

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

PRINTED: 01/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2014
NAME OF PROVIDER OR SUPPLIER BROADWAY TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 BROADWAY CHICAGO HEIGHTS, 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	W 000			
	ANNUAL CERTIFICATION				
	INSPECTION OF CARE				
W 120	FUNDAMENTAL 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 outside services maintained appropriate communication with facility regarding: 1) alarm for 1 of 4 individuals in the sample who uses a safety alarm on her wheelchair (R2), 2) implementation of program objectives for 1 of 4 individuals in the sample (R3). Findings include: 1) On 12/17/14, at 12:55 p.m., R2 was observed to be seated on a couch, her wheelchair was parked next to her. R2's wheelchair had an alarm and a censor pad on the wheelchair seat. On 12/17/14, at 1:00 p.m., Z6, Workshop DSP (Direct Support Person) stated that R2's wheelchair alarm has not been working since "last Monday". Z6 stated that R2 told her "that it broke." According to Z4, Workshop Coordinator, R2 uses the wheelchair alarm for safety. Z4 stated that he was not aware that the alarm was	W 120		1/5/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/23/2014

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	<p>Continued From page 1</p> <p>not working and added that staff are supposed to tell him when that happens.</p> <p>On 12/17/14, at 3:30 p.m., E1 (Facility Representative) stated that the workshop called her on 12/17/14 and her staff went to the workshop, and fixed R2's safety alarm by replacing the battery. E1 confirmed that she was not aware of R2's safety alarm not working until the Workshop called her on 12/17/14 after Surveyor visited the workshop site.</p> <p>2) On 12/17/14, at 12:05 p.m., R3 was observed to be eating his lunch at his Workshop site. At 12:26 p.m., when asked about R3's current program objectives, Z4, Workshop DSP (Direct Support Person) stated that R3 currently has an objective that he "will participate and work with the Healthy Living Program with 25% participation...". The December data sheet at the workshop did not have any data. When asked, Z4 stated that the objective has not been implemented for R3 because "we don't have an Healthy Living Program at this time." According to Z4, R3 used to have an objective to show his Id[entification] card but he "never brought his ID card".</p> <p>On 12/18/14, at 10:30 a.m., E1 stated she was not aware that R3 had a Healthy Living program objective and confirmed that R3 should have been working on personal information skills and socialization objectives.</p> <p>Program Services Data sheets from the Workshop site dated 9/2014, 10/2014, and 11/2014 (provided by Facility) notes the following program objectives for R3 to be implemented at the Workshop site:</p>	W 120			

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W 120	Continued From page 2 Program 1. Personal Informational Skills. R3 will independently show his id[entification] card when asked for his home phone number on 95% of all trials... Program 3. Socialization. Staff will discuss with R3 the purpose / privilege of going to work on 80% of all trials... On 12/18/14, at 10:30 a.m., E1 (Facility Representative) confirmed that R3 is supposed to be working on Program 1 and Program 3 at the workshop site. Program Services Workshop data sheets provided by facility notes "0" for Program 1 for the months of September and October 2014 and "R" for the month of November 2014. On 12/18/14, at 2:09 p.m., when asked what "0" or "R" means, E1 stated that it may mean R3 refused to implement the objective.	W 120			
W 137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure clothing with appropriate size was provided for 1 of 4 individuals in the sample (R1). Findings include: On 12/16/14, between 4 p.m. and 5:45 p.m., R1	W 137		1/5/15	

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W 137	Continued From page 3 was observed at varied times in the dining area and living area with exposed incontinent briefs. During this time, E4 (DSP), E6 (DSP), E7 (DSP), and E8 (DSP) were present in the dining area and living area. Surveyor did not observe any of the staff addressing the issue of R1's incontinent briefs being exposed. On 12/17/14, at 12:12 p.m., R1 was observed to be sitting on a chair with her head laying on the table. R1's disposable incontinent brief was exposed (3 to 4 inches) on the back while she was leaning and resting with her head on the table. At 12:25 p.m., when asked about the exposed briefs, Z2, Workshop DSP (Direct Support Person) pulled R1's pants up to cover the exposed brief. Z2 stated that it seems that "R1's pants a little loose and low on the waist". At 12:35, R1 was observed again with her brief exposed. When informed about the exposure of R1's brief, Z5 (Program Services Facilitator) asked another staff to pull her pants up to cover the exposed brief. On 12/17/14, at 3:30 p.m., E1 (Facility Representative) confirmed that R1's brief should not be exposed.	W 137			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to follow up and clarify physician recommendations for 1 of 4	W 322		1/5/15	

