

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

PRINTED: 05/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY CLUB TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4900 WEST 183RD STREET COUNTRY CLUB HILLS, IL 60478</b>		
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W 000	INITIAL COMMENTS	W 000			
W 229	<p>ANNUAL CERTIFICATION/LICENSURE INSPECTION OF CARE EXTENDED FULL SURVEY</p> <p>483.440(c)(4)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to assure all formal training objectives and all informal training programs on which data was maintained, were expressed in behavioral terms that provided measurable indices of performance and clearly stated the expected learning result for 1 of 1( R2) clients in the sample who had a Behavior Program Plan.</p> <p>Findings Include:</p> <p>Record review of R2's Behavior Management Program dated January 2016 states R2 is a 60 year old female with a profound level of functioning and a overall functioning level of 4 years and 10 months. R2 is verbal and ambulatory. There are several diagnoses listed such as Depressive Disorder, Impulse Control Disorder, and Legally Blind.</p> <p>Review of Behavior Management Program dated January 2016 include two objectives, one is for anger and the behavior terms are listed and</p>	W 229			

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 229	<p>Continued From page 1</p> <p>clearly states the learning result. The other behavior objective listed as "behavior objective #1" "noncompliance" The objective list the following seven areas as a single incident of noncompliance:</p> <ol style="list-style-type: none"> <li>1. Get out of bed (or other daily routine)</li> <li>2. Complete a chore</li> <li>3. Work on Individual Program Plan goals</li> <li>4. Work on programming at (name of daytraing site)</li> <li>5. Personal hygiene tasks (i.e. showering, brushing teeth, combing hair)</li> <li>6. Comply with rules and policies.</li> <li>7. Take her medication</li> </ol> <p>The Behavior assessment form kept at the home for the month of April 2016 was reviewed. This form is utilized by the staff to record incidence of noncompliance behavior. The form have one column titled "noncompliance" at the top and failed to include any of 7 behaviors (listed above) that the staff should be assessing and recording whether the client was either compliant or noncompliant in. The staff records "0" in the column from 4/1/16 to 4/12/16.</p> <p>The same Behavior assessment form was reviewed at the daytraining site on 4/12/16 at 10:30am and lacked clear directives to the staff of what objectives to assess for R2.</p> <p>The above objective is not listed separately but 7 different incidents to be recorded as 1 incident by staff.</p> <p>Observations were made of R2 at daytraining site on 4/11/16 at 10:30am, R2 was sitting at a desk coloring with colored pencils.</p>	W 229			

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W 229	Continued From page 2  An interview was conducted with Z1 on 4/11/16 10:55am with Z1 (program supervisor. Z1 was asked how are "noncompliance" behaviors assessed, tracked and recorded for R2. According to Z1, "if we ask her to do something and she doesn't do it, like for example she have a boyfriend here over on the other side and if she tries to go over there then that's noncompliance."  An interview was conducted with E5, Clinical therapist. E5 wrote the noncompliance behavior objective for R2. E5 was asked how would accurate assessment of progress occur if seven separate objectives are listed as one objective under the title of noncompliance and to explain noncompliance and how would the staff know how to separate the objectives if data recording form gives only one chose of "zero" if no behaviors existed.  E5 states she wrote the noncompliance behavior objective by taking various areas of R2's daily life. and that she utilize documentation from staff as one of the methods to compile the seven objectives listed and defines noncompliance as R2 doesn't comply with any of the seven listed objectives. E5 was asked if R2 completes 6 of the 7 objectives would staff record R2 as not completing the objective at all and E5 responded yes. Surveyor informed R2 that on staff interviewed of (Z1), she was not able to the explain "noncompliance" objective and did seem to have a clear understanding of what was recorded as the objectives are not separated. E5 was asked if a single behavior outcome could be determined from the current behavior objective and was asked specifically about behavior #6, "Comply with rules and policies" E5 states that	W 229			

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W 229	Continued From page 3 objective #6 means "if she comply with the rules and policies of (name of daytraining site)" and "an example would be if she leaves the building."	W 229			
W 252	An interview was conducted with E1, Facility Representative on 4/13/16 at 2:00pm, E1 confirmed that R2's objectives are not stated separately, in terms of a single behavior outcome. 483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data was recorded in accordance with individual program plan objectives. This occurred with 3 of 4 individuals in the sample (R1, R2 and R3)  Findings include:  Record review of the following list incomplete data recorded for individuals:  1) R1's goals include: a) independent living skills objective; when going from room to room at the Intermediate Care facility/ ICF and staff gives 2 or less verbal reminders to use his crutches to qualify, instead of crawling, R1 will use his crutches to walk around the house 7/7 days per week. Data was missing for 13 of 31 days for December 2015, 18 of 31 days for November 2015, 9 of 31 days for October 2015	W 252			

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W 252	Continued From page 4  b) Economic Self sufficiency); With a variety of coins displayed and asked to count \$1, R1 will count out \$1, 3/7 days a week. Data was not recorded for December 2015, Data was missing for 7 of 29 days for February 2016, Data was missing for 9 of 30 days for November 2015, 5 of 31 days for October 2015 c) Community Integration: a) when going out in the community and staff gives 2 verbal reminders saying "bring your ID", R1 will bring a copy of his ID 1/4 days per month. Data not recorded for 2 of 4 days for February 2016, 4 of 4 days for the month of November 2015, 4 of 4 days for October 2015  2) R2's goals include: a) Economic Self Sufficiency objective; when shown a penny, dime, and nickel and staff ask "how many cents is each coin, R2 will state the value of each coin 5 out of 7 days per week. Data was missing for 6 of 31 days in January 2016 and 13 of 31 days in December 2015 .  3) R3's goals include: a) Independent living skills objective. after his shower in pm and staff gives R3 the option of 2 outfits, of the 2 options, R1 will choose his clothes to wear for the next day 7 out of 7 days per week. Data was missing for 20 of 31 days for March 2016, 21 of 29 days for February 2016, 18 of 31 days required in December 2015, 13 of 30 days for November 2015, and 13 of 31 days in October 2015. b) Consumer objective; After being shown the sign for medication and with staff guidance to the medication closet, R3 will walk to the closet 5 out of 7 trails per week. Data was missing for 14 of 31 days for March 2016, 16 of 31 days for 15 of	W 252			

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W 252	<p>Continued From page 5</p> <p>29 for February 2016, 7 of 20 days for January 2016, 16 of 30 days for November 2015.</p> <p>c) Economic objective, R3 will pick a penny, dime, nickel, quarter 5 out of 7 for 7 days a week, Data was missing for 13 of 31 days for March 2016, 13 of 29 days for February 2016 8 of 31 days for January 2016, 20 days for December 2015, 19 days for November 2015, and 16 days for October 2015 .</p> <p>An interview was conducted with E4, Qualified Intellectual Disability Professional on 4/12/16 at 11:25am. E4 confirmed the data was not recorded at the frequency required by the individual Program Plan and that an accurate view of the objective outcomes could not be obtained for R1 and R3.</p>	W 252		