STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 ANNUAL CERTIFICATION - LICENSURE FUNDAMENTAL INSPECTION OF CARE SURVEY	W 000		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility did not assure program plans were monitored by a Qualified Intellectual Disability Professional who made plan revisions based on data from program implementation or assured plans addressed challenging behaviors, significant needs, and that the plans were modified timely. The QIDP also did not assure that plans were written in behavioral outcomes and that data were sufficient to determine progress or lack of progress for 2 of 3 individuals in the sample (R1 and R2.) Findings Include: Information was obtained from the facility representative on 8/26/14 during the entrance conference that the Qualified Intellectual Disability Professional (QIDP) previously assigned to this residence is no longer working at this residence and that a new QIDP has been assigned and is currently going through training. Observations were made of R2 entering the residence from daytraining at 3:10pm. R2 was observed placing 2 to 3 fingers in her mouth and removing the fingers with saliva visible on the	W 159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 159	Continued From page 1 fingers 6 times from 3:15pm to 5:20pm. R2 would frequently stop and touch knees and elbows. R2 was also observed during this time dropping knees to the bare floor in leg squats two sets on each knee five times. R2's knees both have raised quarter size callus however; on the right knee the skin under the callus is red and irritated. Record review of the Individual Service Plan (ISP) dated 1/6/14 list several diagnoses including Obsessive Compulsive Disorder, Bipolar Disorder, Depression, and Anxiety Disorder. The targeted behaviors listed in the ISP and the monthly program objectives from February to July 2014 list targeted behaviors and data summary prepared by the QIDP, all fail to include R2's behavior of mouthing her fingers. An interview was conducted with several Direct Support Persons E8 and E9 on 8/26/14 at 6:15pm and with E3 on 8/29/14 at 9:30am, all confirmed that R2 has been demonstrating the mouthing behavior for at least four years. Observations were made of R1 at the day training site on 8/26/14 at 12:30pm. R1 communicates verbally in short sentences. An interview was conducted with Z3 (case manager at daytraining) on 8/26/14 at 12:30pm. Z3 states R1 has improved in her mal adaptive behaviors of stealing lunches, running away, "but she still will occasionally put soap in her hair." Z3 states R1 has demonstrated this behavior since he has had her on his case load in the past year." The monthly QIDP's notes for the first or second quarter and the QIDP failed to address this maladaptive behavior in the ISP dated 4/22/14. An interview was conducted with E2 (Facility Trainer) on 8/27/14 at 11:00am, E2 confirmed that the monthly progress notes written by the QIDP, the Individual Service Plan, or the Behavior Plan reflect the above listed maladaptive	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 159	Continued From page 2 behaviors for R1 and R2. E2 states, "The documentation is unclear and this is a training issue, the staff will have to be trained and retrained, that Q is no longer here."	W 159		
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to comprehensively and functionally assess the maladaptive behaviors for 2 of 2 individuals in the sample (R2 and R1), R2's behavior of mouthing fingers and drooling saliva and R1's behavior of applying excessive amounts of soap in her hair other than hygiene or shower times. Findings include: Observations were made of R2 entering the residence from daytraining on 8/26/14 at 3:10pm. R2 was observed placing 2 to 3 fingers in her mouth and removing the fingers with saliva visible on the fingers 6 times from 3:15pm to 5:20pm. Record review of the Individual Service Plan (ISP) dated 1/6/14 list several diagnoses including Obsessive Compulsive Disorder, Bipolar Disorder, Depression, and Anxiety Disorder. The targeted behaviors listed in the ISP, monthly program objectives from February to July 2014 which list targeted behaviors and data summary prepared by the QIDP, all fail to include R2's behavior of mouthing her fingers.	W 214		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 214	Continued From page 3 An interview was conducted with E5 (Direct Support Person) on 8/29/14 at 9:30am, E5 was asked how long has R2 been demonstrating mouthing her fingers. E5 replied as long as she have worked with her "which is about 4 years." An interview was also conducted with E2 (Facility Trainer) on 8/27/14 at 11:35am. E2 was not able to show evidence that a functional assessment of the mouthing behavior was ever done and stated, "I agree, this is a maladaptive behavior, staff training is needed on that." Observations were conducted of R1 beginning at 12:30pm at daytraining site on 8/26/14. Z4 (daytraining QIDP) was interviewed about R1's behaviors. According to Z4, R1 has improved "a lot in the past year. She used to run away we used to have to chase her around the building, she would steal lunches and put soap in her hair, well she still put soap in her hair we have to watch her with that." An interview was conducted with E2 (Facility Trainer) on 8/27/14 at 11:38am. E2 confirmed that there should have been an assessment of this behavior. The record was available at the interview and E2 was informed that the entire record including the Individual Service Plan or Behavior Program (BP) does not include assessment data about R1's behavior of placing excessive amounts of soap in her hair randomly or describe , in functional terms, what skill deficits R1 have that might impact this behavior. Although the date of the Behavior Program was identified as 8/8/14, the plan is essentially unchanged from the 2012 BP located in his record. E2 was not able to show evidence of a comprehensive functional assessment of this behavior and stated, "the whole behavior program will have to be revised and to include the hair."	W 214		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement a system whereby the specially constituted committee assured written informed consent was present prior to implementation of restrictive programs and practices. This affected two of two individuals in the core sample whose plans included restrictive interventions and who received psychoactive medications although their guardians had not signed consents. (R1 and R2) Findings Include: The minutes of the meeting of the facility ' s specially constituted committee was requested on 8/29/14 at 11:30am, The meeting minutes were reviewed for December 31, 2013. The committee reviewed the Behavior management and psychotropic medications for R1 and R2, however; there was no documented evidence the HRIRC assured restrictive programs were conducted only after receipt of informed written consent form the legally sanctioned decision maker for each R1 or R2. Record review for R1 includes a Behavior Program form dated with start date of 8/8/14. The record includes information on a "psychiatrist progress note," dated 6/10/14 of current psychotropic medications: Geodon 60mgtwice a day, Prozac 20mg 2 capsules once a day,	W 263		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 263	Continued From page 5 Depakoate 500mg 2 tablets every morning and night, Clozapine 100mg tablets 2 tablets, once a day. The program includes restrictive program techniques to be utilized by the facility staff for "targeted maladaptive behaviors." The facility failed to obtain guardian consent prior to implementing the restrictive measures. Record review for R2 includes a Behavior Program form dated 9/30/13. The record includes information from the "consent for Behavior modifying medication" consent form list the following medications: Prozac 40mg daily for Depression, Divalproex tablets 500mg one tablet twice a day, Quetiapine 100mg every morning and 300mg every night for Obsessive Compulsive Behavior. The consent is blank for guardian consent. An interview was conducted with E10 on 8/29/14 at 11:30am, E10 confirmed the consents were not there and stated that a message was left for the guardian.	W 263		
W 316	483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to ensure that psychotropic medications for control of inappropriate behaviors are gradually withdrawn at least annually. This occurred in 2 of 2 individuals (R1 and R2). Findings include: Observations were made of R1 on 8/26/14 from	W 316		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 316	Continued From page 6	W 316		