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W 322	<p>Continued From page 4</p> <p>residents in the sample (R1), and 1 of 1 resident out of the sample (R5).</p> <p>Findings include:</p> <p>1) R1 is a 34 year old with diagnoses including Impulse Control Disorder, Atypical Psychosis and Seizure Disorder. R1's record documents she has not had a seizure in 11-12 years. A Psychiatrist's consultation note, dated 10/31/14, includes, "Spoke with [Primary Care Physician/PCP] over the phone regarding tegretol the patient is getting for history of seizure disorder, as well as low white blood cells. [PCP] will see patient...attempt to taper tegretol off..."</p> <p>The record includes a PCP prescription, dated 11/14/14, "Decrease Tegretol 200 mg to one daily and then discontinue in 3 weeks." However the accompanying PCP note documents, "Decrease Tegretol to 100mg daily then stop in 3 wks." There is no documentation clarifying which dose to follow.</p> <p>R1's record includes a following prescription from the PCP, dated 12/9/14, "Do not discontinue Tegretol". There is not an accompanying note addressing why this decision was made. There is no documentation clarifying what amount of Tegretol the PCP wants R1 maintained on, such as the original dose of 400mg, the 200 mg or the 100 mg.</p> <p>R1's record includes a neurology note, dated 11/21/12.</p> <p>E3 (RN) confirmed on 12/17/14, at 1:15 PM, that there is a discrepancy between the tegretol doses recommended by the physician, and is not sure which dose R1 should be on. E3 stated he is not</p>	W 322			

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W 322	Continued From page 5 sure why the tegretol was restarted and that there is not a note in the chart explaining this change in the plan of care. E3 stated that the 11/21/12 neurology note is the most current for R1, and that the neurologist should probably be consulted on the continued use of tegretol for R1, especially since there is documentation she has not had a seizure in over 11 years. E5 (Direct Support Person) stated on 12/17/14, at 1:30 PM, that she brought R1 to the PCP when he made the decision to keep R1 on tegretol, however the PCP did not send any documentation, other than the prescription, to the facility. 2) R5 was a 74 year old with diagnoses including Severe Intellectual Disability, Chronic Obstructive Pulmonary Disease and Hypertension. A Podiatrist note, dated 10/23/14, documents that an ulcer 1 x 0.7 cm was discovered on the anterior of R5's left ankle. The recommendations include an order for an ankle xray, oral antibiotics, and "Caretaker to apply antibiotic ointment and gauze daily". R5's record lacks documentation regarding the recommended ankle xray. E3 (RN) confirmed on 12/17/14 at 10:30 AM, that R5's record lacks documentation regarding the xray, including the results and any needed action. E3 said the Xray was done 10/30/14, but the result was sent to the ordering physician and the PCP, but not the facility. E3 was not sure of the results.	W 322			
W 339	483.460(c)(4) NURSING SERVICES	W 339		1/5/15	

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W 339	<p>Continued From page 6</p> <p>Nursing services must include other nursing care as prescribed by the physician or as identified by client needs.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview it was determined, for 1 of 1 resident out of the sample (R5) with an alteration in skin integrity, that the facility failed to ensure nursing; 1) Assess and monitor a newly discovered skin ulcer. 2) Staff change the dressing, according to physician orders.</p> <p>Findings include:</p> <p>R5 was a 74 year old with diagnoses including Severe Intellectual Disability, Chronic Obstructive Pulmonary Disease and Hypertension. A Podiatrist note, dated 10/23/14, documents that an ulcer 1 x 0.7 cm was discovered on the anterior of R5's left ankle. The recommendations included an ankle xray , antibiotics orally, and "Caretaker to apply antibiotic ointment and gauze daily".</p> <p>R5's record includes E3's (RN) note dated 10/23/14, that, "[R5] was observed to have a ulcer on his L ankle. ...dressing changes with antibiotic ointment and gauze daily." However, the record, including the Mediation/Treatment Administration Records, lacks further documentation regarding the wound, including whether or not staff changed the dressing as ordered.</p> <p>R5 was admitted to the hospital for respiratory issues, on 11/2/14. The doctor's admitting note</p>	W 339			

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W 339	Continued From page 7 states, "small sore noted to left anterior lower leg above ankle." R5 expired in the hospital on 11/11/14. E3 confirmed on 12/17/14, at 12:00 PM, that there is no wound documentation after his 10/23/14 note. E3 also confirmed a nursing description of the wound, including size and color, is lacking from the record. E3 stated he was monitoring the wound and the dressings, however there is no documentation.	W 339			
W 352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record and interview, it was determined the facility failed to ensure that 1 of 4 residents (R4) in the sample received comprehensive dental services annually. Findings include: R4 has diagnoses including Severe Mental Retardation. A Dental note, dated 8/12/13, documented that R4 was seen by the dentist, but was uncooperative and the dental care was not completed. This consultation recommended a return appointment in 6 months. R4's record included dental consultant notes, dated 7/28/14 and 10/7/14, stating dental care was not provided because R4 was uncooperative, even though partially sedated.	W 352		1/5/15	

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W 352	Continued From page 8 E1 (Facility Representative) stated on 12/18/14, at 12:00 PM, that R4 has not cooperated with dental appointments this year, and the most current, partially successful visit was 8/12/13. E1 said the plan is to now find a dentist who will also provide the needed sedation for R4.	W 352			