

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

PRINTED: 05/16/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G188</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRACH HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 NORTH RIDGE AVENUE CHICAGO, IL 60660</b>		
(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			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL				
	ANNUAL LICENSURE SURVEY				
W 210	INSPECTION OF CARE 483.440(c)(3) INDIVIDUAL PROGRAM PLAN	W 210			
	Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.				
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure assessments are completed within 30 days of admission for 1 of 1 client (R4) in the sample admitted to the facility in the past year.				
	Findings include:				
	R4, per review of his medical record, was admitted to the facility on 1/7/16. The facility failed to ensure the Comprehensive Functional Assessment included assessments that were completed within 30 days of admission. The following assessments were not completed for R4 within 30 days of admission: - Vocational Assessment completed 2/13/12 - Nutritional Assessment completed 6/1/15 - Vision Assessment completed 3/29/16 - Nursing Assessment completed 2/25/16 - Dental Examination completed 2/22/16				

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 210	Continued From page 1 - Hearing Evaluation completed 2/9/16 - Self -Medication Assessment completed 2/9/16 - Occupational Therapy Assessment completed 2/17/16  E2 (QIDP - Qualified Intellectual Disability Professional) was interviewed on 4/28/16 at 1:10pm. E2 reviewed R4's medical and program records and verified the above noted assessments were completed on the dates identified. E2 stated that R4's 30 day staffing was held on 2/9/16. E2 verified that R4's 30 day staffing does not include assessment information that was obtained after 2/9/16.	W 210			
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: Based on interview and record review, the facility failed to ensure an annual drug reduction occurred for 1 of 2 clients in the sample (R3) receiving medication for behavioral purposes.  Findings include:  R3's current (April 2016) POS (Physician's Order Sheet) was reviewed. R3 has an order for Zoloft 50mg once daily at 8am. R3's program record was reviewed. R3's annual staffing is dated 9/10/15 and R3 has a Behavior Management Program that was implemented on 6/17/15. There is no documentation in R3's record and / or Behavior Program that R3's Zoloft has been reduced in the past year. There is no	W 316			

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W 316	<p>Continued From page 2</p> <p>documentation that R3 has been evaluated for a medication reduction in the past year.</p> <p>On 4/29/16 E4 (Residential Manager) provided documentation that identifies R3's Zoloft was initiated 5/9/12 at 25mg and then increased to the current dose of 50mg on 5/16/12.</p> <p>E4 provided documentation that noted the following: (R3) has 2 incidents of aggressive behavior throughout the year ... (R3) has done a great job of redirecting himself away from triggers that would normally result in physical aggression. On 3/4/15 R3's physician documented that overall things have been good regarding anger aggression. The physician documented it would be unrealistic to expect that there would not be at least 1 to 2 episodes a year. The physician also documented that they have tried altering R3's dosage of Zoloft in the past and R3 has not done well with this.</p> <p>However, there is no documentation that R3's Zoloft has been decreased or increased since 2012.</p> <p>There is no documentation, since 3/4/15, that the IDT has evaluated R3 for a decrease in his Zoloft.</p> <p>E4 was interviewed on 4/29/16 at 10:35am. E4 stated that R3 did have a rough summer last year (2015), however, the facility has no documentation as to what a "rough summer" means.</p>	W 316			