12:30pm to 1:pm at the day training site and from 2:245pm to 6:25pm at the residence. R1 has a tendency to pace and rarely sits for more than a couple minutes at a time. Her gait is consist of short even steps and she walks with her arms directly at her side. Observations were made again on 8/28/14 from 7:00am to 9:00am, at this time R1 was finishing breakfast, cleared away the table and then sat down on the couch in the living room and started to go to sleep.

Record review include R1 has an Intelligent Quotient of 31 and a Broad Independence score of 5 years 5 months. Several diagnoses are listed including Schizophrenic Affect Disorder, Anemia, Diabetes, and Obsessive Compulsive Disorder. She receives the following psychotropic medications:
Depakoate 1000mg twice daily for Schizoaffective Disorder
Clozapine 200mg at bedtime for Schizoaffective Disorder
Prozac 40mg daily for Schizoaffective Disorder
Geodon 80mg twice daily for Schizoaffective disorder

A document titled "Permanent Individual Behavior modifying Medication History" states the last psychotrophic medication reduction was 3/24/10 (4 years ago)

The psychotrophic Reduction Plan dated 4/22/14 states, "the prozac will be reduced by long when she has 5 or less targeted behaviors for three consecutive months."

A visit note dated 6/10/14 written by Z2 (psychiatrist) states, "R1 is seen today with the staff from the group home. Overall they have a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 316	Continued From page 7	W 316		

glowing report. She still steals candy, she gets caught being a little intrusive. She has poor impulse control. She is very focused on eating too much and the wrong things so her sugars are out of whack but she is much more responsive to verbal redirection. She spends much less time in the bathroom. She has not been aggressive, she has not been self abusive. She does occasionally come to the workshop program looking very sedated and staff is trying to make sure her medications are being dispensed correctly. They have not checked her sugars when she looks like that." "There is no evidence of tardive dyskinesia. She seems to tolerate the medication without trouble. Staff did not bring her paperwork today." "Staff is very happy with the way she is doing now. They have not has any issues with her and are trying to work with each other on how to make healthier and better choices so for now I am recommending she just continue the medications unchanged. I think they are working well for her and at this point the risks of being on two antipsychotics are by far outweighed by the fact her behavior has been much better.

An interview was conducted with Z2 (psychiatrist) on 8/28/14 at 1pm. Z2 states that R1 has been stable for one year. "she was stable so we were all reluctant to make any changes but I understand if we have to make an attempt. Why don't I see her back next month in September and I will look at that."

