

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

PRINTED: 02/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2016
NAME OF PROVIDER OR SUPPLIER COUNTRY CLUB TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 WEST 183RD STREET COUNTRY CLUB HILLS, IL 60478		
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W 000	INITIAL COMMENTS	W 000			
W 122	<p>INCIDENT INVESTIGATION</p> <p>INCIDENT OF 01/22/16 / IL82998</p> <p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on observation, interview and record review the facility failed to properly supervise R1 who has a known history of PICA attempts and ingestion when an xray showed an ingestion of a hexagon shaped metal lug nut in the cecum area of R1's body.</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> 1) Ensure immediate safeguards were put into place across all settings once an xray showed that a metal foreign object was ingested and present in the cecum area of R1's body. 2) Ensure that R1's Individual Service Plan and Behavior Program to "visually monitor R1 at all times" for PICA behavior was implemented across all settings. 3) Ensure staff are trained and retrained to reflect the current PICA behavioral issues and document and collect data for R1 across all settings. 4) Ensure that programs are monitored and/or revised as needed to prevent regression and 	W 122			

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 122	Continued From page 1 reoccurrence. 5) Investigate the incident of PICA ingestion that occurred on 01/22/16 to determine a possible cause to prevent reoccurrence. An Immediate Jeopardy was determined to have started on 01/22/16 at 11:07am when a hexagon shaped metal lug nut was found in R1's cecum and the facility failed to investigate, take immediate corrective action to put safeguards in place and retrain staff. See Findings cited at W149.	W 122			
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to: 1) Ensure safeguards were in place for R1 who has a known history for PICA attempts and ingestion across all settings to prevent further occurrences, 2) Ensure that R1's Individual Service Plan and Behavior Program to "visually monitor R1 at all times" for PICA behavior was implemented across all settings, 3) Ensure staff are trained and retrained to reflect the current PICA behavioral issues and document and collect data for R1, 4) Ensure that programs are monitored and/or revised as needed and 5) Investigate the incident of PICA ingestion that occurred on 01/22/16 to determine a possible cause to prevent reoccurrence. This affected one of one individual (R1) residing in the home who has a diagnosis of PICA.	W 149			

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W 149	<p>Continued From page 2</p> <p>Findings include:</p> <p>The facility's Policy and Procedure titled "ABUSE AND NEGLECT" with a revision date of 01/2016 states: " It is the policy and the responsibility of (facility name) to report all allegations of abuse/neglect and deaths to the Office of the Inspector General in the Illinois Department of Human Services within the required time frames in an appropriate and thorough manner. All employees of (facility name) shall adhere to the standards set forth in this policy directive." Neglect is defined as; " An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition, or places an individual's health or safety at substantial risk of possible injury, harm or death."</p> <p>The facility's Policy and Procedure titled " CONSUMER INJURY/INCIDENT REPORTS" without a date states: "Consumer behavior and injuries to consumers are to be noted on a consistent and constructive basis through appropriate reporting using the consumers Injury/Incident Report form."</p> <p>R1 is a 59 year old non verbal female admitted to the facility on 02/18/2010 with a diagnosis of; Impulse Control Disorder, Profound Intellectual Disability, Seizure Disorder and a known history of attempts and foreign body ingestion; (PICA). R1 has a behavior program to eliminate PICA behaviors that state that R1 is to be visually monitored at all times.</p>	W 149			

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W 149	Continued From page 3 1) On 01/22/16, R1 was taken to the hospital for seizure related activity and discharged on 01/22/16 with a diagnosis of breakthrough seizures and constipation. An xray was done at the hospital and showed that there was a "stable location of a ring like, hexagon shaped metallic foreign body identified within the right lower quadrant within the inferior cecum which has the appearance of something like a lug nut." R1 returned to day training on 01/26/16 through 01/29/16 for a total of four working days. On 01/28/16, Surveyor observed small objects consisting of squeezable teddy bears and pennies available as teaching tools for the individuals to use on the table. An interview was held with E8; Residential Aide (RA) for day training and home on 01/28/16 in the classroom at 10:40am. E8 stated "We have teddy bears and pennies on the table, but I have never seen R1 ingest them, she mostly steals food , so I monitor and look for that around mealtime because her pica is related to food stealing." Surveyor observed E8 to have her back turned and not have visual observation of R1 who had access to these small inedible objects while in the classroom. An interview was held with E7; day training Program Supervisor on 01/28/16 in the classroom at 11:00am. E7 stated "Yes (R1) has a diagnosis of pica. (R1) will try to pick up anything to ingest. I do environmental inspections in her (R1)'s classroom every hour and talk with E7 about what is going on in the room. The last write-up for pica that I received was about two months ago." E7 stated that an In-service training was conducted at day training for everyone on 01/25/16 and R1's level of supervision is that staff must be in the room at all	W 149			

