

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

PRINTED: 07/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER DEARBORN COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 520 SOUTH DEARBORN 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	W 000			
W 120	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL INSPECTION OF CARE</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and interview, it was determined the facility failed to ensure:</p> <ol style="list-style-type: none"> 1) The Facility's Plan of Correction, for the Incident Survey of 4/3/15, was implemented. 2) The Day Program site was clean and hygienic for 2 residents in the sample (R1, R2) and for 2 out of the sample (R4, R5). 3) The Day Program provides the needed equipment and furniture, such as comfortable chairs, a clean changing table, and a mechanical lift, to provide services for 1 of 1 resident in a wheelchair (R1) <p>Findings include:</p> <ol style="list-style-type: none"> 1) According to the Plan of Correction, submitted by the facility in response to an Incident survey conducted on 4/3/15, the facility was to train the Day Program site regarding their abuse and neglect policy, including notification of any incidents, and the conduction of a thorough investigation. <p>E1 (QIDP) stated on 7/15/15 at 11:30 AM, that this training was not done.</p>	W 120			

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 120	<p>Continued From page 1</p> <p>2) The Day Training (DT) site for R1, R2, R4, R5 was toured on 7/15/15, at 9:30 AM. R1 is in a motorized wheelchair.</p> <p>It was noted that the two main bathroom doors, across from the dining area, were propped open with half used, dirty, rusty paint cans. The women's bathroom was observed with Z2 (DT Human Resource Manager), Z3 (Rehabilitation Lead Supervisor), Z4 (Production Manager) and Z1 (Supervisor). The linoleum floor was gray with layers of dirt covering it, and debris and cobwebs were in the corners. The white shower curtains, over only half of the showers, had a black moldy looking substance down the length of the curtains. There was a recliner in one shower which was wet, with black mold looking substance on it, along with the wet pillow on the floor. There was a changing table in the last stall area, with dirty: gloves, wipes, and a used diaper on it. The cabinet next to the changing table, to hold supplies, had dirt and black mold-looking substance on it, along with dirty gloves and wipes.</p> <p>The male bathroom has no changing table in it. Z4 said during the observation that the men get changed in their wheelchairs, there is not a changing table for the men.</p> <p>The Senior Rooms were toured. Multiple wheelchair residents are these rooms, along with elderly residents. The rooms have hard, stackable plastic chairs. There are no padded, reclining chairs for residents to rest in or raise their feet. Z4 showed this surveyor the two recliners the DT has, which were ripped, dirty with crumbs, missing arm rests and with rusty metal parts. Z4 said that there are no chairs for residents to rest and raise there feet if needed.</p>	W 120			

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W 120	Continued From page 2 R1 was observed in her work area. R1 uses a mechanical lift at the home for transfers and changing. R1's DT Program Manager (Z1) said that R1 stands up to get changed and holds onto railings, because the DT has no mechanical lift. Z4 and Z2 said they thought the DT had a mechanical lift, but it was from another consumer's family, just for that person's use. Z2 said staff manually lift the residents, since there is no mechanical lift. Z1 stated it is hard to always lift residents out of their wheelchairs, because the staff not strong enough.	W 120			
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that the objective steps are revised, once that step has been successfully completed, for 2 of 3 residents in the sample (R2, R3). Findings include: According to the record, R2 is a 72 year old verbal and ambulatory resident who functions at the Moderate level of Intellectual Disability. R2's annual Individual Support Plan (ISP,) dated 9/11/14, includes formal goal objectives for; Self Medication, Money Management, and	W 255			

