

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

PRINTED: 08/06/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>EL VALOR RESIDENCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1931 WEST 19TH STREET CHICAGO, IL 60608</b>		
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W 000	INITIAL COMMENTS	W 000			
W 153	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to report to the Department of Public Health (DPH) 1 of 1 peer-to-peer incident of physical aggression that occurred between 1 of 4 individual in the sample (R3) and 1 of 8 individual outside the sample (R7) during transportation to workshop site.</p> <p>Findings include:</p> <p>Special Incidents Form (dated 2/13/14) reads, "when transportation to the workshop... R7 sat next to R3. R3 started screaming and swearing and punched R7 in the right leg repeatedly. R3 also pinched R7 on the right leg. R3 tried to hit R7 in the face. Staff [E9 (Direct Support Professional) and E10 (Driver)] directed R7 out of the van. R7 has a small scratch on upper cheek and a tiny scratch on ear. R7 has 3 scratches on leg ranging from 2 to 3 inches long." Illness / Accident Report notes the date and time of injury as, "2/13/14, 9:30 a.m."</p>	W 153		4/25/14	

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 153	Continued From page 1	W 153			
W 248	<p>On 4/15/14, at 1:48 p.m., when asked if the incident between R3 and R7 was reported to DPH, E1 (Director of Community Services) stated, "No, it was not reported. It's my first time seeing it."</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 interview, observation and record review, the facility failed to ensure a copy of the current Individualized Service Plan (ISP) is available at the residential and workshop settings for 1 of 4 individuals in the sample (R4).</p> <p>Findings include:</p> <p>R4 is an individual whose level of function is Profound Intellectual Disability with Seizure disorder as a related condition per the 6/21/13 Inspection Of Care Form provided on 4/15/14.</p> <p>R4's record at the workshop setting on 4/16/14 approximately at 10:15 AM did not include a copy of the current ISP. QIDP (Qualified Intellectual Disability Professional) E11 was asked about the current ISP of R4 on 4/16/14 at 10:26 AM and stated "there is no current ISP but R4 just had an annual staffing."</p>	W 248		4/28/14	

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W 248	Continued From page 2 R4's record at the residential setting did not include the current ISP. R4's monthly QIDP Notes for the month of February 2014 listed data tracked for maladaptive behaviors of elopement, stealing, false accusations, non-compliance and verbal aggression.  Director of Community Services (E1) was asked to provide surveyor with R4's ISP and stated "the QIDP (E5) is on vacation and E5 has his laptop. The ISP should be in the records of R4 at this time. R4 had staffing on 2/18/14."	W 248			
W 253	483.440(e)(2) PROGRAM DOCUMENTATION  The facility must document significant events that are related to the client's individual program plan and assessments.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility does not have documentation of significant events related to recorded maladaptive behaviors for 3 of 4 individuals in the sample who have identified maladaptive behaviors (R1, R2 and R4).  Findings include:  1. R1's 3/7/14 Individualized Service Plan lists target maladaptive behaviors of Verbal Aggression (VA) and Untrue Statements (US). Verbal aggression includes name calling and swearing. Untrue statements are statements about peers stealing money from R1 and hitting R1.  Collected frequency of R1's target behaviors from	W 253		5/14/14	

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W 253	<p>Continued From page 3</p> <p>July 2013 through January 2014 include:            July 2013: VA - 102, US - 69            August 2013: VA - 12, US - 25            September 2013: VA - 79, US - 112            October 2013: VA - 0, US - 0            November 2013: VA - 86, US - 111            December 2013: VA - 59, US - 51            January 2014: VA - 103, US - 89.</p> <p>2. R2's 10/18/13 Individualized Service Plan lists maladaptive behaviors of Self-Injurious Behavior, Physical Aggression and Socially Offensive Behavior as target behaviors. Self-injurious behaviors (SIB) include R2 bends his fingers backwards, hits his stomach, bite his hands, pick his skin, pinch tip of his fingers. Physical aggression (PA) include strike others, bend their fingers, refuse to let go of their arms, bang on objects. Socially offensive behaviors (SOB) include invading others space by getting too close to (their) face or touching them.</p> <p>Collected frequency of R2's target behaviors from July 2013 through January 2014 include:            July 2013: PA - 20, SOB - 74, SIB - no data            August 2013: PA - 10, SOB - 21, SIB - no data            September 2013: PA - 48, SOB - 2, SIB - no data            October 2013: PA - 17, SOB - 7, SIB - no data            November 2013: PA - 22, SOB - 49, SIB - 0            December 2013: PA - 0, SOB - 12, SIB - 28</p> <p>Director of Community Services E1 was asked on 4/16/14 at 11:15 AM about documentation of relevant information regarding the frequencies reported from July 2013 through January 2014. And E1 was asked if any of the untrue statements reported were reported and treated as any other allegation of abuse or mistreatment. E1 stated "Qualified Intellectual Disability Professional E5 is</p>	W 253			

