

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

PRINTED: 05/04/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G135</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/23/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COLLINS SQUARE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>145 SOUTH CROSSWELL AVENUE BRADLEY, IL 60915</b>			
(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 217	<p>ANNUAL CERTIFICATION SURVEY INSPECTION OF CARE 483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include nutritional status.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 4 individuals (R2, R3, R4) are reassessed for changes in their weight over the past year.</p> <p>Findings include:</p> <p>1. R4's Nutritional Assessment dated 4/25/2014, 7/18/2014, 9/2/2014, and 1/3/2015 were reviewed and it noted that R4 had weight gain. The Nutritional Assessment dated 4/25/2014 weight was 136 lbs, 7/18/2014 weight was 128 lbs, 9/2/2014 (no weight document but states 22 lbs weight loss), and 1/3/2015 weight was documented as 139 lbs. Review of Nutritional Assessment notation states "weight has (increased) 16 lbs. R4's weight for 3/3/2015 was 144 lbs as documented on the Medication Administration Record dated 3/1/2015 to 3/31/2015. R4's weight has increased from 128 lbs to 144 lbs from 7/2014 to 3/2015. R2's Ideal Body Weight is 101 lbs to 112 lbs per the Nutritional Assessment dated 1/3/2015.</p> <p>E4, Regional Trainer, was interviewed on 4/22/2015 at approximately 10:30 a.m. Surveyor asked if her diet had been reassessed and what has been put into to place to monitor R2's weight</p>			W 217			
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 217	<p>Continued From page 1</p> <p>gain. E4 was unable to present any reproducible documentation of a reassessment of R4's dietary needs to prevent continued weight gain.</p> <p>2. R2's Nutritional Assessment dated 4/25/2014, 7/18/2014, 9/2/2014, and 1/3/2015 were reviewed and it noted that R2 had weight gain. The Nutritional Assessment dated 4/25/2014 weight was 238 lbs, 7/18/2014 weight was 238 lbs, 9/2/2014 weight was (no weight but states 5 lbs weight loss), and 1/3/2015 weight was documented as 246 lbs. R2's Ideal Body Weight is 118 lbs to 125 lbs per the Nutritional Assessment dated 1/3/2015.</p> <p>E4 was interviewed on 4/22/2015 at approximately 10:30 a.m. Surveyor asked if her diet had been reassessed and what has been put into to place to monitor R2's weight gain. E4 was unable to present any reproducible documentation of a reassessment of R2's dietary needs to prevent continued weight gain.</p> <p>3. According to the record, R3 is a 50 year old with diagnoses including Down Syndrome and Chronic Renal Disease. The annual nutritional assessment, dated 5/7/14, states that R3's ideal body weight (ibw) is 99-109 lbs, however his weight is 159 lbs. The Registered Dietician included, "Weight is well above ibw of 99-109 lbs. Weight gain noted at 5 lbs. No weight gain is warranted. Encourage exercise when possible to decrease weight."</p> <p>The quarterly nutritional progress note, dated 3/12/15, states R3's weight has increased to 169 lbs and again, weight gain is not warranted at this time, and to encourage exercise.</p> <p>R3's record includes a nursing note, dated</p>	W 217			

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W 217	Continued From page 2 1/20/15, that R3 was walking with an uneven gait and an X-ray was done of his knee, with no evidence of fracture. A nursing note, dated 3/2/15, documents R3's weight gain and the need to encourage exercise. R3's record lacks an action plan in place to address his weight gain over the past year.	W 217			
W 247	E4 (Regional Trainer) confirmed the above record findings on 4/22/15, at approximately 11 AM, and stated that there is no formal or informal program in place to address R3's weight gain. <b>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</b>  The individual program plan must include opportunities for client choice and self-management.  This STANDARD is not met as evidenced by: Based on observation, interview and record review: 1. The facility failed to ensure 8 of 8 individuals (R1 to R8) in the home, participate in making their lunch for work. 2. The facility also failed to ensure 8 of 8 individuals (R1 to R8) are encouraged to participate in the meal setup.  Findings include:  1. During general observations on 4/22/2015 from 6:50 a.m. to 8:00 a.m. in the home, surveyor observed lunch bags on the countertop in the kitchen.  E7, Cook, was interviewed on 4/22/2015 at approximately 7:15 a.m. Surveyor asked E7 if	W 247			

