

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

PRINTED: 05/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2010
NAME OF PROVIDER OR SUPPLIER HALLAM TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1108 TAYLOR STREET ROCKFORD, IL 61103		
(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 Annual Certification - Fundamental Survey	W 000			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for five of five outside the sample R5, R6, R7,R8, R9 and the potential to affect all clients R1, R2, R3, R4, R10, R11, R12, R13, R14, R15, and R16 that all allegations of abuse are reported in accordance to state law. Findings include: Per record review of the undated Resident Roster form is as follows: R1 and R15 function in the Mild Range of Mental Retardation R2, R5, R7, R8, R11, R12, R13, and R14 function in the Moderate Range of Mental Retardation R3, R6, R9, and R10 function in the Severe Range of Mental Retardation R4 and R16 function in the Profound Range of Mental Retardation According to the record review of the Individual Service Plan dated 3-12-09 for R4 states that she	W 153		3/15/10	

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 153	<p>Continued From page 1</p> <p>will become physically aggressive at times and will yell, hit peers, bang her hands on a table and throw her walker. When she becomes aggressive she can leave her walker and attempt to walk toward peers. Staff is instructed to closely monitor R4 for her behavior changes and redirect as appropriate. R4 is on a behavior program for these behaviors.</p> <p>Per record review of the Qualified Mental Retardation Professional Summary Program Notes is as follows: December 2009 4 incidents of hitting others November 2009 6 incidents of hitting others October 2009 3 incidents of hitting others September 2009 5 incidents of hitting others July 2009 2 incidents of hitting others.</p> <p>Per record review of the Behavior Management / Resident Rights Committee dated 1-14-10 is as follows: Under Behavior Report R4 is on the following program: physical aggression: to prevent incidents of property destruction, throwing items, using her walker as a weapon, yelling and hitting others. 1-29-09 states 4 incidents of hitting others in October 2008, 2 incidents of hitting others in November 2008</p> <p>Per record review of the Behavior Program Form dated April 2007 states that when R4 is physically aggressive staff should remove the resident and other nearby residents in the area. If R4 hits another resident staff should remove the resident and other nearby residents in the area. Staff should approach R4 and ask her in a calm voice what is wrong. R4's behaviors are documented on the Maladaptive / Adaptive Behavior</p>	W 153			

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W 153	<p>Continued From page 2 Recording Form.</p> <p>Per record review of the Maladaptive / Adaptive Behavior Recording Form with the dates as follows:</p> <p>December 1st 2009 to December 31st 2009 for Physical Aggression hitting others: 12-2-09, 12-8-09, 12-25-09, 12-29-09 as dates check marked for this behavior.</p> <p>November 1st 2009 to November 30th 2009 for Physical Aggression hitting others: 11-8-09, 11-7-09, 11-12-09, 11-29-09, 11-30-09 are check marked.</p> <p>October 1, 2009 to October 31, 2009 for Physical Aggression hitting others: 10-16-09, 10-25-09, 10-26-09 are marked.</p> <p>September 1 2009 to September 30 2009 for Physical Aggression hitting others: 9-15-09, 9-16-09, 9-22-09 are marked.</p> <p>July 1 2009 to July 30 2009 for Physical Aggression hitting others: 7-18-09, 7-23-09 are marked.</p> <p>March 1 2009 to March 31 2009 for Physical Aggression hitting others: 3-12-09, 3-22-09 are marked.</p> <p>February 1 2009 to February 28 2009 for Physical Aggression hitting others: 2-26-09 are marked.</p> <p>According to the record review of the Progress Notes Behavior Form for R4 are as followed:</p> <p>11-12-09 R4 turned and started hitting R8, staff asked her to stop and sit down and finish putting on her coat.</p> <p>11-16-09 R4 just received her medications and started yelling "no" and threw her walker towards a resident and staff.</p> <p>11-28-09 R4 threw her walker at staff and resident R5. R4 was redirected to her room.</p>	W 153			

