

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

PRINTED: 02/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/11/2015
NAME OF PROVIDER OR SUPPLIER HAMMETT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1845 - 1ST AVENUE STERLING, IL 61081		
(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 125	<p>Annual Certification - Fundamental Survey</p> <p>Inspection of Care</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of four in the sample (R4) that the facility allow and encourage individual clients to exercise their rights as clients of the facility.</p> <p>Findings include:</p> <p>Per record review of the Individual Service Plan dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Chronic Conjunctivitis.</p> <p>During observations on 2-9-14 to 2-10-14 this surveyor observed R4 sitting in a wheel chair with a gait belt on with a lap buddy across her lap. During observations staff were observed to remove this lap buddy to transfer her to a chair and to also ambulate her to the bathroom. R4 when sitting in the wheelchair always had the lap buddy when observed.</p>	W 125			

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 125	<p>Continued From page 1</p> <p>Per record review of the Consultation Report dated 4-21-14, R4 recommendation is a lap buddy to prevent falling out of chair.</p> <p>Per record review of the Behavior Management Resident Rights Committee dated 1-29-15 is written R4 does utilize a lap buddy which was implemented due to repeated falls.</p> <p>Per record review of the Health and History Assessment dated 5-15-14 is written R4 musculoskeletal does move all 4 quads, ambulates with use of wheel chair, one person assist with transfer and use of gait belt with all transfers. Frequent falls from wheel chair and has a lap buddy in place and is effective with keeping her safe in wheel chair. Can walk a few steps with staff assistance.</p> <p>Per record review of the Quarterly Health Status Review dated 11-30-14 is written for R4 does use a wheelchair 100% of the time.</p> <p>Per interview with E1 (Administrator) on 2-10-15 at 11:30 A.M. when asked what is the purpose of the lap buddy, E1 stated it is to prevent falls and leaning forward in the chair. When asked if this was considered as a restraint, E1 stated that this was reviewed by the behavior rights committee and can be potential seen as one. When asked what is the documentation of when the lap buddy is used, E1 replied for R4 it is used as a seat belt and is not documented as on or off since she has a potential for bruising. When asked if the wheel chair is used as needed, E1 replied R4 can transfer and that the wheel chair is used for long distances. E1 stated that R4 has the ability to walk with a gait belt and to say for her to be in the wheel chair 100% of the time takes away her</p>	W 125			

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W 125	Continued From page 2 ability to do that. When asked what is her ambulation status, E1 replied she can transfer and take a few steps with gait belt assistance. E1 stated that the nursing documentation of wheel chair 100% would be inaccurate documentation.	W 125			
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample (R4) that a comprehensive functional assessment identify the clients specific developmental needs. Findings include: Per record review of the Individual Service Plan dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Chronic Conjunctivitis. Per record review of the Physician Order Sheet dated 2-1-15 to 2-28-15 is written for R4 ancillary order of a hospital bed with side rails for positioning. The physician order sheet for screenings and annual exams for R4 is written annual pap and mammogram deferred. During observation on 2-10-15 at 11:30 A.M. R4 was observed to have a standard bed not a hospital bed. Per interview with E1 (Administrator) on 2-10-15 at 11:33 A.M. when asked what type of bed R4	W 214			

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W 214	Continued From page 3 has, E1 replied a standard bed. When presented with the Physician Order Sheet ancillary order for R4, E1 replied that is not accurate there is no reason for her to have one. When asked what was the reason for R4 to have an annual pap and mammogram deferred, E1 replied that R4 does not tolerate those procedures. This surveyor was not given any documentation as for an assessment to identify the need for a hospital bed or to identify the need for an annual pap or mammogram deferral.	W 214			
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 that the specially constituted committee contain at least two community representatives who have no ownership or controlling interest in the facility for 2 of 4 sample clients, R1 & R2, who both receive behavior altering medications. Findings include: According to his Individual Service Plan, (ISP), dated 6-13-14, R1 is a 30 year old man who has a mild intellectual disability and whose diagnosis	W 261			

