

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

PRINTED: 09/11/2014  
FORM APPROVED  
OMB NO. 0938-0391

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|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>14G329</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/04/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EAGLE COURT</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1890 EAST EAGLE STREET<br/>KANKAKEE, IL 60901</b>                            |                            |  |
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| W 000  | INITIAL COMMENTS<br><br>Annual Certification Survey - Full<br><br>Annual Licensure   | W 000  |  |                            |  |
| W 124  | <p>Inspection of Care</p> <p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by:<br/>Based in interview and record review, the facility failed to notify the guardian of significant events relating to incidents evolving resident rights for 2 of 2 individual (R2 and R4) who were involved in resident to resident altercations.</p> <p>Findings include:</p> <p>1. R2 on 7/2/2014 at 10:50 a.m. at the day training site was involved in a resident to resident altercation. R2 hit another consumer on the upper right arm and back. (R2) was cursing at staff saying "I'm going to kill you... I'm going to cut you."</p> <p>Additional review of the form titled: Action Correction dated 7/2/2014 had no indication the guardian was notified of the resident to resident altercation.</p> | W 124  |  |                            |  |

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 124  | Continued From page 1<br><br>E1, Facility Representative, was interviewed on 9/3/2014 at approximately 9:45 a.m. and was unable to present any documentation that the guardian was notified of the resident to resident altercation.<br><br>2. R4 on 7/1/2014 at 1:30 p.m. at the day training site was involved in a resident to resident altercation. R2 hit another consumer in their arm.<br><br>Additional review of the undated form titled: Action Correction (faxed) dated 7/1/2014 had no indication the guardian was notified of the resident to resident altercation.<br><br>E1, Facility Representative, was interviewed on 9/3/2014 at approximately 9:45 a.m. and was unable to present any documentation that the guardian was notified of the resident to resident altercation. | W 124  |  |  |  |
| W 153  | 483.420(d)(2) STAFF TREATMENT OF CLIENTS<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based in interview and record review, the facility failed to notify the Illinois Department of Public of events, which has the potential to result in resident to resident abuse/mistreatment. 2 of 2 individual (R2 and R4) were involved in resident to resident altercations and the facility did not   | W 153  |  |  |  |

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| W 153  | <p>Continued From page 2<br/>notify the Illinois Department of Public Health.</p> <p>Findings include:</p> <p>1. R2 on 7/2/2014 at 10:50 a.m. at the day training site was involved in a resident to resident altercation. R2 hit another consumer on the upper right arm and back. (R2) was cursing at staff saying "I'm going to kill you... I'm going to cut you."</p> <p>Additional review of the form titled: Action Correction dated 7/2/2014 had no indication the Illinois Department of Public Health was notified of the resident to resident altercation.</p> <p>E1, Facility Representative, was interviewed on 9/3/2014 at approximately 9:45 a.m. and was unable to present any documentation that the Illinois Department of Public Health was notified of the resident to resident altercation involving R2.</p> <p>2. R4 on 7/1/2014 at 1:30 p.m. at the day training site was involved in a resident to resident altercation. R2 hit another consumer in their arm.</p> <p>Additional review of the undated form titled: Action Correction (faxed) dated 7/1/2014 had no indication the Illinois Department of Public Health was notified of the resident to resident altercation.</p> <p>E1, Facility Representative, was interviewed on 9/3/2014 at approximately 9:45 a.m. and was unable to present any documentation that the Illinois Department of Public Health was notified of the resident to resident altercation involving R4.</p> | W 153  |  |                            |  |

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| W 154<br>W 154   | <p>Continued From page 3</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by:<br/>Based in interview and record review, the facility failed to ensure all resident to resident altercations and injuries of unknown are investigated for possible abuse, neglect or mistreatment for 1 of 2 individual (R4) was involved in resident to resident altercations and 1 individual (R6) who had an unknown injury.</p> <p>Findings include:</p> <p>1. Review of a form titled Supervisor's Incident Investigation Report (from the day training site) noted the following: R6 on 6/25/2014 at 1:50 p.m. was noted to have a "swollen painful feet...staff removed his shoes and when staff looked at his feet they noticed they were swollen."</p> <p>R6's record was reviewed and it was not indication that R6's swollen foot was investigated to determine how it happened.</p> <p>E1, Facility Representative, was interviewed on 9/3/2014 at approximately 9:45 a.m. and was unable to present any documentation that an investigation was completed to determine the cause of R6's swollen foot.</p> <p>2. R4 on 7/1/2014 at 1:30 p.m. at the day training site was involved in a resident to resident altercation. R2 hit another consumer in their arm.</p> <p>R4's record was reviewed and it was not</p> | W 154<br>W 154   |  |                            |  |

