

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

PRINTED: 09/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/14/2016
NAME OF PROVIDER OR SUPPLIER CHAMNESS SQUARE			STREET ADDRESS, CITY, STATE, ZIP CODE 340 HERITAGE DRIVE BOURBONNAIS, IL 60914		
(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 148}	<p>FOLLOW UP TO COMPLAINT INVESTIGATION C/O #1673583 / IL86551 Survey of 6/30/16 483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: REPEAT</p> <p>Based on record review and interview, the facility failed to ensure that reproducible documentation of guardian notifications is available for 1 of 1 incident (incident dated 9/7/16) involving 4 clients (R1, R2, R3 and R4).</p> <p>Findings include:</p> <p>The facility's GP-15 (progress note) dated 9/7/16 at 10:00pm was reviewed. Under state what happened, it includes; "I (E3, Direct Support Person (DSP)) and co worker E4 (DSP) were in the living room folding towels when we overhear an argument between R3 and R1 who were back in the boys side of the house. When asked what the problem was, R4 stated, "R3 was recording his roommate (R1) naked in the bathroom."</p> <p>The facility's safety committee minutes dated 9/8/16 was reviewed. Under the summary of incident it includes; "DSP (E3) records that on 9/7/16 at approximately 10:05pm, two staff</p>	{W 148}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/20/2016

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 148}	<p>Continued From page 1</p> <p>members (E3 and E4) were folding towels in the living room when they overheard arguing on the east side of the facility. Staff asked R4 to come up to the living room and asked what was going on. R4 then stated that R3 had taken videos of R1 naked with his electronic tablet device. Staff then asked R3 if she could view the tablet, then staff skimmed through and saw videos of the male individuals in the bathroom naked toileting (R2) and showering (R1). There were also videos of R2 on the toilet and R3 talking sexual inappropriately to the other male residents..."</p> <p>Further review of the progress notes under Follow up, showed a note written by E5 (Qualified Intellectual Disability Professional (QIDP), stating; "Guardians notified ..."</p> <p>Surveyor asked whose guardians were notified since the progress note only includes R1, R3 and R4, E2 (QIDP) from another home does not have the answer. Facility tried calling E5 since 9/13/16 but unfortunately had no luck in reaching E5. E2 on 9/14/16 at 12:13pm verified that the facility does not have any reproducible evidence to show whose guardians were notified regarding the incident.</p>	{W 148}			