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W 247	Continued From page 3 any of the clients (R1 to R8) are on any lunch making programs and E7 said "No." E1, Qualified Intellectual Disability Professional, was interviewed on 4/22/2015 at approximately 11:05 a.m. E1 validated that none of the individuals (R1 to R8), in the home are participating in making their lunch for work. R4, who has a diagnosis of Mild Mental Retardation, was interviewed on 4/22/2015 at 2:30 p.m. Surveyor asked R4 if she makes her lunch. R4 stated "no, someone else makes my lunch." 2. Dinner was observed on 4/21/15, at 5:00 PM. All residents were home. Initially R2 was helping staff set the table, however within minutes she stood to the side and watched as staff finished setting the table and placed the food. R7 and R4 were also in the dining area, watching staff. R1 was in his room. At no time did staff ask the residents in the dining area to assist. E1 (QIDP) stated on 4/22/15, at 11 AM, that R1 usually pours the drinks, and R7 and R2 help set the dining room table. He said staff should have asked residents if they wanted to assist with dining preparation.	W 247			
W 248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN  A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure the day training site, of 1 of 1 resident with	W 248			

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W 248	<p>Continued From page 4</p> <p>a recent elopement episode (R1), had a program plan addressing this identified behavior.</p> <p>Findings include:</p> <p>According to the record, R1 eloped from his home on 12/16/2014. R1 is ambulatory and verbal. The record includes a Behavior Program, dated 3/20/15, addressing elopement. R1 was observed on 4/21/15, 1:30 PM, at his off campus day training (DT) site, which he attends 5 days per week. He is in an open production area. Z2 (DT Supervisor / DSP) was assigned to a group of residents, including R1. Z2 stated during this observation, that she knows R1 and has been assigned to him the past few weeks. She had a binder, which she refers to, with R1's program information. Z2 said she was not aware that R1 had eloped recently, and did not have a program, or data sheets, addressing that behavior. Z2 said R1 ambulates independently around the DT site.</p> <p>Z1 (DT Program Manager) stated during the observation at 1:45 pm, that she had R1's annual Individual Support Plan (ISP), dated 11/18/14. The ISP was reviewed with Z1, and did not address elopement. Z1 did have a data sheet to track elopement behavior for R1, and said the DSP, assigned to R1, should have not only a tracking sheet, but also the program plan, for R1's elopement behavior. Z1 said there has been no elopement behavior displayed by R1, at the DT.</p> <p>E2 (Regional Trainer) stated on 4/22/15, at approximately 11 AM, that the DT should have a Behavior Plan addressing R1's elopement issues.</p>	W 248			

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W 260 W 260	<p>Continued From page 5</p> <p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to update the Individual Support Plan (ISP) to address identified issues which contributed to two recent hospitalizations of 1 of 1 resident in the sample. The facility failed to ensure all staff were consistently implementing interventions for this newly identified need.</p> <p>Findings include:</p> <p>According to the record, R1 is a 63 year old with recent hospitalizations for the diagnosis of Fecal Impaction. His hospitalizations occurred 1/16/15 and 4/8/15. An In-Service Education Report for "Bowel Tracking", dated 4/17/15, documented that staff were trained to put a potty hat in the toilet for R1 to defecate in, so that tracking could take place. The training signature sheet only included home staff, not Day Training staff. The record lacked a detailed Program to address R1's Fecal Impaction.</p> <p>E1(QIDP) confirmed on 4/22/15, at 1 PM, that R1 has been having issues with constipation and is not reliable letting staff know when he defecates. E1 said it is felt R1 may be "holding" it.</p> <p>R1 was observed at at his Day Training (DT) site, on 4/21 at 1 PM, which he attends 5 days per</p>	W 260 W 260			

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W 260	Continued From page 6 week. Z2 (DT Direct Support Person/DSP) said that she was informed today, 4/21, that R1 is supposed to go to the bathroom using a potty hat, so that his stool can be assessed and documented by staff. Z2 said R1 gets a sticker if he has a BM. Z2 said just today, she was given a tracking sheet and a picture of different types of stool, so she can document when R1 has a bowel movement. Z2 said Z1 (DT Program Manager) gave her the instructions today. However, Z2 said R1 goes to the bathroom alone, and she is not sure how well he uses the hat, and what she should do to make sure he does.  Z1 was interviewed at 1:45 PM, and said that after R1's recent hospitalization, he came back to DT on 4/9/15. Z1 said a DSP (E6) from the home, dropped off the potty hats and tracking sheets today, 4/21. Z1 said she asked for a program to follow, so they would know exactly how to implement everything, but E6 said she did not have one with her.  E6 confirmed she brought the tracking sheets and potty hats to DT on 4/21/15, on 4/22/15 at approximately 10 AM.  E4 (Regional Trainer) said on 4/22/15 at 1 PM, that a formal Program has been written, but the planned implementation date is 5/1/15. E1 (QIDP) said he had instructed the home staff regarding R1's bowel monitoring, but had not trained anyone at DT.	W 260			
W 368	483.460(k)(1) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	W 368			