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W 261	Continued From page 4 includes Autism. According to his ISP dated 5-23-14, R2 is a 33 year old man who has a moderate intellectual disability and whose diagnosis includes Bipolar Disorder. During a review of 2014 Behavior Management/Resident Rights Committee minutes and the 4 attached signature sheets for them, during which the committee reviewed and approved R1 & R2's behavior altering medications, 2 meetings had two community representatives present, (4-16-14 & 7-16-14) and 2 meetings had only one community representative in attendance (1-15-14 & 10-15-14). During an interview on 2-10-15 at 330pm, Administrator E1 said she was working on getting another Community Representative on the Behavior Management Committee but at this point they only had the one Community Representative.	W 261			
W 268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for one of one in the sample (R4) who use a protective cloth for dinner that all policies and procedures promote the growth, development, and independence of the client.	W 268			

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W 268	Continued From page 5 Findings include: Per record review of the Individual Service Plan dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Dysfunctional Chorea. During observations on 2-9-15 at 5:20 P.M. this surveyor observed R4 dine with 2 towels as protective cloths one wrapped around her neck area and the other placed on her lap. Per interview with E1 (Administrator) on 2-10-15 at 11:50 A.M. when asked if R4 dines with a protective cloth, E1 replied no and that there is no order for her to dine with a protective cloth.	W 268			
W 295	483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of four in the sample (R4) that the facility employ physical restraints only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. Findings include: Per record review of the Individual Service Plan	W 295			

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W 295	<p>Continued From page 6</p> <p>dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Chronic Conjunctivitis.</p> <p>During observations on 2-9-14 to 2-10-14 this surveyor observed R4 sitting in a wheel chair with a gait belt on with a lap buddy across her lap. During observations staff were observed to remove this lap buddy to transfer her to a chair and to also ambulate her to the bathroom. R4 when sitting in the wheelchair always had the lap buddy when observed.</p> <p>Per record review of the Consultation Report dated 4-21-14, R4 recommendation is a lap buddy to prevent falling out of chair.</p> <p>Per record review of the Behavior Management Resident Rights Committee dated 1-29-15 is written R4 does utilize a lap buddy which was implemented due to repeated falls.</p> <p>Per record review of the Health and History Assessment dated 5-15-14 is written R4 musculoskeletal does move all 4 quads, ambulates with use of wheel chair, one person assist with transfer and use of gait belt with all transfers. Frequent falls from wheel chair and has a lap buddy in place and is effective with keeping her safe in wheel chair. Can walk a few steps with staff assistance.</p> <p>Per record review of the Quarterly Health Status Review dated 11-30-14 is written for R4 does use a wheelchair 100% of the time.</p> <p>Per interview with E1 (Administrator) on 2-10-15 at 11:30 A.M. when asked what is the purpose of the lap buddy, E1 stated it is to prevent falls and</p>	W 295			

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W 295	Continued From page 7 leaning forward in the chair. When asked if this was considered as a restraint, E1 stated that this was reviewed by the behavior rights committee and can be potential seen as one. When asked what is the documentation of when the lap buddy is used, E1 replied for R4 it is used as a seat belt and is not documented as on or off since she has a potential for bruising. When asked if the use of the lap buddy is on the Physician Order Sheet, E1 replied it is possible that it is not on there. There is no documentation on the Physician order sheet for the use of a lap buddy. When asked if the use of the lap buddy is on the Individual Service Plan on 6-13-14, E1 stated that she was not certain if it was on the ISP or a special staffing for it. This surveyor was not given any documentation that the use of a lap buddy was identified in the Individual Service Plan for R4.	W 295			
W 302	483.450(d)(4) PHYSICAL RESTRAINTS A client placed in restraint must be released from the restraint as quickly as possible. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of four in the sample (R4) that a client placed in restraint must be released from the restraint as quickly as possible. Findings include: Per record review of the Individual Service Plan dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Chronic Conjunctivitis.	W 302			

