

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

PRINTED: 07/07/2016  
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>05/26/2016</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 249	<p>ANNUAL CERTIFICATION AND LICENSURE FUNDAMENTAL SURVEY</p> <p>INSPECTION OF CARE SURVEY 483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observations, and interview, the facility failed to assure that individual program plans were consistently implemented for 1 of 1 (R5) individuals outside of the sample who required physical and occupational therapy assessment due to decline in mobility.</p> <p>Findings include:</p> <p>Review of the Individual Service Plan/ISP dated 1/4/2016 states R5 have a severe level of functioning, an intelligent quotient of 26, and several diagnoses including Downs Syndrome, Bilateral Cataracts, Alzheimers, Dementia, and Multiple Joint Pain. Last exam for Physical Therapy/PT is listed as 3/4/2002 and Occupational Therapy/OT on 2/16/2002. The program plan further states that a "community</p>			W 249			

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

TITLE

(X6) DATE

06/02/2016

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 249	<p>Continued From page 1</p> <p>support team was held within the ISP and it was agreed upon to schedule a new PT/OT appointment for R5 since her decline in mobility and the onset of Dementia. R5 has been having a difficult time walking and sits on an angle. She also uses a wheelchair as a part of her adaptive equipment in order to get around outside of the house. This will be scheduled. An addendum will be attached once the results of R5's new PT and OT results come in."</p> <p>Record review of an Accident /Injury report dated 3/28/16 completed by Z1, Direct Support Person states R5 sustained an injury to her right knee when she fell out of her wheelchair. A hospital emergency department note dated 3/28/16 states R5 was treated for "right knee pain, mechanical fall."</p> <p>Review of a progress note, form #GP-15 dated 4/6/15 at 5:10pm states, "R5 was trying to get up from her chair to eat dinner and leaned forward too much and fell and hit the left side of her head on the floor."</p> <p>Review of the emergency room department include R5 had a Computed tomography scan of the head with normal results.</p> <p>Observations were made of R5 on 5/23/16 from 3pm to 5:45pm. R5 wears a red belt around her waist and requires staff assistance for ambulating from the living room chair to the dining room chair. R5's gait appear slow and unsteady.</p> <p>An interview was conducted with E2 (Qualified Intellectual Disability Professional), E3 (Residential Service Director), and E5 (Regional Nurse Trainer..by telephone) on 5/25/16 at</p>	W 249			

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W 249	Continued From page 2 12:45pm. All confirmed the physical therapy and Occupational therapy recommendation/appointments had not been implemented per the Individual Service Plan.	W 249			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data was recorded in accordance with individual program plan objectives. This occurred with 1 of 1 individuals in the sample (R3) with a communication program objective.  Findings include:  Record review for R3 include that he has a Severe level of functioning, an intelligence quotient of 26, and several diagnosis including Down Syndrome. R3's Individual Program Plan dated 6/2/15 states "communication skills are very limited to negligible."  Review of program objectives dated 6/2/15 includes a communication program which states, "R3 will display increased communication skills by signing each set of words contained in communication program with verbal/gestural prompts with 90% accuracy for 3 months by	W 252			

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W 252	Continued From page 3 6/28/16. The set of words for R3 to learn are; "more, hurt, water, done, and thirsty."  Review of the data for the program objectives at the daytraining site lacked recorded data for the month of April or May 2016.  An interview was conducted with Z2, Lead Qualified Intellectual Disability Professional at the daytraining site on 5/24/16 at 11:15am. Z2 confirmed the data was missing and states that the program objective sheets are sent to the QIDP and then given to the classroom supervisor/instructor who is responsible for ensuring the data is collected.  Another interview was conducted with E2, QIDP on 5/24/16 at 1:30pm, E2 also confirmed that the data was missing and that it is the facility's responsibility to collect the recorded data. E2 also confirmed that if the data is not recorded it results in an inaccurate reflection of progress or decline of R3's communication ability.	W 252			
W 331	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on record review, observations, and interview the facility failed to assure nursing personnel provided monitoring of and documentation of efforts to address health issues for 1 of 1 (R5) clients outside of the sample, who obtained a head injury.	W 331			

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W 331	<p>Continued From page 4</p> <p>Findings include:</p> <p>Record review of an Accident /Injury report dated 3/28/16 completed by Z1, Direct Support Person states R5 sustained an injury to her right knee when she fell out of her wheelchair. A hospital emergency department note dated 3/28/16 states R5 was treated for "right knee pain, mechanical fall."</p> <p>Review of a progress note, form #GP-15 dated 4/6/15 at 5:10pm states, "R5 was trying to get up from her chair to eat dinner and leaned forward too much and fell and hit the left side of her head on the floor."</p> <p>Review of the emergency room department include R5 had a Computed tomography scan of the head on 4/6/16, "history:falling hitting head;" "Impression: motion limited examination. No CT evidence of acute intracranial hemorrhage, mass or acute infarction."</p> <p>Review of hospital emergency department discharge instructions dated 4/6/16 states R5 "had a head injury which does not appear serious at this time. A concussion is a state of changed mental ability, usually a blow to the head. " "After injuries such as yours, most problems occur within the first 24 hours. These minor symptoms may be seen after discharge: memory difficulties, dizziness, headaches, double vision, hearing difficulties, depression, tiredness, weakness, and difficulty with concentration."</p> <p>Review of nurses's notes include R5 was not seen by the nurse until 4/8/16 (2 days after her head injury diagnosis.) The record lack</p>	W 331			

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W 331	Continued From page 5 documentation that R5 was monitored by the nurse or direct support persons within the first 24 hours of obtaining a head injury as recommended by the hospital emergency department. Observations were made of R5 on 5/23/16 from 3pm to 5:45pm. R5 wears a red belt around her waist and requires staff assistance for ambulating from the living room chair to the dining room chair. R5's gait appear slow and unsteady. An interview was conducted with E1, Registered Nurse Trainer on 5/24/16 at 11:25am. E1 was asked if R5 should have received nursing monitoring, vital signs, and instructions to the home staff after returning home on 4/6/16 following her head injury. E1 confirmed that R5 should have received monitoring.	W 331			