

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

PRINTED: 12/03/2015
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 11/23/2015
NAME OF PROVIDER OR SUPPLIER CHILDREN'S HABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET HARVEY, IL 60426		
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W 000	INITIAL COMMENTS	W 000			
	ANNUAL CERTIFICATION				
	ANNUAL LICENSURE				
W 111	INSPECTION OF CARE 483.410(c)(1) CLIENT RECORDS	W 111			
	The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.				
	This STANDARD is not met as evidenced by: Based on record review, observation and interview it was determined the facility failed to ensure the records provide an accurate view of events and care for: 1) One of two individuals with current skin breakdown (R19). 2) One of one individuals who takes medication for self injurious behavior (R7).				
	Findings include: 1) Facility policy titled, Wound Care (Decubitus) Prevention and Assessment #2600, dated 4/30/09, requires, "Documentation regarding wound assessment, care, and treatment should be done at each dressing change as appropriate. Documentation should include: A. Wound staging B. Location. C. Size and depth. D. Nature of drainage. E. Condition of surrounding skin."				
	According to the record, R19 is a 13 year old with diagnoses including Anoxic Brain Injury,				

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 111	<p>Continued From page 1</p> <p>Progressive Neurological Degeneration, Ventilator Dependence with Tracheotomy, Gastrostomy feeding tube, Seizures and Hypothermia.</p> <p>R19's right and left neck pressure wounds were observed on 11/18/15. These wounds are under the tracheostomy neck ties, which secure the ventilator tubing for breathing. There is a Stage II wound on the left, which is clean and pink with intact surrounding tissue, approximately 1.5 x 1.5 cm, and a smaller clean wound on the right side.</p> <p>The record identifies problem issues, and treatments addressing these issues, regarding R19's neck skin. These include drooling, and skin rashes from the heat blanket which is required to keep R19's body temperature within normal range.</p> <p>Physician, and Nurse Practitioner, documentation and orders, show physician monitoring and adjustment of medical treatments as needed.</p> <p>The first mention of R19's skin breakdown is a nurses note, dated 3/23/15, stating, "Wound care performed to neck per MD order. Small amount of drainage noted."</p> <p>However, a skin breakdown "Encounter Form", completed by nursing and dated 3/25/15, documents that R19 developed a Stage II 1.5 x 0.5 cm. opening on her neck on 3/25/15, which is 2 days after the first nurses note.</p> <p>There are no further nurses notes until 2 days later, on 3/27/15, when E8 (Wound Care LPN) documented on the "Decubitus Reporting Form-" "Stage II, side of neck, back, 1.5 side, .5 back."</p> <p>The first physician wound care order is dated 3/25/15, for treatment twice daily. According to the record, wound care continued from 3/23/15 to</p>	W 111			

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W 111	<p>Continued From page 2</p> <p>the current date, either once or twice daily, per physician orders.</p> <p>The nursing notes were reviewed from 3/22/15 to the current date. These notes lack consistent wound documentation at the time of dressing changes, and on a daily basis.</p> <p>The only consistent wound documentation was weekly by the Wound Care LPNs, on the "Decubitus Reporting Form". However, even this documentation lacked consistent monitoring of each wound, such as location and condition of the surrounding tissue.</p> <p>An example is on 6/3/15, the wound is identified as "Lt" (left). The next note on 6/15/15 identifies the wound as "Rt" right. The wound identification varies between "side" and "back" of neck. The measurements alternate between cm. and mm. On 9/3/15, E9 (Wound Care LPN) documented, "Rt. posterior reddened". The next nursing Wound Care LPN note is dated 9/7/15 "Rt. side 1.8 x 2 cm." There is no nursing documentation between these notes.</p> <p>The above documentation was confirmed by E8 and E9 (Wound Care LPNs) during interviews on 11/19/15 at 12:30 PM, and 11/18/15 at 1 PM. Both E8 and E9 confirmed the weekly Wound Care documentation lacks consistency, such as the location, size and description. They confirmed that the nursing progress notes were lacking entries monitoring the wounds between the weekly Wound Care documentation.</p> <p>E2 (DON) confirmed the lack of nursing documentation regarding R19's wound on 11/18/15, at 1:45 PM.</p>	W 111			

