

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

PRINTED: 01/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA WILLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WOODBURN AVENUE STERLING, IL 61081</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  Annual Certification - Fundamental Survey	W 000			
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES  The facility must assure that outside services meet the needs of each client.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one in the sample R4 that uses adaptive equipment when dining that it was available at day training.  Findings include:  Per record review of the Individual Service Plan dated 11-18-13, R4 is a 59 year old female. R4 functions in the Profound range. R4's diagnoses includes Anemia and Hypertension.  During observations on 12-9-13 at 5:18 P.M. this surveyor observed R4 dining with a scoop plate.  During observations on 12-10-13 at 11:11 A.M. this surveyor observed R4 dining with a regular plate.  Per record review of the Physician Order Sheet dated 12-1-13 to 12-31-13 is written under rehabilitation for R4 to use a scoop plate.  Per interview with E1 (Administrator) on 12-10-13 at 2:10 P.M. when asked if R4 uses a scoop	W 120		1/12/14	
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA WILLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WOODBURN AVENUE STERLING, IL 61081</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 120	Continued From page 1 plate, E1 replied yes.  Per interview with Z2 (Direct Support Person) on 12-10-13 at 11:15 A.M. stated that at the facility R4 uses a scoop plate but here at day training she uses a regular plate. Z2 stated that the facility would be the ones responsible to supply the adaptive equipment.	W 120			
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 observation and interview the facility failed to ensure for 3 of 12 clients outside the sample( R5, R6, and R7) that all relevant individual program plans are available to outside services.  Findings include:  Per record review of the Resident Roster dated 12-9-13, R5 functions in the Moderate Range. R6 and R7 functions in the Profound range.  During observations on 12-10-13 from 10:00 A.M. to 12:00 P.M. this surveyor observed program plans for R5, R6, and R7. R5's program plan was dated till 10-25-13. R6 and R7 did not have their program plans available.  Per interview with Z2 (Direct Support Person) on	W 248		1/12/14	

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

PRINTED: 01/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA WILLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WOODBURN AVENUE STERLING, IL 61081</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 248	Continued From page 2 12-10-13 at 11:55 A.M. stated that sometimes the tracking sheets don't come until a week later and we will ask Z4 (Qualified Intellectual Disability Professional) for it and she has to work on getting it.	W 248			
W 249	Per interview with Z1 (Director Developmental Trainer) on 12-10-13 at 10:30 A.M. stated that they are missing the programs for R5, R6, and R7. 483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one in the sample (R2) during the medication administration pass that a continuous active treatment program consisting of needed interventions and services is done in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  Findings include:  Per record review of the Individual Service Plan dated 11-5-13, R2 functions in the Moderate	W 249		1/12/14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA WILLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WOODBURN AVENUE STERLING, IL 61081</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 249	Continued From page 3 Range. R2's diagnoses includes Down Syndrome and Osteopenia.  During observations on 12-9-13 from 4:10 P.M. to 5:20 P.M. this surveyor observed E4 Direct Service Provider administer medications to R2. At 4:30 P.M. R2 was in the medication room and took her medication. R2 did not identify her picture on the Medication Administration Record.  Per record review of the Program Self Medication dated December 2013 for R2 states that she will independently find her picture on the Medication Administration Record with 90% independence.  Per interview with E4 (Direct Service Provider) on 12-9-13 at 5:32 P.M. stated that the medication program is done in the morning and that was not how she was taught to do the program at every medication pass. E4 stated that since the program was already documented that she did not have to do so.	W 249			
W 312	483.450(e)(2) DRUG USAGE  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of one client outside the sample (R8) that received a medication for medical appointment that there was a specific individual program.	W 312		1/12/14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA WILLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WOODBURN AVENUE STERLING, IL 61081</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 312	<p>Continued From page 4</p> <p>Findings include:</p> <p>Per record review of the Individual Service Plan dated 10-28-13, R8 functions in the Profound range. R8's diagnoses includes Seizure Disorder and Unsteady Gait.</p> <p>Per record review of the Individual Service Plan dated 10-28-13 is written R8 will need oral treatment for dental exams and general anesthesia per physician orders for any dental treatment and the behavior management team agrees with this due to the fact that R8 will not allow the dentist to look in her mouth without being sedated.</p> <p>Per record review of the Physician Order Sheet dated 12-1-13 to 12-31-13 is written Alprazolam 0.5 mg take one tablet by mouth 60 minutes prior to appointment on 12-3-13.</p> <p>Per record review of the Medication Administration Record dated December 2013 is written as given for R8 Alprazolam 0.5 mg for mammogram appointment.</p> <p>Per interview with E1 (Administrator) on 12-10-13 at 3:40 P.M. when asked if R8 had a desensitization program, E1 replied no. When asked if R8 takes medication for medical appointments, E1 replied yes she does. E1 acknowledged that she does not have a program.</p>	W 312			