

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

PRINTED: 12/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G204		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/24/2015	
NAME OF PROVIDER OR SUPPLIER CLEARBROOK EAST				STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008			
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W 000	INITIAL COMMENTS			W 000			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL						
	ANNUAL LICENSURE SURVEY						
W 125	INSPECTION OF CARE 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 interview and record review, the facility failed to ensure guardianship was obtained for 1 of 4 clients in the sample (R3) in need of a guardian. Findings include: R3, per review of her clinical record, was admitted to the facility on 7/10/15. R3 is identified as being her own guardian. A 30 day staffing was held on 8/7/15 and R3's diagnoses is identified as Severe Intellectual Disability, Cerebral Palsy and Anxiety Disorder. There is no documentation of R3's guardianship status. A Psychological Evaluation was completed on 10/21/10 for R3. The Psychological Evaluation identified that R3 has an IQ of 38 which is in the Moderate range of Intellectual Disabilities. The Psychologist documented that R3 relies heavily in her sister for assistance in making decisions.			W 125			

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 125	Continued From page 1 The Psychologist documented that the issue of guardianship should be discussed with the family. An adaptive behavior assessment was completed on 12/3/14 for R3. R3's score is 3 years 3 months indicating that R3's adaptive skills are in the Profound range. E1 (Administrator) was interviewed on 11/19/15 at 10:15am. E1 was asked if the IDT (Inter Disciplinary Team) assessed R3's need for a guardian. E1 reviewed R3's 8/7/15 30 day staffing and R3's previous IPP (Individual Program Plan) from her previous placement and stated the IDT has not addressed R3's need for a guardian. E1 stated the facility has no assessed R3's need for a guardian. E1 stated that R3's current IPP does not address guardianship for R3.	W 125			
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement their policy to prevent neglect of 1 of 1 client outside the sample (R6) when the facility failed to provide 30 minute checks on 11/1/15. Findings include: The facility's policy titled, "Client Treatment Policy" last revised December 2013 was reviewed. The facility's policy defines neglect as: "Neglect is defined as: The failure to provide	W 149			

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W 149	<p>Continued From page 2</p> <p>adequate medical or personal care or maintenance, which failure results in physical or mental injury to an individual or in the deterioration of an individual's physical or mental condition. When care takers do not give a person the care or the foods or services needed to avoid harm or illness."</p> <p>A Facility Incident Report dated 11/1/15 was reviewed. The Incident Report describes that R6's sister was visiting, on 11/1/15, and noticed that R6 was having difficulty breathing. 911 was called and R6 was taken to the hospital and admitted with sepsis.</p> <p>E7 (DSP - Direct Support Person) documented that R6 was found with shortness of breath by her sister around 9:45am and she (sister) called the ambulance.</p> <p>E1 (Administrator) documented that no investigation will be completed.</p> <p>The facility completed an Incident Report, dated 11/6/15, that notes at approximately 3:30pm R6's sister / guardian notified the facility that R6 passed away (11/6/15) at the hospital. The Incident Report notes that R6 was previously admitted to the hospital on 11/1/15 and was diagnosed with Pneumonia and Sepsis.</p> <p>The facility documented that on 11/1/15 a staff member (E7) checked on R6 at approximately 8am and noted that R6 was sleeping. On 11/1/15 at approximately 9:43am R6's sister called 911 as R6 was sweating and had difficulty breathing.</p> <p>E1 (Administrator) was interviewed on 11/17/15 at 1:10pm. E1 verified the facility did not complete an investigation for the 11/1/15 allegation that R6 was neglected when staff did not visually check</p>	W 149			

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W 149	Continued From page 3 on R6 on the morning of 11/1/15. E1 stated that staff were supposed to check on R6 every 30 minutes. R6's 8/27/15 IPP (Individual Program Plan) documents that R6 was on a 30 minute roll call check. The facility's policy title, "Policy on Supervision of Residents" last revised February 2008, was reviewed. The Policy notes roll call will be conducted every 15 minutes unless otherwise specified in the IPP. R6's IPP identifies that R6 was on a 30 minute roll call on 11/1/15. E1 verified, 11/17/15 at 1:10pm that staff (E7) did not perform 30 minute roll call on R6 on 11/1/15 when she was discovered by her sister sweating and with shortness of breath.	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 interview and record review, the facility failed to thoroughly investigate allegations of abuse, neglect and an injury of unknown origin involving 2 clients in the sample (R1 and R2) and 2 clients outside the sample (R4 and R6). Findings include: 1) A facility Incident Report dated, 9/3/15 involving R2, was reviewed. The Incident Report describes that R2 was discovered by a staff, at her day program, lying next to her boyfriend	W 154			

