

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

PRINTED: 02/16/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G269</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROADWAY TERRACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>43 BROADWAY CHICAGO HEIGHTS, IL 60411</b>			
(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 Survey - Fundamental						
W 104	Inspection Of Care 483.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the cabinet under the sink in the men's back bathroom was not used for storage and the walkers of individuals who no longer reside in the facility are not kept in the bedrooms of current individuals.  Findings include:  General observations in the facility on 01/12/16 at 3:30 PM include: - a walker labeled with the name of R5 that's kept in R4's bedroom closet. R5 was discharged from the facility in September 2015. - two walkers in R6's bedroom. R6 does not use a walker. R6 is the only individual living in this bedroom. - under the sink in the men's back bathroom are the following: bent wire clothes hanger behind the tilted water dispenser filter tank, large plastic bottle labeled as skin moisturizer, empty plastic pouch for a sponge tooth swab, one soap dispenser behind the tank, one open toothpaste, 4 unlabeled body wash dispensers and one unlabeled empty body wash dispenser, approximately 10 inches long used toilet paper, a			W 104			

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 104	Continued From page 1 piece of crumpled stationary paper and one crumpled brown paper towel.  Surveyor, Maintenance staff E6 and Direct Support Person E8 observed on 01/12/16 at 3:30 PM the items under the sink in the men's back bathroom and validated that hanger, papers, toiletries should not be kept under the sink. Facility Representative E1 validated on 01/12/16 at 3:50 PM that individual's toiletries should be kept in their toiletry bins in their bedrooms and the walkers of individuals no longer at the facility are company property and will be relocated in a different place in the facility.	W 104			
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 interview and record review, the facility failed to follow its policy and procedure regarding allegations of another person taking the wallet of 1 of 1 individual in the sample with a history of making false allegation regarding his wallet (R2).  Findings include:  R2 is an individual whose record includes a 11/17/15 Addendum stating that R2 has history of making false allegations that he or other steal his wallet.  Per Facility Policy 5.24 (Revised 5/11) Investigative Committee, Purpose: The Investigative Committee shall be responsible for	W 149			

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W 149	Continued From page 2  A. To identify, review and determine if alleged violations of any individual's rights, including abuse and neglect have occurred. B. To investigate allegations in a professional and impartial manner. Procedure: C. The facility administrator shall report the matter within 24 hours, and send a written report within five (5) working days to the individual's representative and to the Illinois Department of Public Health. D. The administrator shall call a meeting of the Investigative Committee. E. The committee members shall meet to review the allegations, conduct interviews and examine the information available that is pertinent to the incident. J. If the allegation is that another individual committed an act of abuse, appropriate action will be taken to safeguard the other individuals.  Qualified Intellectual Disability Professional E3 validated on 1/13/16 at 12:00 Noon that there is no record of the times R2 reported to E3 about he/others taking his wallet. E3 validates R2 last made the report to E3 in November 2015.  Facility Representative E1 validated on 1/13/16 at 1:50 PM that E1 was unaware of R2's allegations. E1 validated that R2's allegations should have been reported and investigated.	W 149			
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.	W 262			

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W 262	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Human Rights Committee members were present when they met to review and approve the use of a new medication to address behaviors of 1 of 1 individual in the sample who uses medications for maladaptive behaviors (R4).</p> <p>Findings include:</p> <p>R4 is an individual with a prescription to start Medroxyprogesterone given by intramuscular shot every three months to decrease behavioral changes around menstrual cycle per the 10/20/15 Community Support Team (GP-20). This GP-20 Form is signed by the Facility Representative E1, Qualified Intellectual Disabilities Professional (QIDP) and Residential Services Director E3 and Registered Nurse E2.</p> <p>E1 and E3 were asked on 01/13/16 at 1:50 PM about the Human Rights Committee (HRC) review and approval of R4's Medroxyprogesterone. E3 provided the 10/20/15 GP-20 Form. E1 added that the GP-20 on 10/20/15 is the HRC review and approval for R4's new prescription. E1 was asked who constituted the HRC and stated that the facility HRC includes the QIDP, Facility Representative or Administrator, Nurse, Day Training representative and Community Representative. E1 validated that the 10/20/15 meeting did not include participation of the Community Representative nor the Day Training Representative to review and approve the use of a new medication for R4 to manage maladaptive behaviors.</p>	W 262			
W 460	483.480(a)(1) FOOD AND NUTRITION	W 460			

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W 460	<p>Continued From page 4 SERVICES</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 9 of 9 individuals (R1 - R4 and R6 - R10) received a well balanced diet including modified and specially prescribed diets when bread was not served for the dinner meal.</p> <p>Findings include:</p> <p>Observations were conducted in the home on 01/12/16 beginning at 3:30pm. At 5:20pm, individual R8 and E5; Direct Support Person (DSP) were observed setting the table for the dinner meal which consisted of : Baked barbecue chicken breasts, sweet and mashed potatoes, mixed vegetables, fruit medley, water, lemonade and two percent milk. R1 - R4 and R6 - R10 sat down at 5:40pm and ate their dinner meal without bread.</p> <p>Record review of the dinner menu for 01/12/16 states that dinner rolls are to served with the meal.</p> <p>An interview held with E1; Facility representative on 01/12/16 at 6:00pm in the office. E1 came into the dining room and observed and confirmed individuals not receiving bread with the dinner meal.</p>	W 460			