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W 153	<p>Continued From page 3</p> <p>12-8-09 R4 came walking into dining room with pen and paper in hand. Staff explained that it was unsafe to walk with them and staff would take them where she was going. R4 threw walker towards resident R7. R7 was told as well as everyone else move away from R4.</p> <p>12-8-09 R4 was asked to get her medications and after getting her medications R7 was standing by table and R4 picked up her walker and threw it at her (R7). Staff went to assist R7 and R4 hit staff.</p> <p>12-14-09 R4 was asked to sit in chair several times to wait for the church van to arrive. When staff asked her again she stomped and threw her walker hitting peers.</p> <p>12-15-09 R4 was yelling at another resident R9 before bed.</p> <p>12-25-09 R4 was throwing pillows at residents and picked up her walker and threw it at a resident. R4 was redirected to room.</p> <p>Per record review of a progress note dated 12-25-09 states R4 was throwing pillows and her walker towards a resident R6. R6 was not hurt just really scared.</p> <p>Per record review of the Policy on Abuse and Neglect dated 11/08 states abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish. The Policy states the facility administrator shall report the matter within 24 hours, and send a written report within five working days to the individuals's representative and to the Illinois Department of Public Health (IDPH).</p> <p>Per record review of the Policy Number 5.57 dated 09/09 states the facility shall notify the</p>	W 153			

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W 153	Continued From page 4 Department of any incident or accident, which has, or is likely to have, a significant effect on the health, safety, or welfare of an individual or individuals. During observations on 2-9-10 at 4:30 P.M. R4 was observed hitting R8 twice with staff intervening. R8 was observed moving her arms to avoid from being hit. Per interview with E4 (Head Cook) on 2-9-10 at 3:00 P.M. when asked what does it mean hitting others in her behavior program, E4 stated "probably other residents". Per interview with E6 (Direct Service Provider) on 2-9-10 at 3:05 P.M. when asked what does it mean hitting others in her behavior program, E6 stated it could be anyone that she hits. E6 stated that if R4 hits a resident then a separate note is documented for the resident that R4 hits. Per interview with E1 (Administrator) on 2-10-10 at 11:04 A.M. stated that they have 24 hours to report a peer to peer physical aggression on the incidents that occurred on 2-9-10 and those were the only incidents that E1 was aware of.	W 153			
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 five of five outside the sample R5, R6, R7,R8, R9 and the potential to affect all clients R1, R2, R3, R4, R10, R11, R12, R13, R14,	W 154		3/15/10	

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W 154	<p>Continued From page 5</p> <p>R15, and R16 that all allegations of abuse are thoroughly investigated.</p> <p>Findings include:</p> <p>Per record review of the undated Resident Roster form is as follows: R1 and R15 function in the Mild Range of Mental Retardation R2, R5, R7, R8, R11, R12, R13, and R14 function in the Moderate Range of Mental Retardation R3, R6, R9, and R10 function in the Severe Range of Mental Retardation R4 and R16 function in the Profound Range of Mental Retardation</p> <p>According to the record review of the Individual Service Plan dated 3-12-09 for R4 states that she will become physically aggressive at times and will yell, hit peers, bang her hands on a table and throw her walker. When she becomes aggressive she can leave her walker and attempt to walk toward peers. Staff is instructed to closely monitor R4 for her behavior changes and redirect as appropriate. R4 is on a behavior program for these behaviors.</p> <p>Per record review of the Qualified Mental Retardation Professional Summary Program Notes is as follows: December 2009 4 incidents of hitting others November 2009 6 incidents of hitting others October 2009 3 incidents of hitting others September 2009 5 incidents of hitting others July 2009 2 incidents of hitting others.</p> <p>Per record review of the Behavior Management / Resident Rights Committee dated 1-14-10 is as follows:</p>	W 154			

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W 154	<p>Continued From page 6</p> <p>Under Behavior Report R4 is on the following program: physical aggression: to prevent incidents of property destruction, throwing items, using her walker as a weapon, yelling and hitting others.</p> <p>1-29-09 states 4 incidents of hitting others in October 2008, 2 incidents of hitting others in November 2008</p> <p>Per record review of the Behavior Program Form dated April 2007 states that when R4 is physically aggressive staff should remove the resident and other nearby residents in the area. If R4 hits another resident staff should remove the resident and other nearby residents in the area. Staff should approach R4 and ask her in a calm voice what is wrong. R4's behaviors are documented on the Maladaptive / Adaptive Behavior Recording Form.</p> <p>According to the record review of the Progress Notes Behavior Form for R4 are as followed:</p> <p>11-12-09 R4 turned and started hitting R8, staff asked her to stop and sit down and finish putting on her coat.</p> <p>11-16-09 R4 just received her medications and started yelling "no" and threw her walker towards a resident and staff.</p> <p>11-28-09 R4 threw her walker at staff and resident R5. R4 was redirected to her room.</p> <p>12-8-09 R4 came walking into dining room with pen and paper in hand. Staff explained that it was unsafe to walk with them and staff would take them where she was going. R4 threw walker towards resident R7. R7 was told as well as everyone else move away from R4.</p> <p>12-8-09 R4 was asked to get her medications and after getting her medications R7 was standing by table and R4 picked up her walker</p>	W 154			

