

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

PRINTED: 05/21/2014
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 04/16/2014	
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			
	Annual Certification - Fundamental Survey						
	Annual Licensure						
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS			W 153			
	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.						
	This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that all allegations of mistreatment, neglect or abuse were reported in accordance with State law through established procedures for 1 of 1 client outside the sample, R5.						
	Findings include:						
	According to the Inspection of Care Information form dated 6-6-13, R5 is a 73 year old woman who has a severe intellectual disability.						
	During a review of an investigation dated 2-10-14; it contained a staff statement written by Direct Support Person E5 dated 2-7-14 in which E5 was asked about another DSP E6. E5 said that R5 "despises (E6). I've never heard anything about (E6) being mean to (R5). (R5) just does not like her. (R5) has me put a clean bra on her in the evening because (E6) will not help her with it in						

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 the morning." There is nothing else in the investigation to indicate that this allegation was followed up or that it was reported in accordance with State law through established procedures. During an interview on 4-15-14 at 3:45pm Administrator E1 said that she had not found any other documentation of any further follow up on this issue or that it had been reported through established procedures. They had been focused on the details of the original investigation and they did not investigate the statement above. E1 said "we missed it."	W 153			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that all allegations were thoroughly investigated for 1 of 1 client outside the sample, R5. Findings include: According to the Inspection of Care Information form dated 6-6-13, R5 is a 73 year old woman who has a severe intellectual disability. During a review of an investigation dated 2-10-14; it contained a staff statement written by Direct Support Person E5 dated 2-7-14 in which E5 was asked about another DSP E6. E5 said that R5 "despises (E6). I've never heard anything about (E6) being mean to (R5). (R5) just does not like her. (R5) has me put a clean bra on her in the	W 154			

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W 154	Continued From page 2 evening because (E6) will not help her with it in the morning." There is nothing else in the investigation to indicate that this allegation was followed up. During an interview on 4-15-14 at 3:45pm Administrator E1 said that she had not found any other documentation of any further follow up on this issue. They had been focused on the details of the original investigation and they did not investigate the statement above. E1 said "we missed it."	W 154			
W 194	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. 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 R2 that staff demonstrate the skills and techniques necessary to implement program plans for clients who they are responsible for. Findings include: Per record review of the Individual Service Plan dated 7-16-13, R2 is a 32 year old female who functions in the Severe Intellectual Disability Range. R2's diagnoses includes Down Syndrome and Autistic Disorder. During observations on 4-15-14 from 7:40 A.M. to 8:00 A.M. this surveyor observed E3 (Cook)	W 194			

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W 194	Continued From page 3 pre-plate R2's food of English Muffin and ham with jelly, open her cereal box and open a sugar packet and put it in her cereal, and poured R2's drinks of milk and orange juice. Per record review of the Individual Service Plan dated 7-16-13 is written R2 has full active range of motion and normal tone in upper extremities. R2's hand function is adequate. R2 is independent clearing the table and rinsing her dishes after meals. R2 feeds herself. Per interview with E3 (Cook) on 4-15-14 at 8:17 A.M. when asked if R2 can scoop her own food, E3 replied usually they scoop it for her. When asked if R2 can pour her own drinks, E3 replied she has never seen her pour her own drinks. When asked if R2 can plate her own food, E3 replied if scooping she could but she does not. When asked if R2 could put her own sugar packet on her cereal E2 replied she might be able to do that and I probably could have let her do that. Per interview with E1 (Administrator) on 4-16-14 at 2:25 P.M. stated that R2 has skills to plate her own food and pour her own drinks.	W 194			
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review and interview the facility	W 336			

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W 336	Continued From page 4 failed to ensure for one of four in the sample R4 that nursing services included a nursing quarterly health status. Findings include: Per record review of the Individual Service Plan dated 4-23-13, R4 is a 47 year old male who functions in the Severe Intellectual Disability Range. R4's diagnoses includes Autism and History of Seizures. Per record review of the Nursing Health Status review is as follows: A Health History and Assessment was completed on 3-31-14 for R4. R4 had a Physician Exam on 8-12-13. A Quarterly Health Status Review was completed on 6-12-13. Per record review a Quarterly Health Status Review was completed on 12-11-12. This surveyor was not given a Nursing Quarterly Health Status Review for December 2013 or March 2013. Per interview with E1 (Administrator) on 4-15-14 at 2:30 P.M. stated that they might have pulled the quarterly into bulk file but that they might not have the quarterly unfortunately. E1 reviewed bulk file and stated that she did not have those nursing quarterlies for R4.	W 336			
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for four of four in the sample (R1,	W 440			

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W 440	Continued From page 5 R2, R3, and R4) and 12 of 12 outside the sample (R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, and R16) that evacuation drills are at least quarterly for each shift of personnel. Findings include: Per record review of the Facility Roster dated 4-14-14, R1, R6, R7, R8, and R9 function in the Mild Intellectual Disability Range. R2, R3, R10, R11, R12, R13, R14, and R15 function in the Moderate Intellectual Disability Range. R4, R5, and R16 function in the Severe Intellectual Disability Range. Per record review of the Fire Report Drills is as follows: A drill was done on 3-18-13 at 9:49 P.M. with the next drill for second shift being 7-29-13 at 8:33 P.M. On 7-7-13 at 6:43 A.M. a first shift fire drills was done with the next first shift drill being on 11-10-13. This surveyor was not given any documentation of a second shift drill for the months of April, May and June of 2013. A first shift fire drill was not given for the months of August, September, and October 2013. Per interview with E1 (Administrator) on 4-16-14 at 2:30 P.M. stated that she would try to locate those drills. E1 was not able to locate fire report drills for those months and shifts. .	W 440			
W 473	483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for one of four in the sample (R2)	W 473			

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W 473	<p>Continued From page 6 that food be served at appropriate temperature.</p> <p>Findings include:</p> <p>Per record review of the Individual Service Plan dated 7-16-13, R2 is a 32 year old female who functions in the Severe Intellectual Disability Range. R2's diagnoses includes Down Syndrome and Autistic Disorder.</p> <p>During observations on 4-15-14 from 7:00 A.M. to 8:00 A.M. this surveyor observed R2 eating her breakfast at 7:55 A.M. At 7:00 A.M. the food was brought to the tables for clients to eat. R2 was observed sitting in a chair rocking. At 7:55 A.M. R2 was observed eating her English muffin and ham. R2's food was not heated up prior to eating.</p> <p>Per interview with E3 (Cook) on 4-15-14 at 8:17 A.M. when asked how do you maintain the temperature of the food E3 replied usually we put it in the microwave but it was broken today.</p>	W 473			