

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

PRINTED: 08/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2015
NAME OF PROVIDER OR SUPPLIER CHILDREN'S HABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET HARVEY, IL 60426		
(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 153	<p>Complaint Investigation # 1594006 / IL 78886 483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to notify IDPH, Illinois Department of Public Health, and facility administrators and director of nursing in a timely manner of an unusual event involving 2 of 2 individuals in the sample (R1 and R2).</p> <p>Findings include:</p> <p>R1 and R2 reside in the same room with three other individuals.</p> <p>R1 is an individual sent to the hospital on 7/12/15 due to dislodged catheter and returned to the facility on 7/17/15. R1's discharge documents from the hospital were reviewed by facility nurse and found positive salmonella blood culture on 7/13/15. Facility Administrator E1, Nurse Manager E4, Medical Director E14 and Director Of Nursing E11 were notified of the results. E14 provided treatment orders for R1.</p> <p>R1 had yellow, foul smelling stool per 7/7/15 nursing notes. Stool sample from R1 was collected and sent for culture on 7/7/15, came</p>	W 153			

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

TITLE

(X6) DATE

08/12/2015

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 153	<p>Continued From page 1 back negative for salmonella on 7/9/15.</p> <p>R2 is an individual who had loose stools with unusual odor per 7/15/15 nursing notes. R2's stool was sent out for culture and came back with "presumptive salmonella result on 7/17/15" and a confirmed positive result for salmonella on 7/19/15 at 9:27 AM. Nurse E3 notified Nurse Practitioner E6 at 3:45 PM and obtained treatment orders for R2. Nurse E3 was interviewed on 7/27/15 at 3:44 PM regarding who was notified of R2's positive salmonella results. E3 validated that E6 was notified and orders were given. Normally E3 documents when he notified administrators, director of nursing or nurse managers but E3's notes do not have those documented. Nurse Manager E4 validated on 7/27/15 at 3:46 PM that any unusual event, including positive salmonella result, requires a notification by the charge nurse to the ADON or DON and Administrator.</p> <p>R1 and R2 are the only individuals in the same room beginning 7/18/15.</p> <p>Infection Control Nurse E5 validated on 7/27/15 approximately at 1:30 PM that in the last five years that E5 has been the Infection Control Nurse, there has never been a case of positive salmonella result for any individual in the facility.</p> <p>Facility notified IDPH Regional Office of the positive salmonella results of R1 and R2 on 7/27/15. Facility Administrator E1 validated on 7/27/15 that IDPH was not notified immediately after confirming that R1 and then R2 had positive salmonella result in their blood and stool respectively.</p>	W 153			