

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

PRINTED: 03/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEARLES GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3310 SEARLES AVENUE</b> <b>ROCKFORD, IL 61101</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 149	<p>Incident Report Investigation 3-4-15 / IL 75534 483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>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 (R2) that written policies and procedures are implemented to prohibit mistreatment, neglect, or abuse of the client.</p> <p>Findings include:</p> <p>Per record review of the Client Roster dated 10-28-14 is written R1 is a 55 year old male who functions in the Profound Range of Intellectual Disability. R1's diagnoses includes Seizure Disorder, Autism, and Dementia.</p> <p>Per record review of the Client Roster dated 10-28-14 is written R2 is a 71 year old female who functions in the Profound Range of Intellectual Disability. R2's diagnoses includes Cerebral Palsy, Bilateral Cataracts and History of Subcutaneous Cysticercosis.</p> <p>Per record review of the Psychological Consultation dated 11-13-14 is written R1 has had self injurious behaviors and property destruction that were largely resolved by 2002.</p> <p>Per record review of the Individual Service Plan dated 5-14-14 is written R1 has engaged in the</p>	W 149			

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 149	<p>Continued From page 1</p> <p>following maladaptive behaviors: hitting others and objects, bite his hands or throw objects. He may also poke his eyes and will break his glasses often if he has the opportunity. R1 can usually be calmed down by offering him to play the piano/ keyboard. He loosely choked a peer in the past.</p> <p>Per record review of the Peer to peer aggression summary dated 3-4-15 is written R2 scooted her chair back to get out of her chair, R1 turned around wrapped both hands around her neck, started choking her then he put his mouth to her head and then biting her. Staff immediately broke R1's grip and brought R2 to the medication office and escorted him to a chair.</p> <p>Per record review of the Health / Medical Status Notes on 3-4-15 is written R2 was choked by R1. He also had his mouth on her head. R2 whole left side by her eye is red / purple, looked like maybe some popped blood vessels in eye.</p> <p>Per record review of the Injury Report dated 3-4-15 written by E4 (Direct Support Person) states that R2 was choked and bit on the head by R1 and R1's fingers in the eye socket of R2. R2 was moved to the medication office. The staff working were E5 (Direct Support Person), E6 (Direct Support Person), and E4 (DSP). The report states that the injury was caused by R1 and is written to check all that apply but only bite is checked. The location of the injury on the body is left eye with the size being whole left eye, color is red / purple width 2 inches and length 2.5 inches. The nursing assessment is written that the nurse checked R2's eyes and neck with no injury noted. The assessment does not include checking the head of R2 for the bite.</p>	W 149			

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W 149	<p>Continued From page 2</p> <p>Per record review of the Chronological Progress Notes are as follows: 2-20-15 R1 yelled bit his hand, 2-22-15 R1 was biting his hand multiple times, 3-2-15 R1 bit his hand several times, 3-2-15 R1 was out of it today bit his hand and screamed several times, 3-4-15 R1 irritated bit hand, 3-4-15 R1 choked R2 and also had his mouth on her head trying to bite. Left marks on peer, immediately separated.</p> <p>Per record review of the Facility Developmental Training dated 3-10-15 is written R1 monitor progress notes and unusual behavior. The training does not include documentation of R1 biting to self or others.</p> <p>Per record review of the Resident Assistance / Supervision Procedures dated 3-9-15 is written R1 has a history of aggression. He does not like changes in his routine / plans. R1 should not be aware of outings ahead of time in case they get changed or canceled as he will get agitated. R1 may become over excited or agitated. The procedure is for staff to inform R1 of the outing only just before the outing is to occur due to the chance of the outing being canceled. Staff will acknowledge the conversation but will not persevere on the topic. The procedure does not document for what the process will be if R1 bites his hand or attempts to bite other individuals.</p> <p>Per interview with E1 Administrator on 3-10-15 at 11:00 A.M. acknowledged that the facility did not updated R1's Individual Service Plan to include biting to others and that interventions and process for R1's biting or choking was developed for staff implementation.</p> <p>Per record review of the Individual to Individual</p>	W 149			