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W 154	<p>Continued From page 4</p> <p>(client from another facility) and both of their pants were down. R2 would not report what specifically had occurred so R2's guardian asked that R2 be examined at the Emergency Room. The Incident Report also notes a pregnancy test was completed and was negative. The IDT (Inter Disciplinary Team) will meet to discuss appropriate work behavior and a need for sexuality training.</p> <p>Day Training staff documented, on the Incident Report, that they had gone to the patio to find R2 who had not returned from lunch. Staff saw R2 laying on a blanket with her pants / underwear around her ankles. Client 2 (male) was on one knee getting up with his pants / underwear around his knees.</p> <p>E1 (Administrator) was interviewed on 11/17/15 at 1:10pm. E1 identified that R2's guardians are her parents.</p> <p>E1 was asked if the facility has any further information regarding an investigation on the above noted sexual incident. E1 stated the facility did not do an investigation because it was R2's boyfriend that she was found with at Day Training.</p> <p>E1 was asked why R2 was sent to the Emergency Room, after being found naked with her boyfriend. E1 stated that R2's mother wanted R2 to have a pregnancy test and to receive the Plan B pill.</p> <p>The facility failed to investigate this incident of potential sexual abuse.</p> <p>R2's 7/16/15 IPP (Individual Program Plan) was reviewed. The IPP notes that a sexuality assessment was completed for R2 and R2 is not sexually active.</p>	W 154			

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W 154	<p>Continued From page 5</p> <p>2) A Facility Incident Report dated 11/1/15 was reviewed. The Incident Report describes that R6's sister was visiting, on 11/1/15, and noticed that R6 was having difficulty breathing. 911 was called and R6 was taken to the hospital and admitted with sepsis.</p> <p>E7 (DSP - Direct Support Person) documented that R6 was found with shortness of breath by her sister around 9:45am and she (sister) called the ambulance.</p> <p>E1 (Administrator) documented that no investigation will be completed.</p> <p>The facility completed an Incident Report, dated 11/6/15, that notes at approximately 3:30pm R6's sister / guardian notified the facility that R6 passed away (11/6/15) at the hospital. The Incident Report notes that R6 was previously admitted to the hospital on 11/1/15 and was diagnosed with Pneumonia and Sepsis.</p> <p>The facility documented that on 11/1/15 a staff member (E7) checked on R6 at approximately 8am and noted that R6 was sleeping. On 11/1/15 at approximately 9:43am R6's sister called 911 as R6 was sweating and had difficulty breathing. The facility documented that E7 would be re-trained on completing proper morning procedures.</p> <p>E1 (Administrator) was interviewed on 11/17/15 at 1:10pm. E1 verified the facility did not complete an investigation for the 11/1/15 allegation that R6 was neglected when staff did not visually check on R6 on the morning of 11/1/15. E1 stated that staff were supposed to check on R6 every 30 minutes.</p> <p>3) A facility Incident Report, dated 4/19/15, was</p>	W 154			

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W 154	<p>Continued From page 6</p> <p>reviewed. The Incident Report notes E8 (DSP - Direct Support Person) heard screaming and found R4 in the bathroom. R4 stated the toilet was loose and complained of shoulder pain. E8 did not observe any bruising and then assisted R4 back to bed.</p> <p>E1 (Administrator) documented, on the Incident Report, that no investigation will be completed. It is also documented on the Incident Report that R4 was taken to the Emergency Room where an X-ray was completed. R4 was admitted to the hospital and diagnosed with a fractured knee.</p> <p>E1 was interviewed on 11/18/15 at 1:28pm. E1 verified no investigation was done when R4 was found to have an injury of unknown origin (fractured knee).</p> <p>Nursing staff documented, on 4/19/15 that direct care staff notified nursing that R4 fell and client states the toilet handles were loose. On 4/19/15 at 7:55am R4 complaining of severe pain in her knee and won't bear weight. On 4/19/15 at 1:30pm nursing documented that R4 was diagnosed with a fractured knee.</p> <p>The facility failed to investigate R4's injury (fractured knee) to address the documentation that the toilet handles were loose and may have been a factor in R4 falling and fracturing her knee.</p> <p>4) A facility Incident Report, dated 7/27/15, was reviewed. On 7/27/15 during the morning bus route R1 reported to E8 (DSP - Direct Support Person) that E7 (DSP) cursed at her and would not help her in the bathroom on the evening of 7/26/15.</p>	W 154			