An interview was conducted with Z3 (case manager) at daytraning on 8/26/14 at 12:30pm. According to Z3, R1 has improved in behaviors, "much much better than she was a year ago, we used to have to chase her around the building when she came here, she used to steal lunches,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 316	Continued From page 8 but she has almost done a 10% turn around." An interview was conducted with Z1 on 8/28/14 at 1:50pm. Information above was reviewed with Z1 regarding R1 last psychotrophic drug withdrawal and that only maladaptive behavior data collection and summation that is complete for May 2014. An inquiry was made if the information in the psychotrophic reduction plan was available to her. Z1 stated she would like to see R1 on a return appointment next month and to inform the staff.	W 316		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure nursing personnel provided monitoring of and documentation of efforts to address health issues for two of three clients in the sample (R#1 and #3). Findings Include: Observations were made of R1 on 8/26/14 from 1:00pm to 1:40pm at daytraining and from 2:45pm to 6:20pm at the residence. R1 was noted to have a large abdomen which protrudes out from beneath her clothing. R1 was also noted to receive a regular diet according to the menu posted in the kitchen for the staff. Record Review for Client #1 was conducted. The Physician' s orders dated August 1, 2014 list several diagnoses including Obesity, Anemia, Diabetes, and Schizophrenic Disorder. The Individual Service Plan dated 4/22/2014 includes	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 331	Continued From page 9	W 331		

R1 has an Intellectual Quotient of 31 and a Broad Intelligent score no 5 years and 5 months and list R1 is to have a regular diet. The same physician orders require the staff to monitor the blood glucose level and report and readings under 80mg/dl or above 250mg/dl. There are several abnormal blood glucose results that were ordered by the physician for R1 in addition to the fingerstick glucose monitoring and are listed as follows.
Hemoglobin AIC is used to measure blood glucose through laboratory blood testing and the normal result should be less than 5.4mg/dl.
Hemoglobin AIC on 3/18/14 was 9.4mg/dl
Hemoglobin AIC on 4/15/14 was 9.2mg/dl
Hemoglobin AIC on 8/14/14 was 10.2mg/dl
The Quarterly Nursing notes dated 1/6/14 and 4/10/14 do not address the elevated blood glucose. The Health History and Assessment dated 8/21/14 does not include any assessment or implementation of a plan regarding the elevated blood glucose.
The Nursing Care Plan dated 5/19/14 and 8/22/14 with problem listed as Abnormal Blood Glucose level related to diabetes failed to include any nursing services that would be provide based on the abnormal labs listed above.
A telephone interview was conducted with E7 on 8/27/14 at 1:35pm, When informed that the monthly nursing notes from march to present and the last three quarterly nursing assesment dating back to 1/6/14 do not include information on how well R1's diabetes was controlled or a summary of the lab studies and the finger stick data related to R1's blood sugar levels, E7 confirmed the information should have been included and stated, "We are going to have to work on that, R1 will need some support." E7 stated that she has been in her role for about a month. "We need a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 331	Continued From page 10	W 331		

chance to get in there and get this done, we plan to do a lot of re education. we want the doctor to manage it a little better also."
Observations were made of R3 at detraining site on 8/26/14 from 12:30pm to 1:00pm and again back at the residence from 2:45pm to 6:20pm. R3 was observed to ambulate slowly with a rolling walker with a forward bend of his thoracic area. R3 was observed to mostly verbally communicate when initiated by others.
Record review for R3 included an Individual Service Plan dated 1/30/14, several diagnoses are listed such as Chronic Blepharitis, Right side glaucoma, History of Laminectomy and Cervical Disectomy, and Diabetes Mellitus. A physician order dated 7/1/2014 list Acetaminophen 325mg, I.E. Tylenol Regular strength 2 tablets can be given every four hours for pain as needed. The clinical record also include a physical therapy note dated 5/9/14 which states R1"had a recent fall secondary to balance instability and gait abnormality." A physician order dated 7/18/14 written by Z1 states "severe low back pain" "xray lumbar-sacral spine"
The nursing quarterly assessment for 8/20/14 does not address R3's complaint to the physician of severe back pain, the assessment does not address pain assessments, the quarterly note does not address comfort measures or recommendations/referrals for treatment.
The Medication Administration Record for the month of July and August 2014 failed to include any documentation that Acetaminophen which is ordered by the physician for pain was offered or given.
An interview was conducted was conducted with R3 on 8/26/14 at 3:44pm. R3 was asked if he ever experience back pain. R3 responded yes and preceded to show the surveyor where the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G309	A. BUILDING _____ B. WING _____	08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COURT	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 331	Continued From page 11 pain occurs which was on the left lower side of his back. A telephone interview was conducted with E7 (Registered Nurse Trainer) on 8/27 at 1:35pm. E7 confirmed that R3's physician office visit should have been included in the nurse's note and that the nurse should have followed up on the xray results and making sure that the individuals pain is addressed.	W 331		