

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

PRINTED: 12/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G217	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2014
NAME OF PROVIDER OR SUPPLIER CAROLE LANE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		
(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 Licensure Survey Annual Certification Survey - Full	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, interview and record review the facility failed to ensure the day training site did not restrict 1 of 1 individual in the facility who uses a wheelchair, R4, when they locked the brakes on the wheelchair. Findings Include: Surveyor observed R4 at her day training site on 11/19/12 at 11:20 a.m. R4 was seated in her wheelchair. The wheelchair brakes were locked. Surveyor interviewed Z2 about the locked wheelchair. Z2 said R4 can move the wheelchair and it is locked right now due to limited space in the room. Surveyor observed R4 in her home from 4:00 p.m. throughout 6:30 p.m. R4 was only able to minimally move the wheelchair when moving her body to the music. Review of R4's motor skills assessment from her 11/25/13 Individual Service Plan states, "she is	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 not able to independently propel the wheelchair."	W 120			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify the Illinois Department of Public Health of incidents relating to resident to resident altercations for 1 individual outside the sample (R5). Findings include: Review of an incident report dated 6/28/2014 noted that R5 had a altercation in the home on 6/28/2014 at 8:00 a.m. R5 hit R1 on his right leg because R1 would not assist R5 with putting on his socks and shoes. Review of an incident report dated 8/11/2014 at 10:00 a.m. noted an altercation at the day training site. R5 became physically aggressive and hit a female client. Additional review of R5's incident reports did not have any documentation that the facility notified the Illinois Department of Public Health of the	W 153			

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W 153	Continued From page 2 resident to resident altercations.	W 153			
W 217	<p>E2, Facility Representative, was interviewed on 11/20/2014. E2, validated that the Illinois Department of Public Health was not notified of the resident to resident altercations.</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include nutritional status.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to provide an adequate assessment of nutritional needs for 1 of 4 individuals in the sample, R3 and 2 individuals outside of the sample R5 and R6 who have experienced significant weight gain.</p> <p>Findings include:</p> <p>Surveyors observed R3, R5 and R6 during the survey on 11/18/14 and 11/19/14. R3 has excessive weight in her upper body. R5 has excessive weight distributed throughout his body. R6 has excessive weight distributed throughout her body.</p> <p>November 2014 Physician orders for R3 and R5 are for general diet. November 2014 Physician orders for R6 is for general diet , mechanical soft.</p> <p>R3's quarterly nutritional progress notation dated 10/30/14 states her Ideal Body Weight is 115 pounds, current weight is 171 pounds. Recommendation reads, "significant wt. (weight) loss desirable...eats well, no dietary issues</p>	W 217			

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W 217	Continued From page 3 reported, diet appropriate. R5's quarterly nutritional progress notation dated 8/28/14 states his Ideal Body Weight is 148 pounds, current weight is 209 pounds. Recommendation reads, "able to feed himself; eats well encourage wt (weight) loss." R6's Annual Nutritional Assessment dated 9/30/14 states her Ideal Body Weight is 100 pounds, current weight is 164 pounds. Recommendation reads in part, "continue mech. soft diet; provide healthier food choices and increase in activity level." The Nutritional assessments do not include recommendations for caloric changes in the diets for R3, R5 and R6. The need for formal exercise programs is not assessed.	W 217			
W 340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, interview and record	W 340			

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W 340	<p>Continued From page 4</p> <p>review, the facility failed to provide training in personal hygiene for 1 of 4 individuals (R4) in the sample and 2 individuals outside the sample (R6 and R7).</p> <p>Findings include:</p> <p>During general observations in the home on 11/18/2014 from approximately 3:00 p.m. to 4:00 p.m., 11/19/2014 from 6:00 a.m. to 9:00 a.m. and 11/19/2014 from 3:00 p.m. to 6:30 p.m. the following was noted:</p> <ol style="list-style-type: none"> R7 was observed with facial hair on her chin. R7's record was reviewed and there was no documentation of any personal grooming objectives to address her facial hair. E1 was interviewed on 11/20/2014 at approximately 9:10 a.m. E1 stated that R7 sometimes will not let anyone shave her chin. E1 validated that R7 was not on any personal grooming objectives to address shaving her facial hair. R6 was observed with greasy hair and hair bangs were in need of cutting as they were covering her eyes. R6's record was reviewed and there was no personal grooming objectives to address her hair. E1 was interviewed on 11/20/2014 at approximately 9:05 a.m. and stated that R6 is non-compliant when getting her hair cut, she does get it washed. I think it is greasy and matted because someone is using an inappropriate styling product. E1 validated that R6 is not on a personal grooming objective to address her hair care. R4 was observed with hair bangs covering her eyes. E1 was interviewed on 11/20/2014 at approximately 9:05 a.m. E1 stated we were 	W 340			

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W 340	Continued From page 5 trying to get her (bangs) to grow to style her hair differently. R4 has not had her hair cut since before admission in 6/2014.	W 340		