

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

PRINTED: 09/16/2016
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 09/14/2016 |
|---|---|---|---|----------------------|---|
| 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 189 | <p>ANNUAL CERTIFICATION - LICENSURE - FUNDAMENTAL</p> <p>INSPECTION OF CARE SURVEY</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure staff demonstrate skills and techniques in infection control to prevent the spread of infection. This impacted 4 of 10 (R2, R3, R4 and R5) in the sample and the potential to impact 60 of 60 (R1 and R6 through 64) non sampled individuals.</p> <p>Findings include:</p> <p>Policy titled Infection Control and Hand Hygiene policy number 505, dated 2016, II B. "wash your hands between each resident contact." and C. "Before and after each procedure on a resident." and E."after removing any personal protection equipment."</p> <p>Review of individuals currently on isolation submitted by the facility were reviewed as follows:</p> | W 189 | | | |
| 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 189 | Continued From page 1 Room 110 - ESBL (Extended Spectrum Beta Lactamase) Room 104 - Enterovirus and Ringworm Observations were made on 9/8/16 at 8:42am. E4, respiratory Therapist entered room 108 opened tracheostomy suctioning kit, applied gloves and proceeded to suction R2 without washing his hands first. E4 completed suction, removed gloves and left the room without handwashing post procedure. Observations continued as E4 entered Room 110 at 8:55am directly after exiting room 108 and begin checking the tracheostomy humidifier tubing of R4 with his hands without handwashing. E4 then handwashed, applied gloves and provided trachoesotomy humidifier tubing adjustments to R5. E4 then took a clear plastic bag with large clear tubing from the bedside of R11 and placed under his arms, removed his gloves and left the room without handwashing after providing respiratory equipment care. An interview was conducted with E4 on 9/8/16 at 9:10am. E4 was asked why did he not wash his hands prior to providing care to R2, R11 and after providing care to R5. E4 states he washed his hands before coming into the room of 110 and could not account for the lack of handwashing that occurred in room 108. E4 states he did not wash his hands because he did not handle the residents and was draining the tubing. | W 189 | | | |
| W 416 | 483.470(b)(3) CLIENT BEDROOMS The survey agency may grant a variance from the | W 416 | | | |

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| W 416 | <p>Continued From page 2</p> <p>limit of four clients per room only if a physician who is a member of the interdisciplinary team and who is a qualified intellectual disability professional:</p> <p>(i) Certifies that each client to be placed in a bedroom housing more than four persons is so severely medically impaired as to require direct and continuous monitoring during sleeping hours; and</p> <p>(ii) Documents the reason why housing in a room of only four or fewer persons would not be medically feasible.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review it was determined that more than 4 individuals reside in 3 rooms, affecting 16 of 64 individuals outside of the sample (R12 to R27).</p> <p>Findings include:</p> <p>Review of the Resident Room Assignment revised 9/7/16, identifies there are 3 bedrooms which house more than four individuals. These rooms are 114, 119, and 121.</p> <p>During observations and record review conducted during the survey on 9/13/16, it was determined that a total of 16 individuals reside in the three rooms. Room 114 has 5 residents (R12 to R16). Room 119 has 5 residents (R17 to R21). Room 121 has 6 residents (R22 to R27). Certified Nursing Assistants were observed continuously monitoring individuals in these rooms.</p> <p>Facility Request for Waiver (dated 10/12/15) read that the "[individuals] at the facility are severely medically impaired and require a complex, intensive, and skilled array of services to 47 children with tracheotomies, nineteen of whom</p> | W 416 | | | |

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| W 416 | <p>Continued From page 3</p> <p>are ventilator dependent... [Individuals] require nutrition and medications to be provided via gastrostomy tube. Licensed personnel, such as Licensed Practical Nurses, Registered Nurses, and Respiratory Therapists are on duty around the clock based on the high acuity levels of the residents... In addition, a Certified Nursing Assistant is assigned to each room on every shift." The facility houses 64 individuals, all are gastrostomy tube fed.</p> <p>On 9/14/16, at 10:45 a.m., E3 (Assistant Director of Nursing) confirmed that the individuals in rooms 114, 119 and 121 are medically compromised and require 24 hour continuous monitoring; therefore, a waiver is requested for them to place more than four individuals in a bedroom.</p> | W 416 | | | |