

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

PRINTED: 02/02/2015  
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>01/28/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA WILLIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WOODBURN AVENUE STERLING, IL 61081</b>		
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W 000	INITIAL COMMENTS  Annual Certification - Fundamental Survey  Annual Licensure	W 000			
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 one of four in the sample (R1) that all alleged violations are thoroughly investigated.  Findings include:  Per record review of the Individual Service Plan dated 12-1-14, R1 functions in the Moderate Range of Intellectual Disability. R1's diagnoses includes Cerebral Palsy and Scoliosis.  Per record review of the Observation Report dated 10-10-14 is written R1 was telling that on Wednesday that Z1 (Consumer) was touching her leg and was looking at her and another Z2 (Consumer). R1 did not like that. R1 also said she said something to Z3 (Trainer) on that day too. R1 also asked if she had to be friends with Z1. The report is written that if Z1 continues to bother R1 that it will be taken care of. Z1 was told to please keep her hands to herself plenty of times before.  Per record review of the Progress Note dated	W 154			

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 154	Continued From page 1 10-10-14 is written that R1 was touched on the leg by another consumer.  Per record review of the Observation report dated 10-27-14 is written R1 had told that Z1 (Consumer) was touching her private part. Z1 was told to please leave R1 alone and again keep her hands to herself.  Per interview with E2 (Qualified Intellectual Disability Professional) on 1-26-15 at 3:05 P.M. when asked who is Z1, E2 replied another consumer. When asked if the incident on 10-10-14 was another allegation, E2 replied she just touched her leg. When asked if the allegation on 10-10-14 was investigated, E2 replied no it was just a touch on the leg. When asked how does Z1 bother R1, E2 replied she was in her area and after the incident on 10-27-14 she was moved to a different area. When asked what does it mean for Z1 to please keep her hands to herself plenty of time before, E2 replied " I did not know until we came upon the incident". E2 stated that it was being invasive of personal space. When asked who was the Z3 trainer, E2 replied that he would have to contact the day training facility to find out who Z3 was. There was no interview of Z3 and no other investigation of the 10-10-14 incident available.	W 154			
W 155	483.420(d)(3) STAFF TREATMENT OF CLIENTS  The facility must prevent further potential abuse while the investigation is in progress.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample (R1)	W 155			

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W 155	<p>Continued From page 2 that the prevention of further potential abuse while the investigation is in progress.</p> <p>Findings include:</p> <p>Per record review of the Individual Service Plan dated 12-1-14, R1 functions in the Moderate Range of Intellectual Disability. R1's diagnoses includes Cerebral Palsy and Scoliosis.</p> <p>Per record review of the Observation Report dated 10-10-14 is written R1 was telling that on Wednesday that Z1 (Consumer) was touching her leg and was looking at her and another Z2 (Consumer). R1 did not like that. R1 also said she said something to Z3 (Trainer) on that day too. R1 also asked if she had to be friends with Z1. The report is written that if Z1 continues to bother R1 that it will be taken care of. Z1 was told to please keep her hands to herself plenty of times before.</p> <p>Per record review of the Progress Note dated 10-10-14 is written that R1 was touched on the leg by another consumer.</p> <p>Per record review of the Observation report dated 10-27-14 is written R1 had told that Z1 (Consumer) was touching her private part. Z1 was told to please leave R1 alone and again keep her hands to herself.</p> <p>Per interview with E1 (Administrator) on 1-28-15 at 11am, E1 said that they did not consider the 10-10-14 incident to be an actual incident that would require an investigation be completed. E1 said she understood this surveyors point that if they had investigated and done corrective action</p>	W 155			

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W 155	Continued From page 3 after the 10-10-14 incident, the 10-27-14 incident may have been prevented.	W 155			
W 216	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must include physical development and health.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample (R1) that a comprehensive functional assessment must include physical development and health.  Findings include:  Per record review of the Individual Service Plan dated 12-1-14, R1 functions in the Moderate Range of Intellectual Disability. R1's diagnoses includes Cerebral Palsy and Scoliosis.  Per record review of the Physician Order Sheet dated January 2015 is written for R1 Mirena 20 mg / 24 hour 5 years Intrauterine device diagnoses encounter for prescript. The diagnoses for R1 is contraception.  Per record review of the Individual Service Plan dated 12-1-14 is written for R1 does not take any scheduled medications. The ISP does not document any use of the Intrauterine device for R1.  Per record review of the Consultation report dated 7-27-14 is written when was the Intrauterine device placed and asks for a diagnosis for the IUD.	W 216			

