

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

PRINTED: 04/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/24/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4237 SOUTH INDIANA AVENUE CHICAGO, IL 60653</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  Annual Certification Survey - Fundamental	W 000			
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 observations, record review and interview, the facility failed to ensure staff at the day training site have the most current Individual Behavior Plan for 2 of 2 individuals (R2 and R4) out of a sample of 4, who have behavior intervention plans to manage inappropriate behaviors.  Findings include:  1. R4 was observed at workshop/day training site A on 7/22/2013 at approximately 1:30 p.m. R4's Individual Behavior Plan dated 1/14/2010 was reviewed at the workshop/day training site A. E1, workshop/day training site A supervisor, was interviewed on 7/22/2013 at approximately 1:50 p.m. E1 was asked if R4's Individual Behavior Plan dated 1/14/2010 is the most current plan that the workshop had and E1 stated yes.  R4's record was reviewed at the home and it was noted that R4 had a Individual Behavior Plan dated 1/12/2013. This behavior plan (dated	W 248		7/25/13	

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 248	Continued From page 1 1/12/2013) was not available to the staff at the workshop/day training site A.  2. R2 was observed at workshop/day training site A on 7/22/2013 at approximately 1:30 p.m. R2's Individual Behavior Plan dated 11/3/2010 was reviewed at the workshop/day training site A. E1, workshop/day training site A supervisor, was interviewed on 7/22/2013 at approximately 1:50 p.m. E1 was asked if R2's Individual Behavior Plan dated 11/3/2010 is the most current plan that the workshop had and E1 stated yes.  R2's record was reviewed at the home and it was noted that R2 had a Individual Behavior Plan dated 11/3/2012. This behavior plan (dated 11/3/2012) was not available to the staff at the workshop/day training site A.	W 248			
W 261	483.440(f)(3) PROGRAM MONITORING & CHANGE  The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure Human Rights Committee (HRC) members included persons with no ownership or controlling interest in the facility. This effects 2 of 4 individuals in the sample (R2, R4).	W 261		8/30/13	

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W 261	Continued From page 2 Findings include:  R2's Behavior Plan (dated 11/3/12) and R4's Behavior Plan (dated 1/12/13) was last reviewed on 6/11/13. The signature page for the HRC meeting held on 6/11/13 did not include a member from the community who does not have ownership or controlling interest in the facility.  On 7/23/13, at 12:00 p.m., E2, Qualified Intellectual Disabilities Professional (QIDP) confirmed that the facility does not currently have an outside member in the HRC.	W 261		