. I tell see it then staff look at me e comes into my area or and go away. I live here and ed."				
	- R5 stated "R4 has h	ed on 6/11/2014 at 7:23 a.m. hit me at home. I feel bad on't cry. I call mom if she				
 - 	 R6 stated "sometim her fist. I not really so nto my room I would 	ed on 6/11/2014 at 7:27 a.m. e she (R4) hit my head with cared of her. If she comes get the staff right away. If room with me I would walk				
s	a.m R10 stated "(R4 shoulder. I don't knov	ed on 6/11/2014 at 7:36 4) has hit me on the v why she hit me. I did not omes into the room I am				
- n	R7 stated "(R4) hit m ne yesterday. I feel s	d on 6/11/2014 at 7:42 a.m. he a year ago and tried to hit ad when she try to hit me. hut up. I am scared of				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6016596 B. WING 06/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE **COLEMAN HOUSE** CHICAGO, IL 60660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 11 Z9999 (R4). I don't like her because she is being mean to everybody. I tell staff if she is being mean to me." 6. R10 was interviewed on 6/11/2014 at 7:50 a.m. - R10 stated "I am not scared of (R4). We are not friends. I talk to E2 if I have a problem with (R4)." (A)

Center

6300 N. Ridge Chicago, IL 60660

773-973-6300

Fax 773-973-5214 www.misericordia .org

Plan of Correction

Provider: Coleman Home 6300 N. Ridge Ave. Chicago, Illinois 60660

Date Survey Completed: 6/19/2014

W 122 483.420 CLIENT PROTECTIONS

This finding was noted during the annual licensure and certification survey completed on 6/19/14.

The facility needs to ensure client protection by ensuring clients are free from abuse and neglect, free from unnecessary drugs and restraints and that individual freedoms are promoted. The facility failed to ensure client protection when the facility failed to ensure residents were not subjected to physical, verbal or mental abuse from R4.

To prevent reoccurrence, on 6/11/14, the facility called R4's guardians to inform them that they had to pick up R4 as she is a threat to the safety of the other residents living in the home. While waiting for the guardian to arrive, R4 stayed in the Day Program with a 1:1 staff member and no other clients present. The facility then contacted River Edge Psychiatric Hospital to inquire about inpatient openings for R4 and obtained a release of information from the guardian to initiate a referral plan through Community Alternatives Unlimited. If after treatment, R4 is unfit to return to the facility, the facility will work with the guardian to provide appropriate alternative placement. However, due to the fear expressed by clients of the Coleman Home, R4 will not return to the Coleman Home to prevent any continued risk of aggressive or disruptive behavior which could result in psychological and physical abuse. The Administrator met with all clients in the Coleman Home to let them know that R4 will not be returning to the home. Additionally, the clients met with the facility counselor for group counseling for additional emotional support. This group counseling will continue weekly for 6 sessions. Additional group or 1:1 counseling will be determined by the facility counselor. The facility will also update the abuse prevention policy to ensure instances of resident/resident abuse do not go undetected. This will happen through review of behavior incident reports, trend analysis, and risk prevention review. This update will occur by 7/11/14. The Administrator will in-service Directors, Supervisors and QIDPs on the implementation of the revised policy by 7/18/14.

The Administrator shall be responsible for compliance with this plan of correction.

Completion Date: 7/18/14