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W 368	Continued From page 7  This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure medications were given according to the physician's order, for 1 of 5 residents (R5) observed receiving medications.  Findings include:  Facility policy titled "Ordering Medication #7.17, revised 11/14" states, "Purpose: To ensure that individuals have appropriate medications as ordered by physician."  The 5 PM medication pass, conducted by E9 (Direct Support Person/DSP) on 4/21/15, was observed. R5's Polyethylene Glycol (to prevent constipation), was missing. E9 said the medication was also missing the evening before, but had been ordered. According to the record, R5's diagnoses include Constipation. The list of medications on R5's Physicians Order Sheet, and Medication Administration Record (MAR), dated 4/2015, include Polyethylene Glycol Powder 1 capful every evening, 5 PM. The 5 PM doses for 4/20 and 4/21/15 were circled and staff documented "haven't received from Pharmacy." E6 (DSP) confirmed on 4/22/15 at 9 am, that she had ordered the medication, however it had not arrived. E4 (Regional Trainer) stated at this time, that staff should order medications before they run out, so that pharmacy has time for delivery.	W 368			
W 474	483.480(b)(2)(iii) MEAL SERVICES  Food must be served in a form consistent with the	W 474			



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W 474	<p>Continued From page 8 developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 of 4 individuals (R4) and 1 outside the sample (R5) eat in a manner consistent with their development need as identified in their nutritional assessment.</p> <p>Findings include:</p> <p>During general observations on 4/22/2015 from approximately 6:40 a.m. to 8:00 a.m. R4 and R5 were observed during the breakfast meal.</p> <p>1. R5 was observed at 6:40 a.m. with a high sided divided plate, 2 sipper cups (1 with orange juice and 1 with milk). The plate 3 compartment high sided divided plate had oatmeal and fried egg mixed together was in one section. E8, direct support person, observed with a platter of bacon and was assisting with passing the platter around the table #1. E8 proceeded to take the plate to table number 2 and assist the clients at that table obtain bacon. R5 was not observed to receive bacon on her plate. E8 obtained the toast and passed it around to all the clients and E8 place a slice in R4's 2nd section of the divided plate, put jelly on it and cut it into small pieces. R5 was also observed at the dinner meal on 4/21/2015 at approximately 5:30 p.m. and R5's food was not observed mixed together.</p> <p>E6 was interviewed at 7:20 a.m. and was asked by surveyor why R5 did not receive bacon and E6 stated that the bacon was mixed in with the eggs and oatmeal. E6 stated that R5 eats her food better when it is all mixed together. Surveyor did</p>	W 474			

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W 474	<p>Continued From page 9 not observe bacon in R4's plate.</p> <p>R5's Individual Service Plan dated 8/8/2014 was reviewed and there was no documentation that R5's has a need to have all of her food mixed together for her to eat. R5 Quarterly Nutritional Progress Notation dated 2/4/2015 was reviewed and there was not documentation that her food need to be mixed together for her to eat.</p> <p>2. R4 was observed at 6:40 a.m. with a high sided divided plate, 2 sipper cups (1 with orange juice and 1 with milk). The plate 3 compartment high sided divided plate had oatmeal in one section, fried egg in another section. E8, direct support person, observed with a platter of bacon and was assisting with passing the platter around the table #1. E8 proceeded to take the plate to table number 2 and assist the clients at that table obtain bacon. R4 was not observed to receive bacon on her plate. E8 obtained the toast and passed it around to all the clients and E8 plate a slice in R4's 3rd section of the divided plate, put jelly on it and cut it into small pieces. E8 also cut her eggs in to small pieces. R4 was prompted by E8 and E6 (direct support person) to eat her breakfast. R4 completed eating at approximately 7:20 a.m.</p> <p>E6 was interviewed at 7:20 a.m. and was asked by surveyor why R4 did not receive bacon and E6 stated that the bacon was mixed in with the eggs and originally the bacon was under the eggs. Surveyor did not observe bacon in R4's plate.</p>	W 474			