

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

PRINTED: 11/16/2016
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G329 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/25/2016 |
| NAME OF PROVIDER OR SUPPLIER EAGLE COURT | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1890 EAST EAGLE STREET KANKAKEE, IL 60901 | | |
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| W 000 | INITIAL COMMENTS | W 000 | | | |
| W 120 | <p>ANNUAL CERTIFICATION SURVEY LICENSURE SURVEY 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, interview and observation, it was determined the facility failed to ensure that the Day Training site provide coordinated programming for 2 of 3 residents in the sample (R1, R2).</p> <p>Findings include:</p> <p>The Day Training (DT) site was observed with Z1 (Lead QIDP), on 10/24 between 1:00 to 2:15 pm. R1 was observed in the Production Area, Bay 1. According to R1's home record, she is on a Behavior Intervention Program (BIP) for depression, negative thoughts and seclusion. R1's Individual Service Plan (ISP), dated 4/25/16, also lists a joint money goal with DT, however the R1's DT binder, used by staff to monitor R1, did not include a money goal, nor a BIP. Z2 was the staff assigned to R1 during the observation, and said she was not sure if R1 had a BIP or a money goal.</p> <p>According to R2's home record, he is on a joint money goal with the DT and is on a BIP for physical aggression. R2 was observed in the Prevocational Annex. His DT binder used by staff assigned to him, included a BIP dated 2013, but</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 | Continued From page 1 lacked the money goal, and tracking behavior forms for any observed behaviors. Z4 confirmed this at 1:45 pm. During the observation, Z1 said that all BIPs should be up to date and in the binders. Z1 said that the joint goals should be in the binders also. | W 120 | | | |
| W 252 | 483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure the data collected from the Day Training (DT) site for combined goals, was documented in frequencies identified in the Program Plan for 2 of 2 residents in the sample (R1, R2). Findings include: The DT was observed on 10/24/16 between 1 and 2:15 pm. According to R1's Individual Service Plan (ISP), dated 4/25/16, there is a joint money goal with DT, however R1's DT binder, used by DT staff to monitor R1, did not include a money goal. Z2, the staff assigned to R1 during the observation said she was unsure if R1 had a money goal and had not implemented one. According to R2's ISP, he is on a joint money goal with the DT. R2 was observed in the Prevocational Annex. His DT binder, used by staff | W 252 | | | |

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| W 252 | Continued From page 2 assigned to him, lacked the money goal, and tracking behavior forms for any observed behaviors. Z4 confirmed this at 1:45 pm and said she was unsure if R2 had a money goal. Z1 confirmed during the DT observation, that the tracking sheets, and the goals themselves, were missing for R1 and R2. E3 (Home QIDP) said on 10/25/16, at 10 am, that he has no reproducible data collection sheets from DT, for R1 and R2's joint goals. E3 said he has a difficult time collecting the data from DT, so that correct adjustments can be made monthly. | W 252 | | | |
| W 255 | 483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified intellectual disability 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 goals were adjusted when 1 of 3 sample (R1) residents achieved the objective step. Findings include: According to the Individual Service Plan (ISP), dated 4/25/16, R1 is verbal, has an IQ of 64, and is her own guardian. R1's yearly self medication goal is to state the reason for her blood pressure medication, then state the condition the medication treats, then what should be done if she runs out of this | W 255 | | | |

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| W 255 | Continued From page 3 medication, and finally how she would reorder the medication. According to the QIDP monthly notes, R1 met the first step at 100% for 3 months before it was advanced to the second step which is basically the same as the first step. R1's oral hygiene goal is that she is to brush the top teeth, next the bottom teeth, then the right side, then left side, her tongue, and then rinse. R1 met the first step at 100% for 3 months before she was advanced to brushing the bottoms. E1 (QIDP) confirmed on 10/25/16 at 12:00 pm, that R1's goal progression was slow and not advanced once R1 successfully completed the prior step. E1 said R1 is high functioning and could advance quickly. | W 255 | | | |
| W 257 | 483.440(f)(1)(iii) 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 is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure goals were adjusted when 1 of 3 sample (R3) residents failed to progress toward the objective. Findings include: According to the Individual Service Plan (ISP) | W 257 | | | |

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| W 257 | Continued From page 4 dated 1/28/16, R3 is a 57 year old with an IQ of 7, and a diagnosis of Profound Intellectual Disability. R3 requires staff assistance for all activities of daily living. R3's ISP lists his Eating goal steps as holding his utensil for 10 seconds, then 15 seconds, then 20 seconds, up to a total of 30 seconds. According to the monthly QIDP summaries, R3 failed to achieve the step of 10 seconds and 15 seconds for 4 months. On the fifth month, the QIDP advanced him to holding his utensil for 20 seconds, even though he had not been completing the 10 and 15 second step. R3's money goal is that staff will hold a penny in his hand while staff identify it, then a nickel, then a dime, up to a dollar. R3 did not complete the penny and nickel step x 3 months, however the QIDP advanced him to the dime step. E1 (QIDP) confirmed on 10/25/16 at 12:00 pm, that R3 was failing to complete his goal steps successfully, and his objectives should have been changed. | W 257 | | | |
| W 436 | 483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, interview and record | W 436 | | | |

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| W 436 | <p>Continued From page 5</p> <p>review, it was determined the facility failed to ensure the wheelchair, for 1 of 1 sample resident (R3) who uses a wheelchair, was maintain in a clean and functional condition.</p> <p>Findings include:</p> <p>According to the Individual Service Plan (ISP), dated 1/28/16, R3 uses a wheelchair for mobility. R3 was observed at home and at his day program on 10/24/16. The wheelchair was dirty with dust, drips, and debride particles. The left arm rest was ripped and pieces of the plastic material were raised upward, and against R3's arm. The head rest was noted to be upside down and behind his shoulders. When R3 leaned backward, his head was not supported. When attempting to postion the headrest, the clamping device spins, not tightening into postion. On 10/24/16, the observations were confirmed at the day program by Z3 at 1:30 pm, and at the home by E4 (QIDP) at 4 pm.</p> | W 436 | | | |