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W 216	Continued From page 4 Per interview with E2 (Qualified Intellectual Disability Professional) on 1-27-15 at 1:32 P.M. stated that the reason for the intrauterine device is for heavy menstruation. E2 acknowledged that this information is not documented in the Individual Service Plan and that the current Physician Order Sheet with present diagnosis should be corrected and changed.	W 216			
W 261	483.440(f)(3) PROGRAM MONITORING & CHANGE  The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that the specially constituted committee contain at least two community representatives who have no ownership or controlling interest in the facility for 1 of 4 sample clients, R3, who receives behavior altering medications.  Findings include:  According to her Individual Service Plan dated 11-20-14, R3 is a 60 year old woman who has a moderate intellectual disability and whose diagnosis includes Schizoaffective Disorder.  During a review of 2014 Behavior	W 261			

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W 261	Continued From page 5 Management/Resident Rights Committee minutes and the 4 attached signature sheets for them, during which the committee reviewed and approved R3's behavior altering medications, 2 meetings had two community representatives present, (4-16-14 & 7-16-14) and 2 meetings had only one community representative in attendance (1-15-14 & 10-15-14).  During an interview on 1-28-15 at 1050am, Administrator E1 said that at the January meeting one of their Community Representatives had left. The April meeting was the first time a new representative attended which brought them up to two total. And at the October meeting that person had decided to quit which left them short a representative again.	W 261			
W 323	483.460(a)(3)(i) PHYSICIAN SERVICES  The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample R1 that the facility provide an annual evaluation of vision.  Findings include:  Per record review of the Individual Service Plan dated 12-1-14, R1 functions in the Moderate Range of Intellectual Disability. R1's diagnoses includes Cerebral Palsy and Scoliosis.  Per record review of the Physician Order Sheet	W 323			

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W 323	Continued From page 6 dated January 2015 is written for annual eye exam yearly.  Per record review of the Resident Physical Exam dated 2-11-14 is written vision no assessment.  Per interview with E1 (Administrator) on 1-28-15 at 10:30 A.M. stated that R1 did not receive an annual vision exam. E1 acknowledged that R1 wears glasses.	W 323			
W 369	483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 2 of 3 outside the sample R5 and R6 with physician orders for timing of medications that all medications are administered without error.  Findings include:  Per record review of the Physician Order Sheet dated January 2015, R5 functions in the Mild range of Intellectual Disability with a diagnoses of Cerebral Palsy and Gastroesophageal Reflux Disease.  Per record review of the Physician Order Sheet dated January 2015, R6 functions in the Mild range of Intellectual Disability with a diagnoses of Cerebral Palsy and Irritable Bowel Syndrome.  During observations on 1-26-15 this surveyor	W 369			

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W 369	<p>Continued From page 7</p> <p>observed E3 (Direct Support Person) administer medications to R5 at 4:56 P.M. and R6 at 4:40 P.M. R5 was observed to be completed with her evening meal at 5:55 P.M. and R6 was observed to begin dinning at 5:46 P.M.</p> <p>Per record review of the Physician Order Sheet dated January 2015 for R5 is written Lansoprazole DR 15 mg caps generic for Prevacid 15 mg take one capsule by mouth twice daily 60 minutes before meal. R5 had completed her evening meal before the 60 minutes was waited upon to take the medication.</p> <p>Per record review of the Physician Order Sheet dated January 2015 for R6 is written Lactase 3000 Unit caplet generic for Lactaid 3000 take 2 tablets by mouth with breakfast and dinner. R6 did not take this medication with her dinner.</p> <p>Per interview with E3 (Direct Support Person) on 1-26-15 at 5:05 P.M. when asked if R6 is supposed to take her medication with dinner, E3 replied you are right with breakfast and dinner is what is written. E3 acknowledged that she did not give this medication with R6's dinner.</p> <p>Per interview with E2 (Qualified Intellectual Disability Professional) on 1-27-15 at 3:45 P.M. acknowledged that R5 should have waited 60 minutes as written in the Physician Order Sheet prior to dinning.</p>	W 369			