

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

PRINTED: 10/31/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK EAST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008</b>		
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W 000	INITIAL COMMENTS	W 000			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL				
	ANNUAL LICENSURE SURVEY				
	INSPECTION OF CARE				
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy was maintained for 2 of 2 in the sample, R1 and R2, and for 3 of 3 outside the sample, R4, R6 and R8 at the day training site.  Findings include:  Observations were conducted at the day training site on 20/25/24. Surveyor observed posted in 3 different classrooms, area A, area B and area C, which included the first and last names of R1, R2, R4, R6 and R8. This posting was from the Northwest Special Recreation Association and was a listing of who was enrolled.  Interview with E9, Client A Service Manager, at 10:35 am stated it came from the Association this way but is easily correctable.	W 130			
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE	W 255			

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 255	<p>Continued From page 1</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to modify the program plan when objective criteria is met impacting 1 of 1 individual in the sample with the restriction of a locked closet (R3).</p> <p>Findings include:</p> <p>R3 is an individual with restrictions including locked closets which were discussed at the 4/22/14 Inter Disciplinary Team (IDT) meeting. The IDT deemed the locked closets is still needed by R3 per 4/22/14 Client Behavior Program. This behavior program identifies an objective for closet foraging: throwing away own shoes and clothes into the garbage. R3's objective criteria for closet foraging is "have zero incidents of throwing shoes and clothes into the garbage per month for six consecutive months by 5/15."</p> <p>R3's data from June 2013 through August 2014 includes zero occurrence per month from February 2014 through August 2014, seven months of zero displayed closet foraging. R3 has met the objective for seven months, above the set criteria of six months. R3 remains on this restriction and there has been no modification in the program.</p>	W 255			

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W 255	Continued From page 2 R3's program objective and data were reviewed with Administrator E1 on 10/16/14 at 12:00 PM and E1 validated that the criteria has been met seven months in a row.	W 255			
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 1 of 3 in the sample, R1, the restrictive technique of 1 on 1 staffing was removed from R1's behavior intervention plan since it is no longer effect.  Findings include:  Record review notes R1 has a behavior plan dated 7/3/14 which targets the maladaptive behaviors of verbal agitation and physical aggression. In the section titled Previous Preventative Measures includes the statement, "In 4/10, her (R1) 1 on 1 staff supervision was faded to during transition times only.  Interview with E1, Administrator, was asked if 1 on 1 supervision was in effect for R1. E1 stated R1's supervision level is same room and 1 on 1 staffing is no longer being done. E1 was asked if R1 does not have a 1 on 1 during transition times why is it still part of R1's behavior plan. E1 agreed	W 289			

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W 289	Continued From page 3	W 289			
W 317	<p>it should be removed from R1's behavior plan.</p> <p>483.450(e)(4)(ii) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 1 of 1 in the sample, R1, who receives pre-sedation medication prior to medical/dental appointments receives programming to reduce the need for pre-sedation.</p> <p>Findings include:</p> <p>Record review of the Medication Administration Record (MAR) for R1 notes she received 5mg tab 1 hour before a dental appointment on 1/23/14. The MAR documents R1 received Diazepam 10mg 1 hour prior to a mammogram on 6/17/14.</p> <p>R1's Individual Service Plan dated 3/3/14 does not include programming to reduce the need for pre - sedation. Interview with E1, Administrator, on 10/16/14 at 1:55 pm stated R1 is not receiving programming to reduce the need for pre-sedation.</p>	W 317			
W 340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health</p>	W 340			

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W 340	<p>Continued From page 4</p> <p>measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by:</p> <p>2) Observations were conducted at the residential site on 10/15/14 from 7:25 am thru 8:45 am. At 7:30 am E4, Direct Service Person DSP, was observed picking up the toast of R6 and buttering and placing jelly onto the toast. E4 was not observed to cleanse her hands prior to touching R6's toast. E4 had been observed to touch plated, glasses, pitchers of liquids and chairs prior to touching R6's toast.</p> <p>At 7:55 am E4 was asked if she had cleaned her hands prior to touching R6's toast. E4 stated she used hand sanitizer prior to touching other individuals toast but did not for R6. E4 stated, "I have to make sure my hands are clean."</p> <p>3) At 7:30 am E3, DSP, was observed to place butter and jelly on R5's toast. E3 had been observed touching a variety of objects prior to touching R5's food and had not cleansed her hands.</p> <p>At 7:33 am E3 was asked if she was aware she had touched R5's toast without cleaning her hands stated, "I'll have to make sure it doesn't happen again."</p> <p>Based on observation and interview, the facility failed to ensure:</p> <p>A. Personal hygiene items and specimen collection hats were labeled when left in the shower room and tub rooms.</p> <p>B. Direct support person's washed their hands before handling food items during the breakfast</p>	W 340			

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W 340	Continued From page 5 meal observation on 10/15/14.  Findings include:  A. Observation in the North wing shower room include unlabeled hair brushes, an unlabeled comb, one unlabeled nail clipper and one unlabeled deodorant stick on 10/14/14 at 3:15 PM. Direct Support Person, DSP, E5 validated on 10/14/14 at 3:28 PM that the above personal items were not labeled and owners of the hygiene items were unknown.  In the South wing tub room, an unlabeled pink scrub puff was in the tub area. In the South wing shower room were three unlabeled specimen collection hats that were located on the floor of the room, under the sink. DSP E6 was asked about who owns the scrub puff and the specimen collection hats. E6 validated at 3:55 PM on 10/14/14 that the pink puff and collection hats were not labeled. E6 validated that the specimen collection hats are used when there's a need to collect urine from individuals.	W 340			
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure individuals received the prescribed diet impacting 2 of 4 individuals in the sample (R2 and R3) and 3 individuals outside of the sample (R5, R6 and	W 460			

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W 460	<p>Continued From page 6 R7).</p> <p>Findings include:</p> <p>Dinner observation on 10/14/14 from 5:30 PM through 6:15 PM include Direct Support Persons E5, R6 and E8 assisting with the dinner meal. E5 and E6 were assisting in the dining area and E8 was preparing the food going out into the dining area from the kitchen.</p> <p>Direct Support Person E5 served shredded cheese on the plates of R5, R6 and R7. R2's glass was empty until the end of her meal when surveyor asked E5 and E6 about her liquids. E5 and E6 validated that R2 gets cranberry juice in the morning and is asked for her drink of choice at dinner. R2 was provided milk and cranberry juice after surveyor asked DSPs.</p> <p>R3 scooped one portion of the rice, pepper and onion and one portion (two tortilla and chicken on each tortilla) of the main entree. E5 and E6 were asked about R3's double portions and both validated that R3 can ask for more.</p> <p>R6 took two tortillas and applied the chicken, peppers, onions, cheese, sour cream, lettuce and tomato on each tortilla. R6 started to eat the pineapple chunks served. E5 was asked if</p> <p>Per Facility list of diets provided on 10/14/14 at 11:00 AM: R2 is on Calorie Restricted, Mechanical Soft diet with cranberry juice two times a day. R3 is on Mechanical Soft diet, double portions of entree, starch and vegetables at dinner time. R5 is on Calorie Restricted diet with no cheese.</p>	W 460			

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W 460	Continued From page 7 R6 is on Low concentrated Sweets diet, no cheese. R7 is on No Added Salt, No Concentrated Sweets, No cheese diet.  Administrator E1 validated on 10/16/14 at 12:00 PM that the Facility list of diets provided on 10/14/14 is the diet information obtained from the individual's Physician Order Sheets. And that the other information should be provided for the respective individuals.	W 460			