

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

PRINTED: 02/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2016
NAME OF PROVIDER OR SUPPLIER BETHSHAN ASSOCIATION			STREET ADDRESS, CITY, STATE, ZIP CODE 12927 SOUTH MONITOR PALOS HEIGHTS, IL 60463	
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W 000	INITIAL COMMENTS Annual Licensure and Certification Survey Fundamental Survey	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the outside workshop provider: 1. Kept safe and replaced the electronic communication device of R8 (1 of 1 individual in the sample who brought his own communication device to the outside workshop site) and 2. Documented timely on the current program goals for R8 (1 of 1 individual in the sample who attends this outside workshop) and R9 (1 individual outside of the sample who attend this outside workshop). Findings include: 1. R8 is an individual who brought his own electronic communication device to the outside workshop. On August 2014, R8 had an annual staffing where this electronic communication device was deemed not available at the outside workshop per Qualified Intellectual Disabilities Professional E6 on 2/3/16 at 11:30 AM. E6 and facility staff were pursuing using the communication device at the facility to promote	W 120		

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 120	Continued From page 1 improved communication for R8. Communication by E6 with outside workshop Site Supervisor Z2 from October 2014 through January 2016 validate that R8's electronic communication device is no longer available at the outside workshop site. Observation and interview on 2/3/16 at 10:30 AM with Z1 validate that R8 does not have an electronic communication device at the outside workshop site. 2. On 2/3/16 at 10:30 AM, R8 and R9's February 2016 program goal sheets at the outside workshop were reviewed with Direct Support Person (DSP) Z1. Per Z1, the February 2016 goal sheets were received on 2/3/16 from the Site Supervisor Z3. The dates for 2/1/16 and 2/2/16 were blank for both R8 and R9. Z1 validated that DSP Z3 is assigned to document on R8 and R9's program goal sheets. Z1 validated that Z3 is not at the outside workshop today. Z1 validated that only the assigned DSP can document on the individual's program goal sheets but the other DSPs run the program and (do not document) tells the assigned DSP the next time this DSP is onsite at the outside workshop. Then the assigned DSP will document on what, when and how the individual's program goal was implemented. Director of Day Services Z5 validated on 2/3/16 at 10:35 AM that what Z1 stated is the practice for documentation on goals for R8 and R9.	W 120			
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to	W 262			

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W 262	<p>Continued From page 2 client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a fade plan was in place for: 1) the use of a wheelchair alarm for 1 of 1 individual in the sample who uses a pressure pad monitor (R6) and 1 individual outside of the sample who uses a pressure pad monitor (R16) 2) the use of restrictions for 1 of 1 individual in the sample who has a behavior intervention plan for several target behaviors (R5).</p> <p>Findings include:</p> <p>1) R6 has an Authorization For Use of Bed-Chair Monitor Form for safety/prevention of falls signed by Human Rights Committee (HRC) Member E2 on 4/9/15 and Guardian on 5/2/15.</p> <p>R16 has an Authorization For Use of Bed-Chair Monitor Form for safety/prevention of falls signed by Human Rights Committee (HRC) Member E2 on 11/19/15 and Guardian on 11/19/15.</p> <p>Interview with Qualified Intellectual Disabilities Professional E6 on 2/3/16 at 1:12 PM validated that there is no stated criteria for R6 and R16 that will lead to the discontinuation of the use of the pressure pad monitor.</p> <p>Administrator E3 validated on 2/3/16 at 1:45 PM that there is no fade plan for R6 and R16 and that the HRC ensures the fade plans are in place.</p> <p>2) Facility Policy on Human Rights Committee (HRC) requires, "II Committee Responsibilities B. Ensure that these restrictions are least intrusive</p>	W 262			