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W 154	<p>Continued From page 7</p> <p>E9 (QAF - Quality Assurance Facilitator) interviewed R1 for the facility's investigation. E9 documented the following: R1 confirmed that she informed E8 on 7/27/15 that E7 cursed at her and did not help her in the bathroom on 7/26/15. R1 stated that on 7/26/15 at approximately 8:30pm E7 entered the bathroom and told R1 to get her pajamas on. R1 stated that she got her top on but was having difficulty with the bottoms. R1 stated that E7 returned to the bathroom and stated, "Sh***" and told R1, "When I get back, you should be dressed." R1 stated that she informed E7 that she was having difficulty with her bottoms. E7 stated, "Do you really need to wear the bottoms." R1 stated that she did not respond and thought to herself - "Fine I do not need to wear my bottoms." R1 stated she then went into her bedroom and E7 told her to get in bed. R1 stated that E7 is aware that she can not get into bed by herself. R1 started to cry and E7 asked her why she was crying. R1 stated that she did not respond because E7 knew why she was crying. E9 interviewed E7 who denied cursing at R1 and stated that she assisted R1 on the evening of 7/26/15.</p> <p>E9 documented the allegations that R1 made are not substantiated. E9 documented that E7 denied the allegations and there were no witnesses to the allegations. E9 documented that R1 was assisted to her bed by E7 in her briefs and without her pajama bottoms.</p> <p>The facility's investigation of R1's allegations were not thoroughly investigated. E9 documented R1's allegations are not substantiated. However, E9 also documented that R1 was put to bed without her pajama bottoms on.</p>	W 154			

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W 225 W 225	<p>Continued From page 8</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure vocational assessments that address work interests, work skills, work attitudes, work - related behavior, and present and future employment options were completed for 4 of 4 clients in the sample (R1, R2, R3 and R4).</p> <p>Findings include:</p> <p>R1 and R2 were observed at their Day Training program on 11/18/15 at 10:10am. R1 and R2 were not engaged in any work activity. R2 was sitting at a table with Thanksgiving pictures that she said she was going to color. R1 was sitting at a table unengaged.</p> <p>E5 (job coach) was interviewed 11/18/15 at 10:20am and was asked if R2 has any current objectives that she is working on at her Day Training program. E5 stated that R2 does not have any goals / objectives at this program. E5 was asked what R2 does during the day if there is no production work available. E5 stated that if no work is available then R2 participates in down time activities.</p> <p>E6 (QIDP - Qualified Intellectual Disabilities Professional - at Day Training) was interviewed on 11/18/15 at 10:30am. E6 verified that R2 does not have any goals / objectives at Day Training. E6 stated that R2 has been referred for</p>	W 225 W 225			

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W 225	Continued From page 9 community employment services. E6 was asked if R1 has any goals / objectives at Day Training. E6 stated that R1 has an objective for toothbrushing. R2's clinical record was reviewed, there is no documentation of Vocational Assessment. On 11/18/15 at 12:50pm, E1 (Administrator) stated that the Day Training program completes an assessment title, "Individual Eligibility Evaluation". E1 provided a copy of R2's assessment that was completed on 7/16/15. R2's assessment notes that R2's productivity is substandard and that R2 is sensitive and has difficulty accepting criticism. It is also noted that R2 needs job coaching to master more difficult jobs with multiple steps. The assessment does not identify R2's work skills, work interests and present and future employment options. The assessment does not identify R2's needs for future community employment services. R1, R3 and R4's clinical records were reviewed. There is no documentation of a Vocational Assessment that addresses their work skills, work interests and present and future employment options. E1 (Administrator) was interviewed on 11/20/15 at 12:05pm. E1 verified the facility does not have Vocational Assessments for R1, R2, R3 and R4 that assess their complete Vocational needs.	W 225			
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.	W 227			