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W 154	<p>Continued From page 7</p> <p>and threw it at her (R7). Staff went to assist R7 and R4 hit staff.</p> <p>12-14-09 R4 was asked to sit in chair several times to wait for the church van to arrive. When staff asked her again she stomped and threw her walker hitting peers.</p> <p>12-15-09 R4 was yelling at another resident R9 before bed.</p> <p>12-25-09 R4 was throwing pillows at residents and picked up her walker and threw it at a resident. R4 was redirected to room.</p> <p>Per interview with E4 (Head Cook) on 2-9-10 at 3:00 P.M. when asked what does it mean hitting others in her behavior program, E4 stated "probably other residents".</p> <p>Per interview with E6 (Direct Service Provider) on 2-9-10 at 3:05 P.M. when asked what does it mean hitting others in her behavior program, E6 stated it could be anyone that she hits. E6 stated that if R4 hits a resident than a separate note is documented for the resident that R4 hits.</p> <p>Per interview with E1 (Administrator) on 2-10-10 on 11:04 A.M. stated that they identify the residents and if there is no injury than it does not get written on the progress note. This surveyor was not given any information in regards to residents hit by R4 identified only as residents or peers on her Behavior Program Form.</p>	W 154			
W 253	<p>483.440(e)(2) PROGRAM DOCUMENTATION</p> <p>The facility must document significant events that are related to the client's individual program plan and assessments.</p>	W 253		3/15/10	

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W 253	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 1 of 4 in the sample R4, that changes in the Individual Service Plan are documented on the program form.</p> <p>Findings include:</p> <p>Per record review of the Individual Service Plan dated 3-12-09, R4 is a 38 year old female who is ambulatory with a walker and verbal. R4 functions in the Profound Range of Mental Retardation. R4's list of diagnoses includes Cerebral Palsy, Seizure Disorder, and Bipolar.</p> <p>During observations of the medication administration on 2-8-10 from 4:06 P.M. to 5:06 P.M. this surveyor observed R4 beginning to receive her medications at 4:49 P.M. At 4:50 P.M. E5 (Direct Service Provider) asked R4 "Do you know what is the color of your Depakote pill?" R4 stated white and then proceeded to take her medications with none of the medications taken being Depakote.</p> <p>Per record review of the ISP dated 3-12-09 for R4 states that she is on a self medication program to become familiar with Depakote, the medication she takes to help her with her seizure disorder, the reason why she takes the medication, and side effects. The ISP states for Priority Program Goals that Self Medication: R4 will complete all steps of her self medication program with 90% independence by 4-1-09.</p> <p>Per record review of the Program Form with a start date of 4-1-07 states self medication (Depakote). The program under task analysis</p>	W 253			

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W 253	<p>Continued From page 9</p> <p>states that R4 will say the color of her Depakote pill (white) crossed out and written pink. This document was the program that E5 was observed performing for R4.</p> <p>Per record review of the Program Services dated February 2010 for R4 states program Self medication. The program service states R4 will say the color of her Depakote pill (white) with verbal prompts in 25% of sessions by 4/30/10.</p> <p>Per record review of the Program Service for R4 for self medication is as follows: November 2009 self medication for Depakote September 2009 self medication for Depakote August 2009 self medication for Depakote July 2009 self medication for Depakote</p> <p>Per interview with E5 DSP on 2-8-10 at 5:06 P.M. replied that R4's self medication program is to say what color her Depakote pill is. When asked where is this documented E5 produced the program service form dated February 2010. When asked how long has she been on this program E5 stated that she just started this program in the beginning of this month February 1st and that it is all on the medication Depakote. When asked when this program is implemented E5 stated daily in the P.M. When asked if R4 is on Depakote E5 stated "She is no longer on Depakote and I notified E2 Qualified Mental Retardation Professional. I did the program because that is what I was instructed to do".</p> <p>Per record review of the Physician Order Sheet dated 4-30-09 an order for the discontinuation of Depakote is noted.</p> <p>Per interview with E1 (Administrator) on 2-8-10 at</p>	W 253			

