STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G116	A. BUILDING _____ B. WING _____	R 05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMOND HOUSE	**6701 SOUTH MORGAN CHICAGO, IL 60621**

(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 LICENSURE SURVEY INSPECTION OF CARE	W 000		
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 maintain privacy for 4 of 4 in the sample, R1, R2, R3 and R4, and for 9 of 9 outside the sample including R5, R6, R7, R8, R9, R10, R11, R12 and R13 by posting individuals first and last name with private information. Findings include: In the kitchen area it was observed on 5/21/2015 at 7:55am a posting titled, The name of the facility Diets and Allergies List 3/15. This list include R1, R2, R3 and R4,R5, R6, R7, R8, R9, R10, R11, R12 and R13 first and last name. For R1 it listed, Mechanical soft diet; milkshake with dinner; allergy: Tetracycline. For R2, Regular diet, No known allergies. For R3, Regular diet; milkshake and double portions; No known allergies. For R4, Mechanical soft diet (No seeds, nuts, caffeine); No known allergies. Subsequent personal information regarding diet and allergies was listed for R5, R6, R7, R8, R9, R10, R11, R12 and R13.	W 125		5/28/15

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

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W 125	Continued From page 1 A second posted was observed in the kitchen area titled, Residents that require high - sided plates and \or clothing protector during mealtime. It noted for R6, R1, R10 and R4 a high - sided plate and clothing protector. For R2 and R3 it listed a high - sided plate. In the laundry room on 5/21/2015 at 7:55am surveyor observed a posting visible to anyone in there laundry room titled, The facility's weekly hair washing schedule listed the time\day and the first and last name of R2, R10 and R11. On 5/21/2015 at 8:00am E3, Qualified Intellectual Disability Professional, stated these postings were an oversight and they would be corrected.	W 125		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure specific objectives are provided to meet the needs of the individuals when ; 1) Personal grooming items were kept in the locked electrical room affecting 4 of 12 individuals inside of the sample (R1-R4) and 9 individuals outside of the sample (R5-R13) and; 2) A bilateral hearing aid is kept locked in the medication room for R3 who requires the use of an adaptive device. Individuals affected do not have access to a key. This affected 1 of 1	W 227		5/28/15

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W 227	Continued From page 2 individuals inside of the sample. Findings include: 1) Observations were conducted in the home on 5/19/15 at 1:50pm. Surveyor observed a hanging garment size bag with individual pockets containing grooming items consisting of combs and brushes for R1-R13 hanging inside of the locked electrical room of the facility . An interview was held with E1 (Director) on 5/20/15 at 1:45pm in the dining room area of the home. E1 confirmed that the residents do not have a key and have to ask staff to gain entry into the electrical room. 2) Record review of facility "Integrated Progress Notes/Medical/Nursing" dated 10/14/14 stated that R3 requires the use of bilateral hearing aids and agreed to their use. R3 has been wearing her hearing aids since 10/14/14 and takes them out at night before bathing and gives them to staff. Review of R3's Individual Program Plan does not show that R3 has an objective to teach her how to use the adaptive devices correctly without losing them. An interview was held with E1 (Director) on 5/21/15 at 11:00am in the dining room area of the home. E1 confirmed that the hearing aids for R3 are kept in the locked medication room because R3 will misplace them, however R3 has not misplaced her hearing aids in the home. R3 does not have a key to access the medication room. E1 stated that R3 has misplaced her hearing two times while on home visit. The facility failed to devices correctly without losing them.	W 227		

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W 227	Continued From page 3 An interview was held with E1 (Director) on 5/21/15 at 11:00am in the dining room area of the home. E1 confirmed that the hearing aids for R3 are kept in the locked medication room because R3 will misplace them, however R3 has not misplaced her hearing aids in the home. R3 does not have a key to access the medication room. E1 stated that R3 has misplaced her hearing two times while on home visit. The facility failed to ensure specific objectives are provided to meet the needs of individuals served.	W 227		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Specially Constituted Committee /Human Rights Committee (HRC) reviewed , monitored and approved restrictive techniques prior to their implementation when 1) Personal grooming items were kept in the locked electrical room affecting 4 of 12 individuals inside of the sample (R1-R4) and 9 individuals outside of the sample (R5-R13) and; 2) A bilateral hearing aid is kept locked in the medication room for R3 who requires the use of an adaptive device. Individuals affected do not have access to a key. This affected 1 of 1 individuals inside of the sample. Findings include:	W 262		5/28/15

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W 262	Continued From page 4 1) Observations were conducted in the home on 5/19/15 at 1:50pm. Surveyor observed a hanging garment size bag with individual pockets containing grooming items consisting of combs and brushes for R1-R13 hanging inside of the locked electrical room of the facility . An interview was held with E1 (Director) on 5/20/15 at 1:45pm in the dining room area of the home. E1 confirmed that the residents do not have a key and have to ask staff to gain entry into the room. 2) Record review of facility "Integrated Progress Notes/Medical/Nursing" dated 10/14/14 stated that R3 requires the use of bilateral hearing aids and agreed to their use. R3 has been wearing her hearing aids since 10/14/14 and takes them out at night before bathing and gives them to staff. Review of R3's record does not show HRC consent prior to implementation of the restrictive device for R3. An interview was held with E1 (Director) on 5/21/15 at 11:00am in the dining room area of the home. E1 confirmed that the hearing aids for R3 are kept in the locked medication room because R3 will misplace them, however R3 has not misplaced her hearing aids in the home. R3 does not have a key to access the medication room. E1 stated that R3 has misplaced her hearing two times while on home visit. The facility failed to ensure that the Specially Constituted Committee /Human Rights Committee (HRC) reviewed , monitored and approved restrictive techniques prior to implementation.	W 262		

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W 263	Continued From page 5	W 263		
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 record review and interview, the facility failed to ensure that written informed consent was obtained from the guardian for the use of restrictive techniques prior to their implementation when 1) Personal grooming items were kept in the locked electrical room affecting 4 of 12 individuals inside of the sample (R1-R4) and 9 individuals outside of the sample (R5-R13) and; 2) A bilateral hearing aid is kept locked in the medication room for R3 who requires the use of an adaptive device. Individuals affected do not have access to a key. This affected 1 of 1 individuals inside of the sample. Findings include: 1) Observations were conducted in the home on 5/19/15 at 1:50pm. Surveyor observed a hanging garment size bag with individual pockets containing grooming items consisting of combs and brushes for R1-R13 hanging inside of the locked electrical room of the facility . An interview was held with E1 (Director) on 5/20/15 at 1:45pm in the dining room area of the home. E1 confirmed that the residents do not have a key and have to ask staff to gain entry into the room.	W 263		5/28/15

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W 263	Continued From page 6 2) Record review of facility "Integrated Progress Notes/Medical/Nursing" dated 10/14/14 stated that R3 requires the use of bilateral hearing aids and agreed to their use. R3 has been wearing her hearing aids since 10/14/14 and takes them out at night before bathing and gives them to staff. Review of R3's record does not show that guardian consent was obtained prior to implementation of the restrictive technique. An interview was held with E1 (Director) on 5/21/15 at 11:00am in the dining room area of the home. E1 confirmed that the hearing aids for R3 are kept in the locked medication room because R3 will misplace them, however R3 has not misplaced her hearing aids in the home. R3 does not have a key to access the medication room. E1 stated that R3 has misplaced her hearing two times while on home visit. The facility failed to ensure that written informed consent was obtained from the guardian for the use of restrictive techniques prior to implementation.	W 263		