	-	ID HUMAN SERVICES				FOR	MAPPROVED		
		MEDICAID SERVICES					<u>D. 0938-0391</u>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
14G325		B. WING	B. WING		11/07/2013				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE					
BJORKI U	IND HOUSE			1584	11 TERRACE DRIVE				
BUOKINED	ND NOUGE			OAK FOREST, IL 60452					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
W 000	INITIAL COMMENTS	;	w	000					
	ANNUAL CERTIFIC/ FUNDAMENTAL	ATION SURVEY -							
	LICENSURE SURVE	Υ							
W 104	INSPECTION OF CA 483.410(a)(1) GOVE		W	104			11/15/13		
		must exercise general policy, g direction over the facility.							
	Based on interview a failed to report a hosp Department of Public	not met as evidenced by: and record review the facility bitalization to the Illinois Health in accord with for 1 of 1 hospitalized e sample of 4, R5.							
	Findings include:								
	September 25, 2013. reports and reports to	ocuments R5 was m toxicity September 22 - Review of the incident o the Illinois Department of indicate the hospitalization							
W 262	approximately 2:00 p oversight it is the faci hospitalizations to the	• • • •	W2	262			12/12/13		
		d review, approve, and							
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR			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.

MALE LINK 1 OF LEW LINK OF DEPARTMENT     (X2) MULTIPLE CONSTRUCTION     (X2) MULTIPLE CONSTRUCTION       MARE OF PROVIDER OF SUPPLY     14G325     (X2) MULTIPLE CONSTRUCTION     (X2) MULTIPLE CONSTRUCTION       NAME OF PROVIDER OF SUPPLY     14G325     STREET ADDRESS, CITY STATE, ZIP CODE       BURKLUND HOUSE     STREET ADDRESS, CITY STATE, ZIP CODE       BURKLUND HOUSE     STREET ADDRESS, CITY STATE, ZIP CODE       BURKLUND HOUSE     STREET ADDRESS, CITY STATE, ZIP CODE       MALE OF PROVIDER OR SUPPLY     STREET ADDRESS, CITY STATE, ZIP CODE       BURKLUND HOUSE     STREET ADDRESS, CITY STATE, ZIP CODE       MALE OF PROVIDER OR SUPPLY     STREET ADDRESS, CITY STATE, ZIP CODE       BURKLUND HOUSE     STREET ADDRESS, CITY STATE, ZIP CODE       MALE OF PROVIDER OR SUPPLY     STREET ADDRESS, CITY STATE, ZIP CODE       BURKLUND HOUSE     STREET ADDRESS, CITY STATE, ZIP CODE       MALE OF PROVIDERS IN A MOLTO BE PRECEDED BY FULL     STREET ADDRESS, CITY STATE, ZIP CODE       MALE OF INTERVIEW AND OF DEFICIENCIES     INTERVIEW AND CORRECTION       MALE OF ORDITE DEFICIENCES     DATE       W 262     Continued From page 1     UX 262       MIDE OF ORDITE ADDRESS, LIP CONSTRUCT     DEFICIENCE       MALE OF INTERVIEW AND CONSTRUCT     DEFICIENCE       MALE OF INTERVIEW AND RESIDENT TO F DEFICIENCIES     W 262       This STANDARD Is IN OTHER A BARKERY     W 262		-	ID HUMAN SERVICES			FOR	D: 01/09/2014 M APPROVED
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, 2P CODE       BJORKLUND HOUSE     SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICENCY MST BE PRECEDED BY FULL TAC     D       (V4) ID PRETIX TAC     SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICENCY MST BE PRECEDED BY FULL TAC     D       W 262     Continued From page 1 monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.     W 262       This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure Human Rights Committee approved current medication, R2 and 1 outside the sample, R5.     W 262       Findings include:     1. The Individual Service Plan of 6/20/13 states, R2 receives 2oloff for increased depressive tendencies. The Individual Service Plan and feizon fits to show consent for the start of this medication increase before the Human Rights Committee can meet to approve it on July 10, 2013 because of the nature of the behavioral situation."       During interview with E2, Qualifed Intellectual Disability Professional (QIDP), on 11/7/13 at approximately 1:30 p.m., she confirmed the medication increase was started prior to the	· ,				(X3) DATE		
BJORKLUND HOUSE         15841 TERRACE DRIVE OAK FOREST, LI. 60452           Image: Prevent of the state of the the state of the the state of	14G325			B. WING		11/	/07/2013
OAK FOREST, IL 60452       (M) ID PREFX TAG     SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY WIST ERECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID ID PREFX TAG     PRCOUDERS PLAN OF CORRECTION (EACH CORRECTION CACOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     000 DWE       W 262     Continued From page 1 monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.     W 262     W 262       This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure Human Rights Committee approved current medication, R2 and 1 outside the sample, R5.     W 261       Findings include:     1. The Individual Service Plan of 6/20/13 states, R2 receives Zoloft for increased depressive tendencies. The Individual Service Plan a dated 6/20/25 mg. The Interdisciplinary team (IDT) meeting notes read "This meeting of the IDT is to show consent for the start of the IDT is to show consent of the start of the IDT is to show consent of the behavioral situation."       During interview with E2, Qualified Intellectual Disability Professional (QIDP), on 11/7/13 at approximately 1:30 p.m. she committee can meet to approve it on July 10, 2013 because of the nature of the behavioral Situation."	NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