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W 253	Continued From page 10	W 253			
W 336	6:20 P.M. stated that this will be corrected. 483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that 3 of 4 sample clients, R1, R2 and R4 had all of their nursing quarterlies in place. Findings include: 1) According to her Individual Service Plan, (ISP), dated 7-10-09, R1 is a 21 year old woman whose diagnoses include; Mild Mental Retardation and Microcephaly. During a review of Nursing Records, R1's records include a Health History dated 6-9-09, (R1 was admitted to the facility 6-5-09). An unsigned Nurses Note dated 9-9-09 states that a quarterly was done on 9-9-09 but it was not found in R1's records and no other quarterlies were noted in her records through the present. 2) According to her ISP dated 5-8-09 R2 is a 40 year old woman whose diagnoses include; Moderate Mental Retardation and Downs Syndrome. During a review of R2's Medical Records, they include only one Nursing Quarterly dated 1-12-10.	W 336	3/15/10		

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W 336	Continued From page 11 No other nursing quarterlies were in R2's chart. In an interview on 2-10-10 at 11am Residential Services Director, RSD, E7 provided R2's Health History dated 4/09 and a Quarterly dated 10/09. E7 also provided Nursing Notes dated; 1/09 and 7/09 that stated that Quarterly Assessments had been done although no corresponding Quarterly Assessments could be found in R2's records. 3) According to her ISP dated 3-12-09, R4 is a 38 year old woman whose diagnoses include; Profound Mental Retardation and Cerebral Palsy. During a review of R4's Medical Records there were no Nursing Quarterlies present in her chart. During an interview on 2-10-10 at 11:20am, Registered Nurse, RN, E9 provided R4's Health History and Assessment dated 2-9-10. In an interview on 2-10-10 at 10am, after E7 delivered nursing records to this surveyor that had been faxed to her, she said that she knew of no other quarterlies for these three clients. In an interview on 2-9-10 at 4pm E9 said that she had started December 29, 2009 and she knew that she didn't have any of the quarterlies on her computer.	W 336			
W 484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.	W 484		3/15/10	

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W 484	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure that one of one sample client, R4 who required adaptive equipment, had all of her adaptive equipment at her meal.</p> <p>Findings include:</p> <p>According to her Individual Service Plan, (ISP), dated 3-12-09, R4 is a 38 year old woman whose diagnoses include; Profound Mental Retardation and Cerebral Palsy.</p> <p>During the evening meal on 2-8-10 at 5:55pm R4's place was set with an adaptive fork and spoon. R4 was given a regular plate and glasses. R4 ate her meal using her regular plate and glasses/cups and ate with her adaptive silverware.</p> <p>R4's ISP dated 3-12-09 states that R4 has good eating skills, it does not take note of her meal time adaptive equipment needs.</p> <p>During a review of R4's Physician's Order Sheets for February 2010, they indicate an order that R4 is to use adaptive utensils with meals; cup, spoon, fork and plate.</p> <p>In an interview on 2-9-10 at 1:50pm, Head Cook E4 said that R4's adaptive spoon and fork bend to conform to her grip needs. E4 said that R4 hasn't had an adaptable plate since he's been here, (about two years). R4 said that E4 did have a nose-cup but it didn't work, R4 would put the wrong side up to her mouth and spill her drink. When asked how do you know which clients should use adaptive equipment E4 stated that the</p>	W 484			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2010
NAME OF PROVIDER OR SUPPLIER HALLAM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 TAYLOR STREET ROCKFORD, IL 61103		
(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 484	Continued From page 13 information would be in the Physician Order Sheet. This surveyor than showed E4 the Physician Order Sheet dated 2-1-10 through 2-28-10 and E4 replied if it says that she should have it (adaptive spoon, fork, cup, and plate) than she should have it.	W 484		