STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G237	A. BUILDING _____ B. WING _____	11/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNT TERRACE	1180 SOUTH FOURTH STREET KANKAKEE, IL 60901

(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 SURVEY INSPECTION OF CARE	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 the day training site use approved techniques for behavior management for 1 of 4 individuals with behavior management plans at the location, R5. Findings include: Surveyor observed R5 at the day training site on 11/28/12 at approximately 9:15 a.m. R5 was seated at a table away from the other participants. Surveyor asked Z1 and Z2 day training program coordinators why R5 was not seated with his peers. Z1 said he has behaviors of throwing chairs and grabbing female's private parts. Z1 said he is restricted to having a male program manager because of his behavior. Surveyor reviewed R5's Behavior Management Program dated 10/1/12, The plan does not include these interventions and they have not been approved by the facility. On 11/28/12 at 5:00 p.m. E2 facility representative said she was unaware the day training staff are using these techniques.	W 120		
W 125	483.420(a)(3) PROTECTION OF CLIENTS	W 125		

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 125	Continued From page 1 RIGHTS 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 observation, interview and record review the facility failed to ensure guardianship and or a health care advocate for 1 of 2 individuals in the sample who are self guardians, R2. Findings include: According to the 2/9/12 Individual Service Plan (ISP), R2 is a 44 year old male whose diagnoses include Autism, Diabetes Mellitus, Obsessive Compulsive Disorder (OCD) and Schizophrenia. The Functional skills section of the ISP reads," (R2) is unable to monitor/meet his own medical care needs. (R2) does not recognize and report symptoms of his diabetes. While (R2) is able to follow his diet as provided to him, (R2) would be unable to plan and prepare a diet that meets his medical needs. ... (R2) requires staff assistance to properly monitor and manage his diabetes. " The cognitive section of the ISP reads, "(R2) relies on staff prompting to come out for meals, medications, the bus etc.,... If left unsupervised, it is likely that (R2) would become very ill as he would be unable to maintain the necessary diet and medication schedule needed to manage his diabetes." The social services/guardianship	W 125		

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W 125	Continued From page 2	W 125		

section reads, "guardianship has been discussed with (R2's) mother in the past but to date she has not actively pursued this mainly due to the financial issues involved. At the present time, the CST (community support team) are in agreement that this will not be considered a priority to resolve. This decision is based on (R2's) overall level of functioning, his history of being able to communicate with his family and (facility) staff in order to understand important issues such as medical issues."

The current Physician's Order Sheets dated November 2012 note R2 receives Anafranil 150 mg daily at hour sleep (for OCD). The dose was increased from 100 mg. on October 23, 2012. R2 receives Risperdal 4 mg. twice daily (for hallucinations) the dose was increased from 3 mg. twice daily on November 21, 2012., and Ativan 0.5 mg. twice daily. Insulin Humalog (U-100 7 units prior to breakfast, 7 units prior to lunch, 7 units prior to dinner) and Lantus insulin 15 units at 9 p.m. for diabetes.

The clinical record documents R2 was hospitalized in August 2012. Clinical notes from the behavioral health services at the local hospital read, "The patient reports that he is Stitch; he is not (R2). He is hallucinating and saying that something bad was going to happen at the house. He has been banging on the walls, kicking a car. He knocked over a plant. He hit another resident and ran out into the street. When asked what this is all about, he will not answer appropriately but does not want to go to the hospital."

Notes from the Psychiatrist visits of October 23,

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W 125	Continued From page 3 2012 and November 21, 2012 when behavior modifying medications were increased read, "Risk Assessment: no immediate danger to oneself or other Progress: worse, Prognosis: Poor R2 was observed on 11/28/12 at 4:50 p.m. during medication pass. R2 was prompted throughout the insulin administration by Direct Support Person, E4. E4 said focus, focus, focus before you prick (when R2 was testing his blood sugar with a glucose monitor.) E2 facility representative was interviewed on 11/29/12 at approximately 10:00 a.m., regarding guardianship or an advocate for health care for R2. E2 confirmed there is no evidence in the ISP that R2 has a guardian or health care advocate.	W 125		
W 365	483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure all medications received by 1 of 4 individuals in the sample are documented on the Medication Administration Record, for R2. Findings include: The current Physician's Order Sheets dated November 2012 note R2 receives Insulin Humalog (U-100 7 units prior to breakfast, 7 units prior to lunch, 7 units prior to dinner) and Lantus insulin 15 units at 9 p.m. for diabetes.	W 365		

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W 365	Continued From page 4 Review of the MAR notes the 12:00 p.m. insulin is not documented when R2's insulin is administered by the nurse at the day training center. During interview with E2, facility representative on 11/29/12 at 11:10 a.m. she said it is documented on a separate form and submitted to the facility monthly. E2 said the day training nurse calls the facility when blood sugar readings which are taken prior to insulin administration are not in parameters for R2.	W 365		
W 370	483.460(k)(3) DRUG ADMINISTRATION The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility has failed to ensure 1 of 1 individual in the facility who receives insulin injections has been determined independent in administration of all medications in accordance with state of Illinois Administrative Code rule 116, R2. Findings include: Joint Committee on Administrative Rules Title 59: Part 116.60 b) states: "Each Individual shall be presumed to be competent to self-administer medications if he or she has been determined to be: 1)capable by a registered professional nurse or advanced practice nurse; 2) approved to self-administer medication by the Individual's Community Support Team (CST) or Interdisciplinary Team (IDT; and	W 370		

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W 370	Continued From page 5 3)authorized by a written order of a physician licensed to practice medicine in all of its branches." On 11/28/12 at 4:50 p.m. R2 was observed administering insulin with supervision and verbal prompting from Direct Support Person, E4. E4 also assisted R2 by finding his Ativan in a folder and assisting him with the name of the medication. E4 said it is harder to get to him when he is in a mood, you have to keep giving instructions over and over. E4 said focus, focus, focus before you prick. R2 was attempting to stick his finger without using an antiseptic. The Self medication program dated 2/9/12 reads, (R2) is not independent in self-medication tasks. He requires oversight to correctly complete glucose checks and administer his insulin."	W 370		