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W 227	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the IPP (Individual Program Plan) identifies specific objectives to address the vocational needs of 2 of 4 clients in the sample (R1 and R2).</p> <p>Findings include:</p> <p>R1 and R2 were observed at their Day Training program on 11/18/15 at 10:10am. R1 and R2 were not engaged in any work activity. R2 was sitting at a table with Thanksgiving pictures that she said she was going to color. R1 was sitting at a table unengaged.</p> <p>E5 (job coach) was interviewed 11/18/15 at 10:20am and was asked if R2 has any current objectives that she is working on at her Day Training program. E5 stated that R2 does not have any goals / objectives at this program. E5 was asked what R2 does during the day if there is no production work available. E5 stated that if no work is available then R2 participates in down time activities.</p> <p>E6 (QIDP - Qualified Intellectual Disabilities Professional - at Day Training) was interviewed on 11/18/15 at 10:30am. E6 verified that R2 does not have any goals / objectives at Day Training. E6 stated that R2 has been referred for community employment services.</p> <p>E6 was asked if R1 has any goals / objectives at Day Training. E6 stated that R1 has an objective for toothbrushing.</p>	W 227			

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W 227	Continued From page 11 R2's 7/16/15 IPP was reviewed. R2 does not have any objectives identified to be implemented at the Day Training program. R1's 6/22/15 IPP was reviewed. R1 has an objective to brush her teeth after lunch at the Day Training program.	W 227			
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 interview and record review the facility failed to ensure written informed consent was obtained for 1 of 2 clients in the sample (R1) that receives medication for behavioral purposes. Findings include: Review of R1's clinical record (face sheet) noted that R1 was admitted to the facility on 5/28/15. R1 is identified as her own guardian (legally competent). Review of R1's November 2015 POS (Physician's Order Sheet) notes that R1 is prescribed Paxil 30mg 1 tablet at 8am. A "Psychotropic Medication Consent Form" dated 6/22/15 and signed by R1 on 6/22/15 identifies that R1 is currently receiving Paxil 20mg for Anxiety. Further review of R1's record notes that R1 was not receiving 20mg of Paxil on 6/22/15 when she	W 263			

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W 263	Continued From page 12 signed the consent form. R1 was receiving 30mg of Paxil - same as her current dosage. The consent form is witnessed by facility staff as well as the facility's Human Rights Committee members. The facility failed to ensure that R1 was informed of the correct dosage of her medication. E1 (Administrator) was interviewed on 11/19/15 at 11:40am. E1 stated R1 was admitted to the facility (5/28/15) on her current dose of Paxil (30mg).	W 263			
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a desensitization program was developed, as an integral part of the IPP (Individual Program Plan) for 1 of 1 client in the sample (R3) receiving medication for pre-sedation purposes. Findings include: R3's November 2015 POS (Physician's Order Sheet) was reviewed. R3 has the following order: "Diazepam 10mg tablet, take 1 tablet by mouth 1 hour before dental appt. for anxiety." R3's 30 day staffing, dated 8/7/15, was reviewed.	W 312			

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W 312	Continued From page 13 There is no documentation in R3's IPP (Individual Program Plan) that identifies R3 has a desensitization program to address the use of Diazepam for pre-sedation purposes prior to dental appointments. E1 (Administrator) was interviewed on 11/18/15 at 12:50pm. E1 verified that R3 does not have a desensitization objective to address the use of Diazepam for pre-sedation purposes.	W 312			
W 317	483.450(e)(4)(ii) DRUG USAGE 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. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop a medication reduction plan that identifies specific criteria for the reduction for 1 of 2 clients in the sample (R1) that receives medication for behavioral purposes. Findings include: Review of R1's November 2015 POS (Physician's Order Sheet) notes that R1 is prescribed Paxil 30mg 1 tablet at 8am. R1's 7/1/15 Behavior plan identifies a targeted behavior of Anxiety for the use of Paxil. R1's medication reduction plan identifies that if R1 has 0 incidents of Anxiety for 10 consecutive months then Paxil will be reduced unless contraindicated. There is no specific medication reduction criteria	W 317			

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W 317	Continued From page 14 identified.	W 317			
W 365	<p>E1 (Administrator) was interviewed on 11/18/15 at 12:50pm. E1 reviewed R1's 7/1/15 Behavior plan and verified that R1 does not have a medication reduction plan that specifies a dosage reduction.</p> <p>483.460(j)(4) DRUG REGIMEN REVIEW</p> <p>An individual medication administration record must be maintained for each client.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate MAR (Medication Administration Record) is maintained for 4 of 4 clients in the sample (R1, R2, R3 and R4).</p> <p>Findings include:</p> <p>1) R1's MAR's dated June 2015 (6/10/15) thru 10/7/15 were reviewed. There are dates on the MAR's which do not have staff initials that medications were given to R1. Examples include: - 6/10/15 thru 7/9/15 MAR - 6/23/15 8am there is no documentation the following medications were given: Paxil 30mg 1 tablet, Crestor 20mg 1 tablet, Omeprazole 20mg 1 tablet Artificial Tears 2 drops each eye, Tab a Vite 1 tablet. There is no documentation the Tab a Vite was given on 7/7/15 at 8am. Vitamin D was given at 8/15 at 8am, Artificial Tears are not documented as given on 7/21/15 8am and 8/3, 8/7 and 8/8/15 at 8pm. Keflex is not documented as given on 7/3 at 8pm, 7/4, 7/5 and 7/6/15 at 8am and 8pm. Meloxicam 7.5mg is not documented as given on 8/7/15 at 8am. Acetaminophen 500mg is not documented as</p>	W 365			