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| W 154  | Continued From page 4<br>indication that R4's resident to resident altercation<br>was investigated to determine if she is targeting<br>individuals, any patterns and/or trends.   | W 154  |  |                            |  |
| W 217  | E1, Facility Representative, was interviewed on<br>9/3/2014 at approximately 9:45 a.m. and was<br>unable to present any documentation that an<br>investigation was completed regarding a resident<br>to resident altercation involving R4.<br>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN<br><br>The comprehensive functional assessment must<br>include nutritional status.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and interview, the facility<br>failed to reassess 1 individual (R6) to determine<br>his nutritional needs when he refuses to eat.<br><br>Findings include:<br><br>During general observation at the dinner meal on<br>9/2/22014 , R6 observed at 5:25 p.m. at the<br>dining room table with E6, Direct Support Person.<br>R6 received the following foods for dinner:<br>Cheese Ravioli, Meat Balls Sauce, Vegetables,<br>Garlic Bread, Key Lime Cup, Milk and Water.<br>E6 was prompting R6 to eat and E6 would only<br>eat the Key Lime Cup and drink milk.<br><br>E1, Facility Representative, at 5:47 p.m. told E6<br>to substitute yogurt and give it to R6 to replace<br>his protein. E6 stated that R6 has not been<br>eating dinner for a few night. E2, Trainer, asked<br>E6 if the nurse was notified (regarding R6 not<br>eating) and R6 said "no." E2 said she will call the<br>nurse (E3). | W 217  |  |                            |  |

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| W 217  | Continued From page 5  | W 217  |  |  |  |
| W 369  | <p>R6's record was reviewed and there was not indication that staff are monitoring R6's oral intact to ensure he receives a balance diet when he refuse to eat his meals.</p> <p>E1, was interviewed on 9/4/2014 at approximately 9:41 a.m. and validated they are not documenting R6 food intake or completing a baseline.</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to ensure staff administer medication inaccord with the physician's order for 1 of 5 individuals observed during medication administration training.</p> <p>Findings include:</p> <p>Medication Administration Training was observed on 9/2/2014 at approximately 4:40 p.m. with Direct Support Person (E5). R6 was observed to receive Flonase 2 nasal sprays in each nostril.</p> <p>During R6's medication reconciliation on 9/3/2014, it was noted that there is a physician's order dated 9/2014 for Flonase 16 GM, spray once in each nare twice a day (nasal congestion).</p> <p>E5, was interviewed on 9/3/2014 at approximately 2:30 p.m. and verified that she gave R6 Flonase 2 sprays in each nostril. E5 upon looking at the</p> | W 369  |  |  |  |

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| W 369  | Continued From page 6   | W 369  |  |                            |  |
| W 382  | Medication Administration Record validated she gave the incorrect number of nasal sprays to R6.<br>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING<br><br>The facility must keep all drugs and biologicals locked except when being prepared for administration.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure staff lock the medication room door when medications are unlocked and staff are not present in the room. This has the potential to affect 3 of 3 in the sample (R1, R2 and R3) and 3 outside the sample (R4, R5, and R6).<br><br>Finding include:<br><br>E5, Direct Support Person, was observed on 9/3/2014 at 4:40 p.m. in the medication room. At 4:45 p.m., E5 observed to walk out of the medication room with the cabinet that store the medications unlocked. E5 proceed to go get R3, who was down the hallway by the client rooms. E2, Trainer, told E5 she need to shut the (medication) door when she leaves the (medication) room. At 4:50 p.m., E5, was in the medication room, medication cabinet remains unlocked and E5 came out the room, leaving the door ajar (so it would not close and lock). E5 proceeded to go over by R5 who was by the water fountain and assist him to the medication room. E5 at 5:00 p.m., left medication room, medication cabinet remains unlocked and medication door closed but ajar. E5 went over to | W 382  |  |                            |  |