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W 262	<p>Continued From page 3 as possible and are reduced or removed when no longer appropriate."</p> <p>Individual Behavior Interventions Program (BIP) dated 8/26/15 describes the following target behaviors for R5:</p> <ol style="list-style-type: none"> 1. Non-compliance (programs, activities, staff instruction, following house rules) 2. Verbal agitation / abuse (arguing, threatening, yelling) 3. Intimidating Behavior (threatening people with fist, blocking people from where they want to go, jumping in front of people) 4. Inappropriate Touch (hugging people unexpectedly from behind, poking people) 5. Physical Aggression (hitting, kicking persons, throwing objects at others, turning off a wheelchair, moving someone's chair to relocate them against their will) 6. Property destruction / abuse (throw or bang objects, kick wall, door or objects) 7. Stealing (money, beverages, pens, personal items, cell phones) 8. Wandering into unauthorized areas (involves going into offices, nurses station, unsafe areas at workshop) <p>R5's current BIP records the following restrictions:</p> <ul style="list-style-type: none"> - Restriction of amount of pocket money carried due to stealing money - Relocation to quiet area for verbal agitation / abuse - Manual restraint, staff escort to quiet area, and room quieting for intimidating behavior or physical aggression - Forfeit his video game if he is still playing it at 9:30 pm - Pod restriction for the remainder of the shift for 	W 262			

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W 262	Continued From page 4 physical aggression (or loss of video game if outing) - Loss of community outing at Facility workshop if he displays physical aggression the day of the outing - Check of person for unnecessary items, daily before and after work - Loss of next three community outings for stealing in the community On 2/8/15, at 11:30 a.m., when asked if R5 has a fade out plan for the above restrictions, E6, Quality Intellectual Disabilities Professional (QIDP) confirmed that R5 does not have a set criteria for the above restrictions to be gradually reduced or removed.	W 262			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed 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 review, observation and interview, the facility's Human Rights Committee (HRC) failed to ensure informed consent was obtained for the use of video cameras in common areas within the facility for 8 of 8 individuals in the sample (R1, R2, R3, R4, R5, R6, R7 and R8) and for 36 of 36 individuals outside the sample (R9 through R44). Findings include: Per Inspection Of Care Form provided on 2/3/16,	W 263			

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W 263	Continued From page 5 the following are the level of function of individuals in the facility: 4 Mild: R9, R10, R11 and R12, 19 Moderate: R4, R5, R13 through R26, R40, R42 and R44, 6 Severe: R8, R27 through R30 and R43, 15 Profound: R1, R2, R3, R6, R7, R31 through R39 and R41. There are three cameras located outside the building with a view of the parking lots and walkway to the workshop site located close to the facility. These outside cameras record video footage that can be reviewed if needed. There are four residential pods in the facility. Individuals reside in each pod. Each pod has bedrooms, bathrooms and living/seating/television area. The camera is located above the main door into each pod which visualizes the seating area and the doors to each bedroom. The camera is working but does not record video. The cameras are not really utilized but may be used at times when needed for monitoring per Director E1 on 2/3/16 at 12:27 PM. Administrator E3 validated on 2/2/16 at 12:20 PM that there are no consents for individuals regarding the the use of the cameras in the facility.	W 263			
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.	W 264			

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W 264	Continued From page 6 This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility's Human Rights Committee (HRC) failed to review and monitor the facility's practice of using video cameras within and outside of the facility for 8 of 8 individuals in the sample (R1, R2, R3, R4, R5, R6, R6, R7 and R8) and for 36 of 36 individuals outside the sample (R9 through R44). Findings include: Per Inspection Of Care Form provided on 2/3/16, the following are the level of function of individuals in the facility: 4 Mild: R9, R10, R11 and R12, 19 Moderate: R4, R5, R13 through R26, R40, R42 and R44, 6 Severe: R8, R27 through R30 and R43, 15 Profound: R1, R2, R3, R6, R7, R31 through R39 and R41. There are three cameras located outside the building with a view of the parking lots and walkway to the workshop site located close to the facility. These outside cameras record video footage that can be reviewed if needed. There are four residential pods in the facility. Individuals reside in each pod. Each pod has bedrooms, bathrooms and living/seating/television area. The camera is located above the main door into each pod which visualizes the seating area and the doors to each bedroom. The camera is working but does not record video. The cameras are not really utilized but may be used at times when needed for monitoring per Director E1 on 2/3/16 at 12:27 PM. Administrator E3 validated on 2/2/16 at 12:20 PM that there is no HRC (Human Rights Committee) review and monitor of the use of the cameras in the facility.	W 264			
W 303	483.450(d)(4) PHYSICAL RESTRAINTS	W 303			