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W 365	<p>Continued From page 15 given on 7/7/15 at 4pm. Ocusoft Lid Scrub - both eyes - twice daily is not documented as being done 23 times from 7/10/15 thru 8/8/15.</p> <p>Review of R1's MAR's dated 8/9/15 thru 9/7/15 noted that staff did not document that R1's 9 different medications were given on 5 different dates. Review of R1's MAR's dated 9/8/15 thru 10/7/15 noted that staff did not documented that R1's 9 different medications were given on 5 different dates.</p> <p>2) R2's MAR'S dated July 2015 thru 10/7/15 were reviewed. There are dates on the MAR's which do not have staff initials that medications were given to R2. Examples include: - 7/10/15 thru 8/8/15 MAR - There is no documentation that R2 received Multi-Vitamin on 7/14/15 and 8/6/15. Also Oyster Shell 500 with D on 7/14, 8/3, 8/6 and 8/7/15 is not documented as given. Lidex ointment for Psoriasis rash is not documented as given on 10 different dates. - 8/9/15 thru 9/7/15 MAR - There is no documentation that R2's medications of Oyster Shell and Multi Vitamin were given on 3 different dates. R2's Lidex ointment is not documented as given on 14 different dates. - 9/8/15 thru 10/7/15 MAR - There is no documentation that R2's medications Oyster Shell and Multi Vitamin were given on 4 different dates. R2's Lidex ointment is not documented as given on 8 different dates.</p> <p>3) R3's MAR's dated June 2015 thru 10/7/15 were reviewed. There are dates on the MAR's which do not have staff initials that medications</p>	W 365			

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W 365	<p>Continued From page 16</p> <p>were given to R3. Examples include:</p> <ul style="list-style-type: none"> - 6/18/15 thru 7/17/15 MAR - There is no documentation that R3's medications of Celexa 40mg 1 tablet, Miralax Powder 17grams and Senna Plus 2 tablets were received on 2 different dates. - 8/9/15 thru 9/7/15 MAR - There is no documentation that R3's medications of Celexa, Miralax Powder and Senna Plus were given on 5 different dates. - 9/8/15 thru 10/7/15 MAR - There is no documentation that R3's medications of Celexa, Powder and Gavilox OTC Plus were given on 4 different dates. <p>4) R4's MAR's dated July 2015 thru 10/7/15 were reviewed. There are dates on the MAR's which do not have staff initials that medications were given to R4. Examples include:</p> <ul style="list-style-type: none"> - 7/10/15 thru 8/8/15 MAR - There is no documentation that R4's medication of Lasix 40mg 1 tablet, Omeprazole 20mg 1 capsule, Multi Vitamin, Depakote ER 500mg 1 tablet, Fluticasone Prop 50mcg Spray in nostrils, Oyster Shell 500 with D 1 tablet, Keppra 750mg 1 tablet, Gabapentin 800mg 1 tablet and Loratadine 10mg 1 tablet were given on 6 different dates. - Review of R4's 8/9/15 thru 9/7/15 MAR and 9/8/15 thru 10/7/15 MAR noted that staff did not document that R4 received her medications on 6 different dates and 5 different dates. <p>E1 (Administrator) was interviewed on 11/19/15 at 10:55am. E1 stated that she spoke to the Nurse (E2) and E2 stated that if staff's initials are missing on the MAR it means the medications were given, however, staff did not document this on the MAR. E1 stated that E2 reported there have been no medications left, so the</p>	W 365			

