

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

PRINTED: 05/12/2014
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 12/19/2013
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 - FUNDMENTAL SURVEY				
	ANNUAL LICENSURE SURVEY				
W 125	INPECTION 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 observation and interview, the facility failed to ensure the rights of 3 of 4 clients in the sample (R1, R2 and R3) and 9 additional clients (R5, R6, R7, R8, R9, R10, R11, R12 and R13) when the facility posted the first and last names of the clients and personal information on a document on a bulletin board in the dining room of the facility. Findings include: On 12/17/13 at approximately 11:40am surveyor observed a documented posted on a bulletin board in the dining room of the facility that identified the following information: "The following residents receive prune balls 2X / week on Monday and Friday for breakfast: R2, R3, R5, R6, R7, R1, R8, R9, R10, R11, R12 and R13."	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 clients first and last names were posted on this document. E1 (Director of Community Services) was interviewed on 12/17/13 at approximately 3:05pm regarding the posting of clients names and personal information. E1 verified that the facility had posted the first and last names of R2, R3, R5, R6, R7, R1, R8, R9, R10, R11, R12 and R13 on a document that identified these clients receive prune balls twice a week for breakfast. E1 verified this personal information was visible to persons in the home including visitors.	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 interview and record review, the facility failed to ensure that 1 of 1 client in the sample (R4) who has been identified to be in need of same room supervision to meet behavioral needs, has an objective to meet these needs. Findings include: R4's clinical programming record was reviewed. On 11/6/13 an Interim Staffing was held by the IDT (Inter Disciplinary Team) to discuss "recent physical aggression. The IDT documented the following: "Behavioral: The team discussed that (R4's) supervision level should be changed to same	W 227			

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W 227	<p>Continued From page 2</p> <p>room supervision when possible. Some of the recent incidents have occurred when (R4) is sitting and others are moving around her. In the past, her aggressive incidents have occurred when she is transitioning from location to location."</p> <p>"Residential: (R4) struck another client during breakfast. The other client said "shut up money" and (R4) struck her on the arm. (R4) struck 2 of her housemates as she was walking around the house."</p> <p>"Recommendations by IDT: When possible, staff should offer same room supervision. Continue to remind and encourage (R4) to eat her meals in the living room when she would like to since the dining room seems to be a difficult location for (R4)."</p> <p>E1 (Director of Community Services) was interviewed on 12/18/13 at 1:27pm regarding R4's IDT recommendations for same room supervision.</p> <p>E1 stated that same room supervision is to be provided for R4 whenever possible due to R4's incidents of physical aggression towards her peers. E1 explained that sometimes staff may have to leave the room to assist another client and therefore same room supervision would not be provided to R4 at that time.</p> <p>E1 was asked about the recommendation for R4 to eat her meals in the living room. E1 stated that R4 would be encouraged or asked to eat her meals in another location (other than dining room) when she is in a heightened state of agitation (which may lead to physical aggression).</p> <p>E1 was interviewed on 12/19/13 at 11:55am. E1 stated that R4's IPP (Individual Program Plan) was not revised to include an objective to address the level of supervision that R4's IDT</p>	W 227			

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W 227	Continued From page 3 recommended on 11/6/13.	W 227			
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 4 of 4 clients in the sample (R1, R2, R3 and R4) and 12 of 12 additional clients (R#'s 5 thru 16) have the opportunity to participate in making their own lunches. Findings include: R2 was observed at the Day Training program on 12/18/13 at approximately 10am. R2 was interviewed and asked if she makes her own lunch to bring to her day program. R2 responded, "Staff does." E1 (Director of Community Services) was interviewed on 12/18/13 at 2:25pm. E1 verified that staff makes the lunches for the clients. E1 was asked if R#'s 1 thru 16 are capable of participating in the lunch making process. E1 stated that all 16 of the clients are capable of participating in the process of making their own lunches.	W 247			
W 316	483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. This STANDARD is not met as evidenced by:	W 316			