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| W 382  | Continued From page 7<br>R6 (the last individual to receive medications) and<br>assisted him to the medication room via<br>wheelchair.   | W 382  |  |                            |  |
| W 440  | E5 was interviewed on 9/3/2014 at 4:48 p.m.<br>regarding leaving the medication door open and<br>stated she is aware that she must close the door<br>when she leaves the area.<br>483.470(i)(1) EVACUATION DRILLS<br><br>The facility must hold evacuation drills at least<br>quarterly for each shift of personnel.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility<br>failed to complete fire drills training for clients and<br>staff on the night shift for 2 of 4 quarters in the<br>year.<br><br>Findings include:<br><br>Review of fire drill for the time period of July 2013<br>to August 2014. Fire drills for the night shift for<br>the quarters of July, August, September 2013<br>and June, July, August 2014 could not be found. | W 440  |  |                            |  |
| W 441  | E1, Facility Representative, was interviewed on<br>9/3/2014 at approximately 9:45 a.m. E1 said<br>she was unable to present any completed fire<br>drills for the time periods of July, August,<br>September 2013 and June, July, August 2014.<br>483.470(i)(1) EVACUATION DRILLS<br><br>The facility must hold evacuation drills under<br>varied conditions.   | W 441  |  |                            |  |



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| W 441  | Continued From page 8<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to complete disaster drill training for clients and staff on the evening shift at least twice per shift per year.<br><br>Findings include:<br><br>Review of disaster drill for the time period of July 2013 to August 2014. Disaster Drills for the evening shift was completed once over this time period.<br><br>E1, Facility Representative, was interviewed on 9/3/2014 at approximately 9:45 a.m. E1 said she was unable to present any additional disaster drill for the time period between July 2013 to August 2014.                                 | W 441  |  |  |  |
| W 475  | 483.480(b)(2)(iv) MEAL SERVICES<br><br>Food must be served with appropriate utensils.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and interview, the facility failed to ensure client have appropriate eating utensils at the dinner meal. This effected 3 of 3 in the sample (R1, R2, R3) and 3 outside the sample (R4, R5, and R6).<br><br>Findings include:<br><br>During general observation, R4 and E6, Direct Support Staff were observed setting the table. Upon completion it was noted by the surveyor that no knives were placed on the table with the fork or spoon. R1 to R6 observed at 5:25 p.m. at the dining room table with E5 and E6, Direct | W 475  |  |  |  |

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| W 475  | Continued From page 9<br>Support Person. R1 to R6 received the following foods for dinner: Cheese Ravioli, Meat Balls Sauce, Vegetables, Garlic Bread, Key Lime Cup, Milk and Water. No knives were brought to the table to give clients the choice of using it if they wanted to cut up their Cheese Ravioli or Meat Balls.  | W 475  |  |                            |  |
| W 488  | E1, Facility Representative, stated on 9/4/2014 at approximately 9:41 p.m., that she talked with staff about knives not being placed on the table. E1 stated that staff felt clients did not have anything that needed cutting at the meal.<br><br>483.480(d)(4) DINING AREAS AND SERVICE<br><br>The facility must assure that each client eats in a manner consistent with his or her developmental level.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to ensure 1 individual (R6) outside is fed in accord with their developmental needs.<br><br>Findings include:<br><br>During general observation at the dinner meal on 9/2/2014, R6 observed at 5:25 p.m. at the dining room table with E6, Direct Support Person. R6 received the following foods for dinner: Cheese Ravioli, Meat Balls Sauce, Vegetables, Garlic Bread, Key Lime Cup, Milk and Water. E6 was prompting R6 to eat and E6 would only eat the Key Lime Cup and drink milk. R6 observed to have a right handed curved fork on a napkin to the right of him (R6). E6 observed | W 488  |  |                            |  |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>14G329</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/04/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EAGLE COURT</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1890 EAST EAGLE STREET<br/>KANKAKEE, IL 60901</b>                            |                            |  |
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| W 488  | <p>Continued From page 10</p> <p>sitting to R6's right side. E6 observed to open R6's Key Lime Cup and pickup a regular spoon. E6 placed the regular spoon into R6's left hand. E6 proceed to do hand over hand to assist R6 to feed himself.</p> <p>R6 also observed at the workshop on 9/3/2014. Z1, Direct Support Person was interviewed on 9/3/2014 at approximately 11:00 a.m. and said that R6 is right hand. Z1 said that R6 must be fed his lunch by staff.</p> <p>Review of R6's Nutritional Assessment dated 1/25/2014 states (R6) is on a general puree diet and must be feed. Under title: Eating Problems - Chewing. Special Equipment: plateguard.</p> <p>R6 did not have a pureed diet nor was R6 observed being fed by staff (E6) per Nutritional Assessment.</p> <p>E1, Facility Representative, was interviewed on 9/4/2014 at approximately 1:25 p.m. and said R6 is on a feed program to hold utensil.</p> | W 488  |  |                            |  |