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W 303	<p>Continued From page 7</p> <p>A record of restraint checks and usage must be kept.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure record of restraints as required by Facility Policy was available for 1 of 1 individual in the sample (R5) who had manual restraint as a behavioral intervention.</p> <p>Findings include:</p> <p>Facility Policy on Restraint (Approved 06/02/11) includes: "IV: Documentation. Behavior Incident Reports and Progress Notes shall be developed for the individual's clinical record following the use of manual restraint for documenting. C. The outcome or result of the intervention(s) utilized. D. The date, approximate time, location and duration of the restraint."</p> <p>Individual Behavior Interventions Program (BIP) dated 8/26/15 describes the following target behaviors for R5:</p> <ol style="list-style-type: none"> 1. Non-compliance (programs, activities, staff instruction, following house rules) 2. Verbal agitation / abuse (arguing, threatening, yelling) 3. Intimidating Behavior (threatening people with fist, blocking people from where they want to go, jumping in front of people) 4. Inappropriate Touch (hugging people unexpectedly from behind, poking people) 5. Physical Aggression (hitting, kicking persons, throwing objects at others, turning off a wheelchair, moving someone's chair to relocate them against their will) 	W 303			

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W 303	<p>Continued From page 8</p> <p>6. Property destruction / abuse (throw or bang objects, kick wall, door or objects)</p> <p>7. Stealing (money, beverages, pens, personal items, cell phones)</p> <p>8. Wandering into unauthorized areas (involves going into offices, nurses station, unsafe areas at workshop)</p> <p>R5's current BIP records the use of "Manual Restraint, staff escort to quiet area, and room quieting for intimidating behavior or physical aggression".</p> <p>R5's December 2015 Monthly Review of Progress and review of monthly data include the number of usage of manual restraint as follows: March 2015 - 0 April 2015 - 0 May 2015 - 1 June 2015 - 1 July 2015 - 0 August 2015 - 2 September 2015 - 2 October 2015 - 0 November 2015 - 0 December 2015 - 0</p> <p>Behavior Notes for R5 from the months of March to December 2015 were reviewed. Behavior Notes (dated 8/2/15) reads that manual restraint was used; however, the approximate time and type of manual restraint was not recorded. Behavior Notes (dated 8/16/15) reads that manual restraint was used; however, the approximate time, duration of the restraint, and the type of manual restraint was not recorded. No Behavior Notes related to manual restraints were available in R5's chart for the month of September 2015.</p>	W 303			

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W 303	Continued From page 9 Behavior Notes (dated 6/16/15) reads that manual restraint was used; however, the approximate time, duration of the restraint, and the type of manual restraint was not recorded. Behavior Notes (dated 5/23/15) reads that manual restraint was used; however, the approximate time, duration of the restraint, and the type of manual restraint was not recorded. On 2/8/15, at 11: 30 a.m., E6, Quality Intellectual Disabilities Professional (QIDP) validated that the staff should be documenting the use of Manual Restraints in detail including the length of time it was used.	W 303			
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES 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 observation, interview and record review, the facility did not serve the fruit item for dinner meal on 2/1/16 for all individuals in the sample (R1 to R8) and 31 other individuals outside of the sample who were at the facility for dinner on 2/1/16 and can eat food orally (R9 to R39). Findings include: Fall/Winter Week 3 Menu listed Ham, Potatoes, Beets, Pineapple/Mandarin Orange Fruit Salad, Roll, Margarine and Sherbet as food items at dinner on 2/1/16.	W 460			

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W 460	Continued From page 10 Dinner observation on 2/1/16 from 5:45 PM through 6:30 PM did not include the Pineapple/Mandarin Orange Fruit Salad. Assistant Cook E19 was asked on 2/1/16 at 6:20 PM why the fruit was not served at dinner. E19 validated there was not reason it was not served. Administrator E3 validated on 2/2/16 at 12:20 PM that fruit should have been served on 2/1/16 and that Kitchen Supervisor E20 already spoke with E19.	W 460		