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W 255	<p>Continued From page 3 Toothbrushing.</p> <p>According to E1's (QIDP) monthly notes: For the Self Medication goal, R2 was to tell staff what time he takes his medication at an 80% success rate with verbal prompts. R2 met this goal with 90% independence in January, and at 100% independence in February and March. R2 did not advance to the next step until April.</p> <p>For the Money goal, R2 was to add \$1.00 and .70 at a 90% success rate with verbal prompts, R2 met this step with 100% independence in Jan, Feb, and March, however he did not advance to the next step until April.</p> <p>For the Toothbrushing Program, R2 was to brush his bottom teeth for 30 seconds at 80% success with verbal prompts. R2 stayed at this step even though he met it with 100% independence for Feb and March. R2 did not move to the next step of "brushing his back right teeth for 30 seconds" until April. He remained at that step from April until July even though he accomplished it with 100% independence starting in April. This program has 9 steps until R2 will be brushing his own teeth.</p> <p>According to the record, R3 is an ambulatory, verbal 52 year old who functions at the Severe level of Intellectual Disability. R3's ISP, dated 12/30/14, includes formal objectives for Money Management and Oral Hygiene.</p> <p>According to E1's monthly notes; For the Money goal, R3 was to answer how much a nickel was worth at 100% with verbal prompts. Even though R3 met this step at 100% for April, May and June, she was not advanced to the next step, "how much is a dime worth" until July.</p> <p>For R3's Oral Hygiene Program, R3 was to brush</p>	W 255			

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W 255	Continued From page 4 the lower right side of her teeth for 60 seconds at 80% with verbal prompts. In April she accomplished this with 40% independence and 60 % verbal prompts. In May, R3 had met this with 100% independence and in June with 100 % verbal prompts. R3 did not move to the next step of "brush the upper left teeth for 60 seconds" until July. This program has 9 steps until R3 will be brushing her own teeth.	W 255			
W 259	E1 was interviewed on 7/15/15 at 1 PM, and confirmed the monthly data notes. E1 said R2 and R3 have been brushing their own teeth, but this program is to make sure they do it right. E1 confirmed that the goals are not usually revised once the step has been achieved, but at a 3 month time period. 483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure Therapy Assessments, and any resulting recommendations, were up to date for 2 of 3 sample residents with identified functional deficits (R1, R3). Findings include: 1) According to R1's record, she is a verbal 48 year old, who uses a motorized wheelchair for movement. R1 is dependent on staff for her	W 259			

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W 259	<p>Continued From page 5</p> <p>activities of daily living (ADL). She wears leg braces with shoes.</p> <p>The most current Physical Therapy (PT) evaluation in R1's record is dated 5/2010. The resulting recommendations are for; strength training, ambulation training, balance and transfers.</p> <p>R1's Individual Support Plan (ISP), dated 3/6/15, states "She has received physical therapy in the past that provided her exercise instructions to maintain her strength." The record includes documentation that in the past year, R1 has received new leg braces and shoes to assist with ambulation, however there is no staff guidance.</p> <p>R1's ISP does not include any objectives for strengthening, ambulation, nor does it include specific instructions for use of adaptive equipment being used for R1, such as her mechanical lift and gait belt. The record lacked instructions for staff on whether R1 is to stand transfer with her AFO's and shoes, or whether a mechanical lift is to be used.</p> <p>R1 was observed in the home where a mechanical lift is used for her transfers. R1 was then observed at the Day Training (DT) site, on 7/15/15, where her DT Program Manager (Z1) said they stand R1 up and have her hold onto to something while they are changing her, however she gets tired and needs to sit during the change. Z1 said the DT does not have a mechanical lift.</p> <p>On 7/16/15, E1 (QIDP) provided a PT evaluation with was not in the record. This evaluation is dated 10/10/14, and does list different adaptive equipment for R1, including the mechanical lift and shoe braces, however it has no specific instructions regarding when and how staff are to use them.</p>	W 259			

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W 259	Continued From page 6 E1 confirmed on 7/15/15 at 2 PM, the record findings and said there are not specific guidelines for all staff to follow, regarding R1's movement. 2) According to the record, R3 is a 52 year old ambulatory and verbal resident. She functions at the Severe level of Intellectual Disability. R3's record includes a physician's order, dated 12/18/14, for a Physical and Occupational Therapy evaluation, however, the most current evaluation in R3's record is dated 2010. According to incident reports, R3 fell while ambulating in 3/2015 and 6/2015.	W 259			
W 261	E1 confirmed on 7/16/15, at 11 am, that the most current PT/OT evaluation is from 2010. 483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that the Human Rights Committee (HRC) includes members without controlling interest in facility. Findings include: HRC minutes were reviewed. The sign in sheets	W 261			

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W 261	Continued From page 7 do not include a member without controlling interest in the facility, such as someone from the community. E1 (QIDP) stated on 7/15/15, at 2 PM, that the HRC does not have a member from the community, nor one without controlling interest in the facility.	W 261			