

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

PRINTED: 04/01/2010
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G331 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/09/2010 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER GLENWOOD VILLA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3247 GLENWOOD AVENUE ROCKFORD, IL 61101 | |
| (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 153 | <p>Annual Licensure - Fundamental Survey</p> <p>Annual Certification</p> <p>Inspection of Care</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to report 3 incident reports for one of one client outside the sample, R4 who was scratched and bitten by a peer at work.</p> <p>Findings include:</p> <p>According to her Individual Service Plan dated 9-11-09, R4 is a 43 year old woman whose diagnoses include; Profound Mental Retardation and Bilateral Cortical Blindness.</p> <p>At the day training center on 3-8-10 at 11:17am, R4 sat in the chair located next to the door working on a sensory board/puzzle. Diagonally across the room, R6 sat in the furthest chair from the door, (and from R4).</p> <p>According to an Injury Report dated 9-8-09 from</p> | W 153 | | |
| 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 153 | Continued From page 1 the day training center, R4 received a bite mark to left arm. "Skin broken. Staff reports (R6) bites and was sitting next to R4 when she screamed." According to an Injury Report dated 9-9-09 from the day training center, R4 "was eating lunch when (R6) grabbed her left inner arm and pinched and scratched." According to an Injury Report dated 1-27-10 from the day training center, R4 "was sitting at table when another consumer (R6) came over to her and pinched her arm...Redness and bruising noted (R4) did not complain of any pain." According to an In-Service sign in sheet dated 2-2-10, staff present were trained by E1, Facility Representative and by Z1, the day training center's Director of Rehabilitation Services regarding: "Staff will ensure they place themselves between (R4) and other peers who may attempt to harm her." During an interview on 3-8-10 at 6:37pm, E1 said that these peer to peer incidents of potential client abuse had not been reported to the Department. | W 153 | | | |
| W 247 | 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 2 of 3 in the sample R1 and R2 and 1 of 1 outside the sample R5 had an opportunity for client choice | W 247 | | | |

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| W 247 | <p>Continued From page 2</p> <p>and self management when medications were administered and during the evening meal.</p> <p>Findings include:</p> <p>Per review of the Individual Service Plan dated 9-24-09, R1 is a 28 year old male who is verbal and nonambulatory. R1 functions in the Moderate Range of Mental Retardation. R1's list of diagnoses includes Seizure Disorder and Dysthymic Disorder.</p> <p>Per review of the Individual Service Plan dated 4-9-09, R2 is 45 year old female who is verbal and ambulatory. R2 functions in the Severe Range of Mental Retardation. R2's diagnoses includes Cerebral Palsy.</p> <p>Per review of the Individual Service Plan dated 7-23-09, R5 is a 31 year old male who functions in the Severe Range of Mental Retardation.</p> <p>During observations of the Medication Administration Pass on 3-8-10 from 4:26 P.M. to 5:04 P.M. this surveyor observed E3 (Direct Service Provider) pour the water from a pitcher to a cup for R1, R2, and R5 to take with their medications. R1, R2, and R5 were not given the opportunity to pour their own water to take for their medications.</p> <p>Per interview with E2 (Resident Service Director) on 3-9-10 at 1:58 P.M. replied that R1, R2, and R5 can pour their own drinks.</p> <p>During the evening meal on 3-8-10 from 5:39 P.M. to 6:30 P.M. observations were as followed: 5:31 P.M. observed R5 pour the water and milk into all the client's cups at the table.</p> | W 247 | | | |

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| W 247 | <p>Continued From page 3</p> <p>5:37 P.M. observed R1 state to E2 (Resident Service Director) that he did not eat his lunch because he did not like the cheese on the sandwich.</p> <p>5:40 P.M. E3 (Direct Service Provider) was observed taking the tongs and placing a cheeseburger onto R1's plate. E3 was redirected by E1 (Facility Representative) to do hand over hand with the tongs for other clients.</p> <p>5:42 P.M. E4 (Direct Service Provider) was observed putting tater tots onto R2's plate. E4 was redirected by E1 to do hand over hand.</p> <p>5:45 P.M. observed E3 (DSP) put mustard on R1's cheeseburger.</p> <p>5:49 P.M. observed E4 (DSP) put mustard and ketchup on R5's cheeseburger.</p> <p>5:58 P.M. observed R1 put more mustard onto his plate by himself.</p> <p>6:12 P.M. observed R1 state that he wanted a cold glass of water. E3 (DSP) observed to get a glass and went to the water container and poured a glass and gave it to R1.</p> <p>Per review of the Individual Service Plan dated 9-24-09 for R1 states he is able to feed himself and does not have any eating concerns at this time. R1 assists in meal preparation with supervision provided. R1 is able to feed himself independently and requires minimal assistance with meal set up.</p> <p>Per interview with E1 Facility Representative on 6:37 P.M. on 3-8-10 she stated that E3 and E4 were recently hired and were nervous during the evening meal.</p> <p>Per interview with E5 Direct Service Provider on 3-9-10 at 8:36 A.M. stated that she took down the likes and dislikes sheet on Saturday 3-6-10</p> | W 247 | | | |

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| W 247 | Continued From page 4 because she wanted to update what R1 does not like and that the third shift staff is relatively new and is learning what R1 likes or dislikes. Per interview with E1 Facility Representative on 2:05 P.M. stated that staff should have allowed clients to help themselves. Staff have been retrained on clients being able to scoop their own food or to do so with assistance. | W 247 | | | |