

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

PRINTED: 11/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2015
NAME OF PROVIDER OR SUPPLIER CASA WILLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 910 WOODBURN AVENUE STERLING, IL 61081		
(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			
W 120	<p>Annual Certification - Fundamental</p> <p>Inspection of Care</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to assure that 1 of 4 sample clients, R4, had his needs met at his day training site when a staff person fed R4 a snack rather than encouraging him to feed himself.</p> <p>Findings include:</p> <p>According to an undated client roster supplied by the facility, R4 is a 65 year old man who has a profound intellectual disability whose diagnosis also includes Autism.</p> <p>During day training observations on 11-16-15 at 1:55pm, Direct Support Person Z2 returned from the bathroom with R4. R4 did not sit at a table or with a group but stood in the center of the room while Z2 spooned pudding-consistency food, (yogurt?), into his mouth until the container was empty.</p> <p>During an interview on 11-16-15 at 2:05pm this surveyor asked Z2 if R4 was unable to feed himself. Z2 said that, yes, R4 could feed himself, but sometimes it is just easier to feed him.</p>	W 120			

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 120	Continued From page 1 According to his Individual Support Plan dated 4-1-15, R4 "requires staff to puree his food. Otherwise, he independently feeds himself."	W 120			
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 observations, record review and interview the facility failed to ensure some opportunities for client self management when 4 of 4 sample clients, (R's 1 thru 4) and 10 clients outside the sample, (R's 5, 6, 7, 9 thru 11 & 13 thru 16), did not help set the tables for their evening meal. Findings include: According to an undated client roster supplied by the facility, R's 1, 2, 7, 9, 13, 14 & 15 each have a mild intellectual disability. R's 3, 5, 10 & 11 each have a moderate intellectual disability. R's 4, 6 & 16 each have a profound intellectual disability. Prior to the evening meal on 11-16-15, R8 & R12 went on outings and neither one ate at home that night. The rest of the home's clients came into the dining room to eat at 5:30pm. Prior to them coming to the tables DSP's E4 and E5 set both tables with plates, glasses, napkins etc. Administrator E1 encouraged R1 to help her put silverware onto both tables but otherwise the clients missed opportunities to learn skills or to reinforce skills they may already have in setting up their own meals. During an interview on 11-16-15 at 5:47pm	W 247			

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W 247	Continued From page 2 Administrator E1 said she understood this surveyors point that the clients missed an opportunity to help set up the meal. During a review of: -- R1's Individual Support Plan, (ISP), dated; 9-28-15, it notes that R1 has skill needs such as; maintaining attention, hygiene requirements, safety techniques and getting R1 used to correctly handling food and utensils in the kitchen. --R2's ISP dated 8-10-15 states, R2 does well in the area of eating and meal preparation, as he is independent in feeding himself and preparing simple snacks. --R3's ISP dated 6-29-15 says, R3 will help with setting the table for dinner. --R4's ISP dated 4-1-15 states that R4 is given the opportunity to participate in an informal cooking class held at the facility. Each of the clients would have benefited from another opportunity to learn new skills and/or to reinforce their skills if they had participated in meal prep and/or setting their own tables for their meal.	W 247			
W 248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that all paperwork needed by the day training site for 4 of 4 sample clients, (R's 1 thru 4), and 12 clients outside the sample, (R's 5 thru 16), was current.	W 248			

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W 248	<p>Continued From page 3</p> <p>Findings include:</p> <p>According to an undated client roster supplied by the facility, R's 1, 2, 7, 9, 13, 14 & 15 each have a mild intellectual disability. R's 3, 5, 8, 10, 11 & 12 each have a moderate intellectual disability. R's 4, 6 & 16 each have a profound intellectual disability.</p> <p>During a review of a list of current paperwork supplied by Z1 the day training Director of Rehabilitation, numerous documents that are supposed to be present at the day training site are missing. These include: QIDP summaries for all the aforementioned clients for numerous months. Also IPP, Programs and ICAP for R16 that were due 9-14. And programs for R14 that was due 8/14. Also IPP, Programs & ICAP for R1 that were due 9/14.</p> <p>During an interview on 11-16-15 at 5:47pm, Administrator E1 said she understood this surveyors concerns regarding paperwork that the day training site needed to have that was not up to date and she said she would look into it.</p>	W 248			