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W 365	Continued From page 17	W 365			
W 376	<p>medications were given, however, staff did not accurately complete the MAR.</p> <p>483.460(k)(8) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that drug administration errors and adverse drug reactions are reported immediately to a physician.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure medication errors are immediately reported to the physician affecting 3 of 16 clients (R5, R6 and R7) who resided at the facility.</p> <p>Findings include:</p> <p>The facility documented the following medications errors:</p> <ol style="list-style-type: none"> 1. R6 - On 11/17/15 E2 (nurse) documented that staff did not administer all of R6's morning medications on 11/1/15 because she was asleep. Medications were still not given at 9:30am. The medication errors was discovered on 11/1/15. R6's November 2015 POS (Physician's Order Sheet) was reviewed and R6 did not receive the following medications on the morning of 11/1/15: Vitamin D2 1 capsule, Zyrtec 10mg 1 tablet, Duloxetine HCL 20mg 1 capsule, Glucosamine 2 tablets and Acetaminophen 500mg 1 caplet. E2 did not document that the physician was notified of these medication errors. 2. R5 - On 10/29/15 E2 documented that staff did not administer R5's medication (Bactrim DS) on 8pm on 10/28/15. E2 did not document that the physician was immediately notified of this 	W 376			

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W 376	Continued From page 18 medication error. 3. R7 - On 7/3/15 E3 (DSP - Direct Support Person) documented that when giving R7's 8pm medications on 7/3/15 it was noted that R7's 7/2/15 medications were still intact (not given). The medications not administered on 7/2/15 included; Phenobarbital 64.8mg, Senexon - S tab, Oyster shell 500/200 and Phenobarbital 32.4mg. E3 documented that a nurse and supervisor were contacted. There is no documentation that these medication errors were immediately reported to the physician. E1 (Administrator) was interviewed on 11/17/15 at 1:10pm. E1 verified that the physician was not immediately notified of the above noted medication errors.	W 376			
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 interview and record review, the facility failed to conduct evacuation drills at least quarterly for each shift (no third shift drill for the third quarter of the year) affecting 15 of 15 clients who reside in the facility (R1, R2, R3, R4, R5, R7, R8, R9, R10, R11, R12, R13, R14, R15 and R16). Findings include: The facility's fire / evacuation drills for the past year were reviewed. The facility's fire drills dated, 11/13/14 thru 10/28/15 were reviewed. The facility did not conduct a third shift drill for the	W 440			

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W 440	Continued From page 19 third quarter of the year. E1 (Administrator) was interviewed on 11/17/15 at 1:10pm. E1 reviewed the drills and verified the facility did not conduct a 3rd shift drill during the third quarter of the year.	W 440			
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to conduct varied disaster drills per shift in the past year, affecting 15 of 15 clients who reside in the facility (R1, R2, R3, R4, R5, R7, R8, R9, R10, R11, R12, R13, R14, R15 and R16). Findings include: Per the Illinois Administrative Code Section 350.690 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility...c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to... Review of the facility's fire and disaster drills, dated 11/5/14 thru 7/13/15 noted that the facility did not actually conduct disaster drills affecting 15 of 15 clients at the facility. The facility	W 441			

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W 441	Continued From page 20 documented that discussions were held with the clients, however, the facility did not conduct disaster drills. E1 (Administrator) was interviewed on 11/17/15 at 1:10pm. E1 reviewed the facility's drills and verified the disaster drills documented discussions and did not document that varied disaster drills were conducted.	W 441			
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 1 of 3 clients in the sample (R1) with a specially prescribed diet - received that diet during the breakfast observation. Findings include: Observations of the breakfast meal were conducted on 11/19/15. R1 was observed to receive her breakfast at approximately 8:12am. R1 stated to staff that she did not want dry cereal. R1 was served toast with butter and 2 hard boiled eggs. R1 stated to surveyor that she is only supposed to eat the white part of the eggs. R1 was observed to eat 1 egg and consumed mostly the egg white, however R1 did consume some of the egg yolk. E4 (cook) was interviewed on 11/20/15 at	W 460			

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W 460	<p>Continued From page 21</p> <p>10:30am regarding R1's dietary order. E4 stated that R1 is supposed to receive egg substitutes, however, there were none available today.</p> <p>R1's November 2015 POS (Physician's Order Sheet) was reviewed. R1's diet order notes: "Regular, No cheese/gravy/fried foods/ egg substitute, prune balls 2x week (Monday and Friday)."</p> <p>R1 has a diagnosis of Hypercholesterolemia, per her November 2015 POS.</p> <p>R1 had a Lipid Panel with HDL labs drawn on 7/30/15. R1's labs noted the following:</p> <ul style="list-style-type: none"> - Cholesterol 306H (high) - Reference Range 120 - 200 - Triglycerides 235H (high) - Reference Range 10 - 150 - LDL 204H (high) - Reference Range 50 - 130 	W 460			