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W 149	Continued From page 3 Abuse Procedure dated 1/08 is written the facility will proactively advocate for the safety of the individuals served and investigate any safeguards in place that may be unsuccessful assuring individuals are free from serious and immediate threat to their physical and psychological health and safety. The procedure is to regularly monitor incidents, monitoring for trends or patterns, and update individual service plans as needed. The facility failed to monitor the incidents of R1 for any pattern or trend when R1 had increased agitation of biting his hand 2-20-15, 2-22-15, 3-2-15, 3-3-15, and 3-4-15. The facility failed to updated R1's individual service plan when he bit R2.	W 149			
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 for one of four in the sample R2 that all alleged violations are thoroughly investigated.  Findings include:  Per record review of the Client Roster dated 10-28-14 is written R1 is a 55 year old male who functions in the Profound Range of Intellectual Disability. R1's diagnoses includes Seizure Disorder, Autism, and Dementia.  Per record review of the Client Roster dated 10-28-14 is written R2 is a 71 year old female who functions in the Profound Range of Intellectual Disability. R2's diagnoses includes	W 154			

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W 154	<p>Continued From page 4</p> <p>Cerebral Palsy, Bilateral Cataracts and History of Subcutaneous Cysticercosis.</p> <p>Per record review of the Psychological Consultation dated 11-13-14 is written R1 has had self injurious behaviors and property destruction that were largely resolved by 2002.</p> <p>Per record review of the Individual Service Plan dated 5-14-14 is written R1 has engaged in the following maladaptive behaviors: hitting others and objects, bite his hands or throw objects. He may also poke his eyes and will break his glasses often if he has the opportunity. R1 can usually be calmed down by offering him to play the piano/ keyboard. He loosely choked a peer in the past.</p> <p>Per record review of the Peer to peer aggression summary dated 3-4-15 is written R2 scooted her chair back to get out of her chair, R1 turned around wrapped both hands around her neck, started choking her then he put his mouth to her head and then biting her. Staff immediately broke R1's grip and brought R2 to the medication office and escorted him to a chair.</p> <p>Per record review of the Health / Medical Status Notes on 3-4-15 is written R2 was choked by R1. He also had his mouth on her head. R2 whole left side by her eye is red / purple, looked like maybe some popped blood vessels in eye.</p> <p>Per record review of the Injury Report dated 3-4-15 written by E4 (Direct Support Person) states that R2 was choked and bit on the head by R1 and R1's fingers in the eye socket of R2. R2 was moved to the medication office. The staff working were E5 (Direct Support Person), E6 (Direct Support Person), and E4 (DSP). The</p>	W 154			

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W 154	<p>Continued From page 5</p> <p>report states that the injury was caused by R1 and is written to check all that apply but only bite is checked. The location of the injury on the body is left eye with the size being whole left eye, color is red / purple width 2 inches and length 2.5 inches. The nursing assessment is written that the nurse checked R2's eyes and neck with no injury noted. The assessment does not include checking the head of R2 for the bite. The assessment does not include other injuries like bruise or scratch that R2 might have sustained from other documentation.</p> <p>Per record review of the Chronological Progress Notes are as follows: 2-20-15 R1 yelled bit his hand, 2-22-15 R1 was biting his hand multiple times, 3-2-15 R1 bit his hand several times, 3-2-15 R1 was out of it today bit his hand and screamed several times, 3-4-15 R1 irritated bit hand, 3-4-15 R1 choked R2 and also had his mouth on her head trying to bite. Left marks on peer, immediately separated. The facility failed to identify the information of left marks on R2.</p> <p>Per record review of the Facility Developmental Training dated 3-10-15 is written R1 monitor progress notes and unusual behavior. The training does not include documentation of R1 biting to self or others.</p> <p>Per record review of the Resident Assistance / Supervision Procedures dated 3-9-15 is written R1 has a history of aggression. He does not like changes in his routine / plans. R1 should not be aware of outings ahead of time in case they get changed or canceled as he will get agitated. R1 may become over excited or agitated. The procedure is for staff to inform R1 of the outing only just before the outing is to occur due to the</p>	W 154			

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W 154	Continued From page 6 chance of the outing being canceled. Staff will acknowledge the conversation but will not persevere on the topic. The procedure does not document for what the process will be if R1 bites his hand or attempts to bite other individuals.  Per interview with E1 Administrator on 3-10-15 at 11:00 A.M. acknowledged that the facility could have investigated and documented the possible injuries of R2 better. E1 acknowledged that the facility could have had more written statements of staff for this incident.	W 154		