STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G125	A. BUILDING _____ B. WING _____	08/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS HOUSE	4237 SOUTH INDIANA AVENUE CHICAGO, IL 60653

(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-FUNDAMANTAL INSPECTION OF CARE	W 000		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interview, "Governing Body" failed to ensure operating directions over the facility when they failed to post contact information on the door/window to not hinder the survey process. This potentially affected individuals (R1-R15). Findings include: Illinois Department of Public Health; (IDPH) Surveyor arrived at facility on 8/13/15 at 9:00am. Surveyor rang the door bell three times and called the facility by telephone, without a response from the facility. Surveyor did not observe contact information posted on the door or window of the facility. Surveyor then called two other homes that are owned by the facility beginning at 9:15am until 9:20am. No answer was received at home number one and at 9:20am, E10; Residential Services Director (RSD) at facility number two stated that she would "Make contact" with someone in administration and call surveyor back with an arrival time of staff to the facility where surveyor is waiting outside. E10; (RSD)contacted the (IDPH) office to provide arrival time	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 104	Continued From page 1 information and the (IDPH) office contacted surveyor to state that someone from the facility would be arriving. E2; Residential Services Director (RSD) of the facility being surveyed, arrived at 10:15am. An interview was held with E2; (RSD) on 8/14/15 at 1:50pm in the directors office of the facility. E2 confirmed that contact information was not posted on the door or window of the facility and that the surveyor should not have had to make several calls to other homes for entry to start the survey process. This facility action hindered the survey process time frame and potentially affected individuals (R1-R15).	W 104		
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy by indicating first and last names on the insulated lunch bag for 1 of 1 in the sample, R4 and for 1 of 1 outside the sample, R6. Findings include: On 8/14/15 observations were conducted in the residential site. At 7:35am surveyor observed the insulated lunch bags of R4 and R6 with their first and last named printed on the bags.	W 125		

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W 125	Continued From page 2 Interview with E2, Residential Services Director, on 8/18/15 at 10:30am stated she knew the first names and last names are not to be posted but was not aware they could not be on their insulated lunch bags.	W 125		
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: Based on observation and interview the facility failed to ensure; staff receive continued training to treat individuals with respect and dignity when a staff was observed to use an individuals "Rolling walker" as a chair during active treatment. This affected 1 individual outside of the sample (R13). Findings include: Observations were conducted in the home on 8/13/15 at 2:45pm. E5; Direct Support Person (DSP) was observed at 3:10pm trying to engage individuals to attend the afternoon bingo activity. R13 used her rolling walker to come into the dining room to the table and sit down to play bingo. E5; (DSP) placed R13's walker in the hallway area of the facility adjacent to the dining room and then retrieved the rolling walker, brought it to the dining room table and sat in it. E5; (DSP) was observed sitting in the rolling walker of R13 while conducting the bingo activity at the table.	W 189		

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W 189	Continued From page 3 An interview was held with E5; (DSP) on 8/13/15 at 4:08pm in the hallway area adjacent to the dining room of the facility. E5 confirmed that she she sat in the rolling walker chair for R13 during the bingo activity while R13 sat in a regular chair. An interview held with E2; Residential Service Director on 8/14/15 at 1:50pm in the directors office at the facility confirmed that E5; (DSP) should not sit in the rolling walker of individuals.	W 189		
W 316	483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure for 1 of 2 in the sample who receives medication to assist in behavioral management, R1, a medication reduction was competed within the past year. Findings include: Per the physician's order sheet dated 8/6/15, R1 is currently receiving Abilify 10mg and Seroquel 100 mg daily. R1 had a reduction in Abilify from 15mg to 10 mg daily on 11/12/13. This was the last reduction in R1's medications. Record review of the psychiatric consultation form dated 4/29/14 notes R1 has not exhibited any maladaptive behaviors. In subsequent psychiatric consultations dated 7/9/14, 9/10/14, 1/14/15,3/11/15, 5/13/15 and 7/8/15 it notes no	W 316		

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W 316	Continued From page 4 maladaptive behaviors have been exhibited. Each consultation states the IDT (Interdisciplinary Team) requested a medication reduction. As of 8/18/15 R1 has not had a medication reduction. On 8/18/15 E2, Residential Services Director, stated R1 has not had a reduction in medication. The psychiatrist has noted R1 is stable and has not reduced his meds.	W 316		