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W 111	<p>Continued From page 3</p> <p>2. R7's diagnoses include Severe (Intellectual Disability) and Impulsivity with self abusive behavior per the 8/12/15 Annual Physical Examination Form.</p> <p>Per June 2015 Behavior Program Specifications Form, R7 had formal program in May 1998, April 2003, August 2008, December 2010, March 2011, May 2011 and March 2012 including "use of close supervision, redirection, additional mobility, elbow splints and medication at various times and in various combinations."</p> <p>Per June 2015 Behavior Program, self-injurious behaviors tracked for R7 include G-tube removal, biting herself and licking herself. Risperidone 2 mg two times a day, abdominal binder and one-on-one staff from awakening until bedtime are techniques used to address behavior decrease. Medication Reduction Protocol for R7 is written as "If during a period of time only 0-3 episodes are reported or noted, the medication will be decreased 25% weekly."</p> <p>Qualified Intellectual Disabilities Professional E10 was asked on 11/18/15 at 1:03 PM regarding the last medication reduction for R7. E10 validated that Director Of Nursing E2 wrote the medication reduction plan and will know when the last reduction occurred. E10 provided surveyor a document reporting "R7 had a medication wean put in place on 9/01/11. During the period of 9/07/11-9/09/11 behavior started again and then increasingly worsened, so R7 was placed back on Risperidone 9/19/11."</p> <p>DON E2 was asked on 11/19/15 about the medication reduction and the use of the abdominal binder for R7. E2 validated with</p>	W 111			

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W 111	Continued From page 4 surveyor that 10/23/14 was the last time R7's medication was changed (increased)." Physician's Order from July 2014 include 7/30/14 order to increase Risperidone 0.5 mg every other week until maximum dose of 4 mg is reached. Physician's Order on 10/23/14 to continue Risperidone 2 mg twice a day. October 2015 Physician's Order validates the current order of Risperidone 2 mg twice a day. Quarterly Data review of R7's behaviors include identification of weight gain as a concern on the following quarters: July thru September 2015, April thru June 2015, January thru March 2015 and October thru December 2014. Human Rights Committee Meetings on 10/15/14, 01/21/15, 4/22/15, 7/15/15 and 10/21/15 reports R7's behavior plan was reviewed and accepted, no changes. R7's record failed to contain all information relevant to understanding past intervention/s (medication, device, staffing, other) that worked ,or did not, and how R7 and the team responded to the progress or lack of progress in order to promote extinguishing R7's self-injurious behaviors.	W 111			
W 189	483.430(e)(1) STAFF TRAINING PROGRAM 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. This STANDARD is not met as evidenced by:	W 189			

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W 189	<p>Continued From page 5</p> <p>Based on record review, observation and interview, the facility failed to ensure staff demonstrate skills and techniques in infection control for cleaning individual's equipment and utilizing safe protection supplies to prevent the spread of infection. This impacted 3 of 10 (R4, R5, and R10) in the sample and the potential to impact 53 of 53 (R1 - R3, R6 -R9 and R11 through R63) non sampled individuals.</p> <p>Findings include:</p> <p>Review of individuals currently on isolation submitted by the facility were reviewed as follows:</p> <p>R11 in room 104 is positive for the para influenza virus. R4 in room 108 is positive for the parainfluenza and rhino virus.</p> <p>Observations were made on 11/16/15 at 2:55pm of E5 (custodian) cleaning individual rooms 104, 106, and room 108.</p> <p>E5 was first observed in room 104, He had a large cleaning bucket half filled with water on a wheeled cart. E5 cleaned each pole starting at the base of the pole (which had the most visible dirt) wiping up to the top including the fluid delivery device that hold enteral fluids for individuals R11, R12, and R13. E5 then removed his gloves threw them in the garbage can and without washing his hands moved to room 106.</p> <p>In room 106, E5 donned another pair of gloves and without washing his hands started to clean the enteral holding poles for R10, R14, R15, and R16. E5 did not change the water used to clean</p>	W 189			

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W 189	<p>Continued From page 6</p> <p>the poles in the previous room and used the same cloth. E5 also cleaned the poles from the base of the pole to the top. E5 then removed his gloves threw them in the garbage can and without washing his hands moved to room 108.</p> <p>In room 108, E5 donned another pair of gloves and without washing his hands started to clean the enteral holding poles for R4, R5, R17, and R18. E5 did not change the water used to clean the poles in the previous room and used the same cloth. E5 continued to clean the poles from the base of the pole to the top. E5 then removed his gloves threw them in the garbage can and without washing his hands left the room.</p> <p>Observations were made of E4, Respiratory Therapist on 11/17/15 at 7:30am in the hallway of rooms 101 through rooms 110. E4 had on green colored scrub pants and a short green lab jacket with multiple disposable clear gloves protruding out of his left pocket. E4 entered room 106 and was observed providing care to the tracheostomy of R16 with gloves from his lab jacket pocket.</p> <p>An interview was conducted with E4 after the observation, E4 confirmed he provide care to individuals using the unpackaged gloves from his lab jacket pocket and states, "because they keep medium in here and I use extra large, so I keep these in here."</p> <p>An interview was conducted with E5 after the above observations the same day at 3:30pm. E5 states he has been employed at the facility for about 90 days and have received training in infection control. E 5 states the cleaning cloth should be changed after each room and that he should have washed his hands after cleaning</p>	W 189			