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W 302	<p>Continued From page 8</p> <p>During observations on 2-9-14 to 2-10-14 this surveyor observed R4 sitting in a wheel chair with a gait belt on with a lap buddy across her lap. During observations staff were observed to remove this lap buddy to transfer her to a chair and to also ambulate her to the bathroom. R4 when sitting in the wheelchair always had the lap buddy when observed.</p> <p>Per record review of the Consultation Report dated 4-21-14, R4 recommendation is a lap buddy to prevent falling out of chair.</p> <p>Per record review of the Behavior Management Resident Rights Committee dated 1-29-15 is written R4 does utilize a lap buddy which was implemented due to repeated falls.</p> <p>Per record review of the Health and History Assessment dated 5-15-14 is written R4 musculoskeletal does move all 4 quads, ambulates with use of wheel chair, one person assist with transfer and use of gait belt with all transfers. Frequent falls from wheel chair and has a lap buddy in place and is effective with keeping her safe in wheel chair. Can walk a few steps with staff assistance.</p> <p>Per record review of the Quarterly Health Status Review dated 11-30-14 is written for R4 does use a wheelchair 100% of the time.</p> <p>Per interview with E1 (Administrator) on 2-10-15 at 11:30 A.M. when asked what is the purpose of the lap buddy, E1 stated it is to prevent falls and leaning forward in the chair. When asked if this was considered as a restraint, E1 stated that this was reviewed by the behavior rights committee and can be potential seen as one. When asked</p>	W 302			

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W 302	Continued From page 9 what is the documentation of when the lap buddy is used and when it is removed, E1 replied for R4 it is used as a seat belt and is not documented as on or off since she has a potential for bruising. When asked how often does she use this lap buddy, E1 replied fairly regular. When asked who puts it on, E1 replied staff assist with it. When asked who removes it, E1 replied R4 has taken it off occasionally but the majority of the time is staff.	W 302			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample (R4) that the facility provide preventive and general medical care. Findings include: Per record review of the Individual Service Plan dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Dysfunctional Chorea. Per record review of the Physical Exam is dated on 11-14-13 for R4. This surveyor was not given any documentation of a hearing evaluation or physical exam for R4 in 2014. Per interview with E1 (Administrator) on 2-10-15 at 11:50 A.M. when asked when was last physical exam and hearing evaluation, E1 stated that the	W 322			

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W 322	Continued From page 10 hearing evaluation was to be done with the physical exam and that a physical exam for 2014 could not be provided at this time.	W 322			
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one outside the sample (R5) that takes a medication after breakfast and dinner that all medications are administered without error. Findings include: Per record review of the Physician Order Sheet dated 2-1-15 to 2-28-15, R5 is a 40 year old female who functions in the Mild Range of Intellectual Disability. R5's diagnoses includes Hypertension and Obsessive Compulsive Disorder. During observations on 2-9-15 at 4:50 P.M. R5 was observed to get her Fluoride Rinse and than back to the medication room to get her oral balance gel by E2 (Direct Support Person). At 5:20 P.M. R5 was observed to be eating her dinner. Per record review of the Physician Order Sheet dated 2-1-15 to 2-28-15, is written for R5 Act Fluoride Rinse to rinse after brushing (use before oral balance). The POS also states for R5 Biotene Oral balance gel apply locally to mouth 2	W 369			

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W 369	Continued From page 11 times a day after breakfast and dinner (use after mouth wash). Per interview with E2 (Direct Support Person) on 2-10-15 at 3:13 P.M. when asked if R5 was supposed to get her medication after dinner, E2 replied that R5's dinner was getting late and she was going to the library after dinner. E2 stated this medication is usually given after dinner, but since she was unaware of making the one hour window of when to give the medication, she gave the medication before dinner.	W 369			
W 484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of four in the sample (R4) that the facility equip areas with eating utensils designed to meet the developmental needs of each client. Findings include: Per record review of the Individual Service Plan dated 6-13-14, R4 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Hypertension and Chronic Conjunctivitis. During observations on 2-9-15 at 5:20 P.M. R4 was observed to dine with 2 regular cups. Per record review of the Speech / Language	W 484			

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NAME OF PROVIDER OR SUPPLIER HAMMETT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1845 - 1ST AVENUE STERLING, IL 61081		
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W 484	<p>Continued From page 12</p> <p>dated 1-17-15 is written under summary and recommendations that R4 should be encouraged to continue to self feed, but only as can be done safely. Since R4 is impulsive, it would be suggested that she might benefit from a metered cup in order to reduce the amount that the patient can receive during one drink presentations. Otherwise care givers are to continue to cue, encourage, and / or assist the patient with feeding/ drinking as is needed and appropriate.</p> <p>Per interview with E1 (Administrator) on 2-10-15 at 11:28 A.M. when asked if R4 has a metered cup, E1 replied "I don't think so".</p>	W 484			