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W 149	<p>Continued From page 4 times."</p> <p>2) On 01/27/16, Surveyor observed in the home at 5:45pm, R1 walk out of eyesight of E10; Residential Aide (RA) into the hallway area and stay for one minute. At 5:51pm, R1 was sitting on the couch in the living room and no staff were present in the room for fifteen seconds. At 6:05pm, R1 walked out of eyesight of E9 (RA) into the hallway area and stayed for eight minutes. At 6:25pm, R1 walked into the hallway area of the home, out of eyesight of staff, as no staff were present in the room. Surveyor notified E3; Qualified Intellectual Disability Professional (QIDP) who observed no staff present in the room while R1 was walking around between the living room and hallway area.</p> <p>An interview held with E3 on 01/27/16 at 2:30pm confirmed that all staff across all settings are to have R1 within eyesight at all times.</p> <p>3) Review of the Individual Service Plan dated 7/20/15 states R1 exhibited one hundred and forty five incidents of pica from 6/2014 through 5/2015 and review of the Behavior Management Program dated 7/2015 states "It is necessary that a BMP is utilized to manage the maladaptive behaviors of pica." Facility data collection sheets for R1 at day training and residential for the month of December 2015 states: "Behavior: Pica, Workshop = "No data", Residential = 0.</p> <p>An interview held with E3 on 01/27/16 at 2:30pm confirmed that "No data" indicated on the data collection sheets means that "data was not indicated or documented by the workshop staff for pica ingestion for R1."</p>	W 149			

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W 149	<p>Continued From page 5</p> <p>4) Review of the Individual Service Plan dated 7/20/15 stated that R1 exhibited one hundred and forty five incidents of pica from 6/2014 through 5/2015 and review of the Behavior Management Program dated 7/2015 states "It is necessary that a BMP is utilized to manage the maladaptive behaviors of pica."</p> <p>Surveyor held an interview with E1; Administrator, E2; House Manager, E3; QIDP and E4; Clinical Therapist on 02/02/16 at 10:25am in the dining room area of the home and confirmed that programs for R1 were not monitored and/or revised as needed to address pica issues.</p> <p>5) Interviews held with E1 through E4 and E5; Office of Inspector General (OIG) Liaison on 01/27/16, 01/28/16, 01/29/16 and 02/02/16 confirmed that the facility failed to investigate the incident of PICA ingestion once it was confirmed through xray on 01/22/16 to determine a possible cause and failed to put safeguards in place to prevent reoccurrence across all settings.</p> <p>On 02/04/16 at 10:45am, E1 (Administrator) and E3 (Qualified Intellectual Disability Professional) were notified that an Immediate Jeopardy was identified to have begun on 01/22/16 at 11:07am.</p> <p>The Immediate Jeopardy was removed on 02/08/16 at 4:55pm, however; the facility remains out of compliance as the facility has not had the opportunity to fully implement and evaluate the effectiveness of their abatement plan.</p> <p>Facility Abatement Plan: I. (R1) will have a one-to-one aide during the first and second shifts. A. One-to-one protocols</p>	W 149			

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W 149	<p>Continued From page 6</p> <p>1. The one-to-one aide will be within arm's length of R1 at all times during waking hours. Responsible staff will be E2 and E3 with a completion date of 02/03/16.</p> <p>2. When entering a room, outdoors or vehicle with R1, the one-to-one aide will visually sweep the room for objects that could cause a threat and remove such items out of reach. Responsible staff will be E2 and E3 with a completion date of 02/03/16.</p> <p>3. The one-to-one aide will arrange coverage during his/her break. Responsible staff will be E2 and E3 with a completion date of 02/03/16.</p> <p>B. R1's workshop classroom will be cleared of any objects that would cause a threat. R1 will be kept at arms length from any consumer that is working with objects that may be a threat. When the other consumer is finished using the objects, the objects will be stored out of reach of R1. Responsible staff will be E13 and E7 with a completion date of 02/03/16.</p> <p>II. Sleep Time</p> <p>A. R1 currently does not have a roommate. Her room has been cleared of any objects that may be ingested.</p> <p>B. Staff will conduct a bed check every half hour.</p> <p>C. A bed alarm will be used during sleep hours.</p> <p>D. The bedroom will be secured and cleared of all small objects with a completion date of 02/12/16.</p> <p>E. The bed area, within R1's arm's length, will be cleared of any objects that could be ingested.</p> <p>F. When the bed alarm goes off, night</p>	W 149			

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W 149	<p>Continued From page 7</p> <p>staff will immediately respond and follow one-one aide protocols until R1 is asleep in her bed. Responsible staff will be E2 and E3 with a completion date of 02/03/16.</p> <p>III. R1's Intermediate Care Facility (ICF) residential staff and workshop classroom staff will be trained on the PICA protocols. Responsible staff will be E2 and E13 with a completion date of 02/08/16</p> <p>IV. In the event that R1 attempts to swallow an object, standard choking protocols should be used such as:</p> <p style="padding-left: 40px;">A. Remove the object from her mouth.</p> <p style="padding-left: 40px;">B. If choking has occurred, immediately call 911.</p> <p style="padding-left: 40px;">C. Conduct the Heimlich maneuver (Abdominal thrusts) as trained.</p> <p style="padding-left: 40px;">D. Conduct CPR as trained.</p> <p style="padding-left: 40px;">E. Document each PICA attempt. Responsible staff will be E2 and E3 with a completion date of 02/09/16.</p> <p>V. Notices will be posted at the ICF and in the workshop classroom for any visitors. Responsible staff will be E2 and E13 with a completion date of 02/09/16.</p> <p>VI. R1 will be provided alternative forms of oral stimulation such as a biting tube as a safe alternative to try to satisfy the PICA impulse. Responsible staff will be E4 with a completion date of 02/12/16.</p>	W 149			