

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

PRINTED: 08/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G188		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2015	
NAME OF PROVIDER OR SUPPLIER BRACH HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660			
(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 125	Inspection of Care 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS			W 125			
	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 observations and interview, the facility failed to ensure that they protect the privacy for 3 of 7 clients' in the facility (R2, R5 and R6) when they wrote the full names of these clients on their lunch bags.						
	Findings include:						
	On 7/21/15 at around surveyor observed 7 lunch bags on the counter in the kitchen. Surveyor looked at each lunch bag and noted that R5 and R6 had their full names hand written on the lunch bags, the writing is approximately 2 inches big. Surveyor also observed R2's lunch bag with his full name on it. His name was from a label maker.						
	E1, Administrator, was interviewed on 7/22/15 at 10:00am. E1 stated, "I don't know why their names are on it, but it doesn't matter, it shouldn't have been on it."						

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.

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

PRINTED: 08/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2015
NAME OF PROVIDER OR SUPPLIER BRACH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660		
(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 137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure that clients retained their own electric razors potentially affecting all 11 clients in the home (R1 through R11).</p> <p>Findings include:</p> <p>On 7/22/15 at approximately 9:30am, surveyor observed two electric razors on the sink in the foyer bathroom. Upon close inspection, surveyor observed that the razors were not labeled with any of the clients name. These razors looked like them been used.</p> <p>E2, Qualified Intellectual Disability Professional (QIDP), was interviewed on 7/22/15 at 9:37am. E2 stated, "Apparently the labels fell off and I don't know who owns them." Surveyor asked E2 when did the labels fell off, E2 answered, " I'm not sure when the labels fell off."</p>	W 137			
W 247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management.</p>	W 247			

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

PRINTED: 08/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2015
NAME OF PROVIDER OR SUPPLIER BRACH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660		
(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 247	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to provide an opportunity for 3 of 4 clients in the sample (R1, R2 and R4) and 5 clients outside of the sample (R5, R8, R9, R10 and R11) observed, to serve themselves during dinner on 7/21/15.</p> <p>Findings include:</p> <p>On 7/21/15 at 4:57pm, E3 (Direct Support Person), was observed pouring water for the 5 place settings set in the dinning room. At 5:10pm, R1, R4, R5, R8 and R9 were observed to sit by the dining room table for dinner. All 5 clients were observed serving themselves their dinner independently. These five clients were also observed pouring their own pop from a two liter bottle independently during the meal.</p> <p>In the kitchen, at 5:20pm, E4 (Direct Support Person), was observed serving sesame chicken to R2, R10 and R11. Prior to E4 serving the three clients, these clients were observed serving themselves the rest of the meal independently.</p> <p>E4, was interviewed on 7/21/15 at 5:32pm. E4 stated, "They can serve the sesame chicken but it wasn't cut all the way through and there was the sauce." Surveyor asked if the clients can serve themselves with hand over hand assistance, E4 answered, "Yes, they could have." Surveyor asked if all the clients can pour their own water from the pitchers, E4 answered, "Yes."</p>	W 247			