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W 189	Continued From page 7 each room after he take his gloves off. "I was trained on this, that's why I was coming down here now to change this towel (holding the towel up that had been used to clean 11 pieces of equipment in the individual's rooms.) They did tell me to change the cloth after each room and wash my hands." An interview was conducted with E6, Senior Custodian and E7, Nurse Educator on 11/19/15 at 9:45am. According to E6, housekeeping staff are aware of which rooms are isolation rooms by the sign and isolation cart outside the door of the room and these rooms should receive extra cleaning. Staff are also made aware by the daily am all staff meetings. E6 states the custodians are taught to a.) clean individual's equipment such as enteric holding poles from the top down b.) change water after cleaning each pole c.) wash hands each time gloves are removed and before and after entering each client's room. E7 confirmed that E4, Respiratory Therapist should not have used gloves from his pocket to provide care to clients and that each employee including custodians receive staff training on handwashing, infection control, and isolation precautions.	W 189			
W 257	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.	W 257			

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W 257	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure behavior objectives are revised when individual fails to progress after medication reduction occurred impacting 1 of 1 individual in the sample who takes medication for self-injurious behavior reasons (R7).</p> <p>Findings include:</p> <p>R7's diagnoses include Severe (Intellectual Disability) and Impulsivity with self abusive behavior per the 8/12/15 Annual Physical Examination Form.</p> <p>Per June 2015 Behavior Program Specifications Form, R7 has self-injurious behaviors of G-tube removal, biting herself and licking herself. Goal and target completion of R7 will decrease all self injurious behavior by 10% from baseline by 6/01/2016. R7 has an average of 167.75 behaviors per month. Techniques used to address behavior decrease include use of Risperidone 2 mg two times a day, abdominal binder and one-on-one staff from awakening until bedtime.</p> <p>Physician's Order from July 2014 include 7/30/14 order to increase Risperidone 0.5 mg every other week until maximum dose of 4 mg is reached. Physician's Order on 10/23/14 to continue Risperidone 2 mg twice a day. October 2015 Physician's Order validates the current order of Risperidone 2 mg twice a day.</p> <p>Data of R7's behaviors (all three combined) data from June 2014 through October 2015 include G (g-tube removal), L (licking), B (biting):</p>	W 257			

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W 257	<p>Continued From page 9</p> <p>June 2014 - 201 total. G=12, L=110, B=79 July 2014 - 116. G=7, L=90, B=19 August 2014 - 230. G=7, L=123, B=100 September 2014 - 142. G=6, L=112, B=24 October 2014 - 112. G=5, L=67, B=40 November 2014 - 184. G=6, L=109, B=69 December 2014 - 151. G=1, L=115, B=35 January 2015 - 190. G=0, L=127, B=63 February 2015 - 185. G=8, L=132, B=45 March 2015 - 188. G=5, L=138, B=45 April 2015 - 175. G=9, L=109, B=57 May 2015- 139. G=3, L=107, B=29 June 2015- 138. G=1, L=78, B=59 July 2015- 163. G=1, L=107, B=138 August 2015 - 312. G=1, L=173, B=138 September 2015 - 196. G=1, L=145, B=50 October 2015 - 343. G=4, L=240, B=99.</p> <p>Quarterly Data review of R7's behaviors include identification of weight gain as a concern on the following quarters: July thru September 2015, April thru June 2015, January thru March 2015 and October thru December 2014.</p> <p>Human Rights Committee (HRC) Meetings on 10/15/14, 01/21/15, 4/22/15, 7/15/15 and 10/21/15 reports R7's behavior plan was reviewed and accepted, no changes.</p> <p>Qualified Intellectual Disabilities Professional E10 validated on 11/18/15 at 1:03 PM that as of the 10/21/15 HRC meeting Director of Education E12 will observe R7 at the off-site school she attends due to low number of self-injurious behaviors at the school.</p> <p>R7 continue to have biting, licking and g-tube removal behaviors despite increase in medication, continued use of abdominal binder</p>	W 257			

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W 257	Continued From page 10 and one-on-one staff. Contributing factors including school environment in comparison to facility environment should have been explored earlier.	W 257			
W 416	<p>483.470(b)(3) CLIENT BEDROOMS</p> <p>The survey agency may grant a variance from the 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 1 of 10 individuals in the sample (R6) and individuals 15 of 62 individuals outside of the sample (R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, and R33).</p> <p>Findings include:</p> <p>Review of the Resident Room Assignment revised 11/16/15, identifies there are 3 bedrooms which house more than four individuals. These rooms are 111, 119, and 121.</p> <p>During observations and record review conducted during the survey on 11/16/15, it was determined that a total of 16 individuals reside in the three</p>	W 416			

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W 416	<p>Continued From page 11</p> <p>rooms. Room 111 has 5 residents (R6, R20, R21, R22, and R23). Room 119 has 6 residents (R19, R24, R25, R26, R27, and R28). Room 121 has 5 residents (R29, R30, R31, R32, and R33). 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 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 63 individuals, all are gastrostomy tube fed.</p> <p>On 11/23/15, at 11:04 a.m., E1 (Administrator) was interviewed. E1 confirmed the individuals in rooms 111, 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			