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W 316	<p>Continued From page 4</p> <p>Based on record review and interview, the facility failed to ensure medications used for behavior were reduced at least annually for 1 of 3 clients in the sample who use medications to control behavior(R2).</p> <p>Findings include:</p> <p>R2's programming and medical charts were both reviewed. R2 receives Celexa 60mg at 8pm as documented on R3's Medication Administration Record(MAR). Per review of R2's chart, R2 has not had a reduction in her Celexa dosage for two years. Review of R2's Psychiatric Appointment Dictation reports from 8/27/13 states that R2's behavioral data looks good, and staff report she is doing well. The report dictated on 5/21/13 states that R2 had a few crying incidents, but nothing severe. Both reports indicate that R2's Celexa dosage should remain the same, even though her incidents of crying and obsessive-compulsive behavior is low.</p> <p>During an interview with E2(Qualified Intellectual Disability Professional) on 12/18/13 at 2:20pm, E2 was asked why R2's Celexa dosage has not been reduced in the last two years. E3 stated that R2's guardian feels that he his happy with how R2 is acting and feeling, and feels this dosage of Celexa is helping her. E3 was asked if the physician has documented some other place in R2's chart, indicating why the reduction of R2's Celexa would be clinically contraindicated . E3 stated that the documentation that I currently located in R2's chart is the only documentation available, and confirmed that there is no other lengthy explanation from the IDT(Interdisciplinary Team) or physician, as to why it would be clinically contraindicated to reduce R2's Celexa.</p>	W 316			

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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 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: Based on observation and interview, the facility failed to ensure that appropriate health and hygiene measures are in place when staff were observed to use nail care products (nail polish) that is used for 16 of 16 clients (R#'s 1 thru 16) at the residence and for 1 of 1 client (R4) at the day program. The facility also failed to ensure a toothbrush is stored appropriately at the day program affecting 1 of 1 client in the sample (R4).</p> <p>Findings include:</p> <p>On 12/17/13 at 4:35pm E6 (DSP - Direct Support Person) was observed painting R12's fingernails in the living room of the facility. Surveyor observed a bag of nail polish that E6 had taken the nail polish out of to paint R12's fingernails. E6 was asked about the bag of supplies containing nail polish. E6 stated the nail polish belonged to "The House." E6 explained that the nail polish is for anyone who lives at the facility. The facility failed to ensure that R#s 1 thru 16 have their own personal supply of nail polish that is not commonly used by their peers.</p> <p>On 12/18/13 surveyor conducted observations at R4's day program with E7 (Day Program Services Manager).</p>	W 340			

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W 340	Continued From page 6 Review of R4's record at the day program identified that R4 has a toothbrushing goal to completed at the day program. On 12/18/13 at approximately 10:48am direct care staff in R4's day program were asked where R4's toothbrush is stored. E7 showed surveyor that R4's toothbrush was stored in a cloth / mesh bag that hung on the back of a closet door. The cloth / mesh bag had several pockets which contained different clients toothbrushes and toothpaste. R4's was observed to be stored in the cloth / mesh bag without regards to sanitation. R4's toothbrush was observed to be placed bristle side down with no cap and / or not stored to ensure it was maintained in a sanitary fashion. On 12/18/13 at approximately 10/33am R4 was observed at her day program. E8 (DSP - Direct Support Person) was observed painting R4's fingernails. A plastic bin containing nail polish and other nail care products was observed on the table. E8 identified that the nail polish and other nail care products can be used by any of the female clients that attends the day program. The facility failed to ensure that R4 has her own personal supply of nail polish and nail care products that are not commonly used by her peers.	W 340			
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all	W 369			

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W 369	<p>Continued From page 7</p> <p>medications were administered without error for 1 of 13 clients observed during the pm medication pass on 12/17/13(R5).</p> <p>Findings include:</p> <p>The evening medication pass was observed on 12/17/13, beginning at 4:10pm. At 4:15pm, R5 was observed receiving her medications from the Direct Care Staff Supervisor, E5. While R5 was receiving her medications, R5 stated to E5, "I thought I only get 2 pills at this time?" E5 looked at the medications she had already gave to R5, and compared them to the Medication Administration Record (MAR). E5 stated to E2(nurse), "I gave R5 her 8pm medications at 4 pm by mistake. E2 stated that she would call the physician, update him on the medication error, and see if any follow up orders need to be given.</p> <p>The MAR was reviewed for R5. At the 4pm medication pass, R5 has an order for the following medications: Oyster Shell 500/W/D 200 at 5pm and 8 pm. Gabapentin 800 mg(milligrams) one tablet three times daily.</p> <p>E5 was observed administering the above two medications, plus Divalproex 500mg and Loratadine 10mg, which are both ordered to be administered at 8pm.</p> <p>During an interview at the time of this incident with E2, E2 stated that E5 never has medication errors, and is so surprised that this error occurred. E2 stated that E5 must have been nervous.</p>	W 369			