

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

PRINTED: 03/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/08/2016
NAME OF PROVIDER OR SUPPLIER BROTHER JAMES COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(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 247}	<p>SECOND CERTIFICATION FOLLOW UP TO SURVEY DATE OF 7/21/15</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: REPEAT</p> <p>Based on observation, record review and interview the facility failed to ensue the individuals are given a choice to participate in a variety of activities that are freely accessible for 17 of 17 individuals (R1, R10- R25) who reside on the 400 Wing.</p> <p>Findings Include:</p> <p>Facility Roster (dated 3/7/16) note that there are 17 individuals who reside on Wing 400. The roster identifies R10 functions at the Profound level, R11 and R12 function at the Moderate level, R13- R19 function at the Severe level and R1, R20-R25 function at the Profound level of Intellectual Disabilities.</p> <p>Observation on 3/7/16 between 3:35 PM- 4:10 PM, R15 was sitting in a recliner watching television and R24 was sleeping on the sofa. The first television room had no other activities available. The second television/ activity room had a large wooden cabinet in the corner that had a key padlock that was locked. There was a small ball and a large ball in the room. There was no other leisure activities freely available to</p>	{W 247}			

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 247}	<p>Continued From page 1</p> <p>individuals. Surveyor asked E4/ Direct Support Staff about the activity closet being locked, E4 stated, "We keep the cabinet locked, when people come ask for items we open it, then put back and lock." Surveyor asked E4 when the cabinet would be left unlocked for individuals to have access to, E4 stated that the individuals come home from day training, take showers, go to supper, continue with showers then the individuals would get things from the cabinet. E4 confirmed that the individuals do not have free access to the leisure activities. Surveyor requested E4 to open the closet, E4 called E5/ Supervisor to the room to open the cabinet. E5 came to the room at 3:45 PM with a set of keys on a lanyard and attempted to open the cabinet. E5 was unable to unlock the cabinet. E5 stated, "Before I went on vacation the key broke off in the lock and asked for it to be replaced." Surveyor asked when she returned from vacation, E5 stated, " last Wednesday" (3/2/16). E5 was unable to unlock cabinet with the keys. Surveyor asked if there was another set of keys, E5 stated, "No, there is only one set." E1/ Administrator came to the room and attempted to open the locker with the unit keys without success. E1 stated, "No one made me aware that the key did not work."</p> <p>Observation of Wing 400 on 3/8/16 from 8:30 AM- 9:00 AM, the individuals had finished with their breakfast and were on the unit waiting until 9:45 AM to go to the day training that is located behind the facility. There was a television on in the first television room with 4 individuals watching. There were also individuals in the hallway without being engaged in any activities. The second television room had one person sitting on a recliner watching television, the</p>	{W 247}		

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{W 247}	Continued From page 2 activity closet was locked. There was no availability of leisure activity items freely available for the individuals to choose their leisure activity. In an interview with E1/ Administrator on 3/8/16, E1 confirmed that the closet was locked and that the individuals did not have free access to the leisure activities. E1 provided surveyor with receipts of activity items purchased, but was unable to identify which items had been purchased for Wing 400.	{W 247}			