

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

PRINTED: 08/22/2012  
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>08/15/2012</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	W 000			
W 248	<p>Annual Certification Survey - Fundamental Annual Licensure Survey Inspection Of Care</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff at the workshop had access to the IHP (Individual Habilitation Plan) of R3 (1 of 2 residents in the sample attending Day Training A who had IHP staffing on 7/6/12).</p> <p>Findings include:</p> <p>Per 7/6/12 IHP, R3 is a resident with diagnoses including Severe Mental Retardation, History of Seizure Disorder. R3 is on a behavior program for physical aggression, verbal aggression and property destruction.</p> <p>Observation at Day Training A on 8/13/12 include looking for R3's IHP. Program Coordinator E8 and Rehabilitation Supervisor E9 accessed the computer system at 1:15PM looking for R3's IHP and was unable to view R3's program objectives.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) E2 on 8/15/12 at 11:25</p>	W 248			
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 AM states "day training has hard copy of R3's IHP as of 8/15/12. Spoke with computer tech E10 who said something might have been deleted or not saved accidentally."	W 248			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure there is a written consent for medication used for behavior for R3 (1 of 2 residents in the sample taking medication for behavior).  Findings include:  Per 7/6/12 IHP (Individual Habilitation Program), R3 is a resident with diagnoses including Severe Mental Retardation and History of Seizure Disorder. R3 is on a behavior program for physical aggression, verbal aggression and property destruction.  R3 is prescribed Depakote, Xanax and Abilify for behavior reasons per August 2012 Physician's Order Sheet. R3's record do not include a consent for Depakote.  RSD (Residential Services Director) E1 stated on 8/14/12 at 3:00 PM "R3 should have all of her consents..." On 8/15/12 at 10:10 AM E1 stated "Z1 (state guardian) was here yesterday and	W 263			

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W 263	Continued From page 2 signed the consent for R3's Depakote..." R3's consent for Depakote was given on 8/15/12 at 10:15 AM and it is signed by Z1 and dated 8/14/12. E1 validated that R3's consent for Depakote expired in July 2012 and was not consented until 8/14/12 by Z1.	W 263			
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE  The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility's Human Rights Committee failed to review the facility's practice of conducting syphilis (RPR) blood tests annually for 4 of 4 residents in the sample (R1, R2, R3 and R4).  Findings include:  Per 6/6/12 Inspection Of Care Form, level of function of residents are: R1 and R2 - Moderate M.R. (Mental Retardation) R3 - Severe M.R. R4 - Profound M.R.  Per August 2012 Physician's Order Sheets, R1, R2, R3 and R4 has orders to have yearly RPR tests.	W 264			

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W 264	Continued From page 3 R1 had RPR test on 7/26/12. R2 had RPR test on 6/27/12. R4 had RPR test on 2/29/12. And R3 had RPR test on 6/28/12 and 11/09/11.  Interview with Residential Services Director E1 and Qualified Mental Retardation Professional E2 on 8/14/12 at 3:20 PM regarding reason for RPR testing for R1, R2, R3 and R4 states "we always do that, it's part of their annual since I came in this facility (in mid 1990's). All the residents get tested for RPR, it's part of their orders. Maybe old medical director started ordering it back in the 1990's. R3's RPR was done two times because R3 might have refused RPR when she was supposed to..."	W 264		