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W 253	<p>Continued From page 4</p> <p>on vacation. Information regarding relevant information is with E5. E5 was called and (I) left a voice message."</p> <p>BSP (Behavior Support Plan) dated 2/1/13, describes R4's target behaviors as the following:</p> <p>Non-Compliance -</p> <ol style="list-style-type: none"> <li>1. Refusal to get out of bed in the morning</li> <li>2. Refusal to use the bathroom...</li> <li>3. Refusal to take her medication</li> <li>4. Refusal to eat breakfast, lunch, dinner</li> <li>5. Refusal to go to the workshop in the mornings</li> <li>6. Refusal to engage in activities in the workshop</li> <li>7. Refusal to leave the workshop at the end of the day</li> <li>8. Refusal to complete activities of Daily Living</li> <li>9. Refusal to comply with various workshop... rules...</li> <li>10. Refusal to follow directions or requests from staff...</li> </ol> <p>False Accusations - accuse staff and / or clients of false events / behaviors..</p> <p>Elopement - leave the facility or workshop with or without permission, and with or without telling staff that she is leaving</p> <p>Verbal Aggression - engage in verbal aggression in the form of swearing and threatening both staff and clients in either English or Spanish</p> <p>Stealing - take items (e.g., food, magazines, money) from staff or clients without their permission and without them knowing.</p> <p>Behavior Tracking Sheet for R4 reads the following for Data Codes: "1 - Noncompliance, 2 - False Accusation, 3 - Elopement, 4 - Verbal</p>	W 253			

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W 253	Continued From page 5 Aggression, 5 - Stealing  R4's QSP (Qualified Support Professional) Notes records the number of target behaviors that occurred as following for 3 months: February 2014: Non-compliance - 6, False Accusations - 6, Elopement - 0, Verbal Aggression - 4, Stealing - 5 January 2014: Non-compliance - 56, False Accusations - 8, Elopement - 2, Verbal Aggression - 5, Stealing - 10 December 2013: Non-compliance - 47, False Accusations - 61, Elopement - 0, Verbal Aggression - 18, Stealing - 1  R4's record lacked information on the details of the behavioral occurrences, such as, if the behavior occurred against a staff or a client.  On 4/17/14, at 11:35 a.m., E1 (Director of Community Services) confirmed that significant information related to behavioral occurrences was not documented in the record for R4.	W 253			
W 317	483.450(e)(4)(ii) DRUG USAGE  Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to have a drug reduction of a medication used for behavior reasons in the past year unless otherwise contraindicated	W 317			5/30/14

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W 317	Continued From page 6 for 1 of 4 individuals in the sample who take medications for behavior reasons(R1).  Findings include:  R1's Individualized Service Plan (ISP) dated 3/7/14 lists Risperidone 0.5 mg once a day for behavior reasons. R1's ISP listed the target maladaptive behaviors of Verbal Aggression and Untrue Statements.  R1's December 2012 Physician's Order Sheet listed Risperidone 0.5 mg once a day since 12/25/2012.  There is no documentation found of a contraindication for an annual reduction of R1's Risperidone dose.  Interview with E1 (Director of Community Services) on 4/16/14 at 11:15 regarding last change in dosage of R1's Risperidone includes "will have to call and ask Qualified Intellectual Disability Professional E5 but E5 is on vacation."	W 317			
W 340	483.460(c)(5)(i) NURSING SERVICES  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility staff did not wash her hands after assisting residents during the morning medication pass on	W 340		4/25/14	

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W 340	Continued From page 7 4/16/14 impacting 2 residents outside of the sample (R5 and R6).  Findings include:  Direct support person (DSP) E4 called R5 into the medication room on 4/16/14 approximately at 6:50 AM for med pass. E4 did not wash her hands before assisting R5 when E4 just assisted another individual. R5 was prompted to pull his medication cards and cup from the med cart. E4 checked the medication cards against the medication administration record (MAR) then asked R5 questions related to each drug while E4 held the medication cards.  Approximately at 6:55 AM, E4 called R6 into the medication room on 4/16/14 for medication pass. E4 did not wash her hands before assisting R6 when E4 just assisted R5. R6 pulled her medication cards and cup from the medication cart. E4 checked each medication card against the MAR before giving it up to R6 who punched out each medication.  E4 was asked on 4/16/14 at 7:11 AM on whether she washes her hands in between residents assisted. E4 stated "yes, (I) usually try to get residents to handle their own meds (medications) and they punch them out so I don't handle meds too much." E4 then proceeded to wash her hands in the sink.	W 340			
W 382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING  The facility must keep all drugs and biologicals locked except when being prepared for administration.	W 382		5/14/14	

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W 382	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility staff failed to ensure the two medication storage containers located in the office were locked at all times when not in use impacting 2 of 2 individuals outside the sample (R5, R6).</p> <p>Findings include:</p> <p>The medication pass is done in the office directly accessible via two doors. Individual medications are stored in two separate containers. There is a red medication cart and a beige filing cabinet. Morning medication pass was by Direct Support Person (DSP) E4 on 4/16/14 from 6:39 AM through 6:59 AM. E4 left the office (with both doors open) with the red med cart unlocked at 6:40 AM. Again at 6:45 AM, E4 left the office with the red med cart and beige filing cabinet unlocked.</p> <p>Interview with E4 on 4/16/14 at 7:11 AM on whether the red and beige med storage containers can be locked include "both (containers) can be locked and the keys are in a locked storage box." E4 then locked both med storage containers before leaving the office.</p>	W 382			