Prefrix Tx/3         (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFIX Tx/3         (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         OWNED Tx/3           W 262         Continued From page 1 monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to cilent protection and rights.         W 262         W 262           This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure Human Rights Committee approved current medication dose and dosage range for 1 of 3 individuals in the sample who receives behavior altering medication, R2 and 1 outside the sample, R5.         W 261           Findings include:         1. The Individual Service Plan of 6/20/13 states, R2 receives Zoloft for increased depressive tendencies. The Individual Service Plan of 6/20/13 states, R2 receives Zoloft dose was increased by 25 mg. The Interdisciplinary team (IDT) meeting notes read "This meding of the IDT is to show consent for the start of this medication increase before the Human Rights Committee can meet to approve it on July 10, 2013 because of the nature of the behavioral situation."         During interview with E2, Qualified Intellectual Disability Professional (QIDP), on 117/13 at approximately 1:30 p.m., she confirmed the medication increase was started prior to the	BJORKLU	ND HOUSE					
<ul> <li>monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</li> <li>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure Human Rights Committee approved current medication dose and dosage range for 1 of 3 individuals in the sample who receives behavior altering medication, R2 and 1 outside the sample, R5.</li> <li>Findings include: <ol> <li>The Individual Service Plan of 6/20/13 states, R2 receives Zoloft for increased depressive tendencies. The Individual Service Plan dated 6/20/13 indicates the Zoloft dose was increased by 25 mg. The Interdisciptinary team (IDT) meeting notes read "This meeting of the IDT is to show consent for the start of this medication increase before the Human Rights Committee can meet to approve it on July 10, 2013 because of the nature of the behavioral stuation."</li> </ol> </li> <li>During interview with E2, Qualified Intellectual Disability Professional (QIDP), on 11/7/13 at approximately 1:30 p.m., she confirmed the medication increase was started prior to the</li> </ul>	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
2. R5's clinical record was reviewed and the most recent Human Rights Committee meeting minutes dated 9/10/13 were reviewed. The clinical record documents R5 has had several	W 262	monitor individual pro inappropriate behavior in the opinion of the c client protection and r This STANDARD is r Based on interview a failed to ensure Huma approved current med range for 1 of 3 individ receives behavior alte outside the sample, R Findings include: 1. The Individual Serv R2 receives Zoloft for tendencies. The Indiv 6/20/13 indicates the by 25 mg. The Interd meeting notes read " show consent for the increase before the H can meet to approve of the nature of the be During interview with Disability Professiona approximately 1:30 p. medication increase w Human Rights Comm	agrams designed to manage or and other programs that, committee, involve risks to rights. The met as evidenced by: and record review the facility an Rights Committee dication dose and dosage duals in the sample who ering medication, R2 and 1 R5. Vice Plan of 6/20/13 states, rincreased depressive vidual Service Plan dated Zoloft dose was increased lisciplinary team (IDT) This meeting of the IDT is to start of this medication luman Rights Committee it on July 10, 2013 because ehavioral situation." E2, Qualified Intellectual of (QIDP), on 11/7/13 at .m., she confirmed the was started prior to the bittee meeting.	W 26			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 01/09/2014 APPROVED D: 0938-0391			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
14G325		B. WING	B. WING			11/07/2013				
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE					
BJORKLU	IND HOUSE			15841 TERRACE DRIVE OAK FOREST, IL 60452						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE			
W 262	Psychiatrist was interp p.m. Z1 said R5 has condition and has bee years. The medication made in an effort to g transition to an atypic The Human Rights Co 9/10/13 does not door of the medications R5 Compulsive disorder a During interview with 1:30 p.m., she said th is aware of the plan for not aware of current effort anges for which there not discussed. They replace older medications wi 483.460(k)(1) DRUG The system for drug a that all drugs are adm the physician's orders This STANDARD is r Based on interview a failed to ensure medic the physician's order s according to the preso of 4 individuals in the Findings include:	viewed on 11/6/13 at 2:50 a terrible psychiatric en taking Haldol for many on adjustments have been et R5 off Haldol and al anti psychotic, Latuda. ommittee review dated ument the current dosages 5 receives for her Obsessive and Schizophrenia. E2, QIDP, at approximately ne Human Rights Committee or R5's medications, but is exact dosages. The exact e is guardian approval were are aware of the plan to tions with side effects with ith less side effects. ADMINISTRATION administration must assure hinistered in compliance with s. not met as evidenced by: and record review the facility cations were recorded on sheet in the correct dosage cribed physician order for 1 sample, R2.	W 26				11/15/13			

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		ID HUMAN SERVICES MEDICAID SERVICES			FORI	D: 01/09/2014 M APPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		14G325	B. WING		11	/07/2013	
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
BJORKLU	IND HOUSE			5841 TERRACE DRIVE DAK FOREST, IL 60452			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRC DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
W 368	Sertraline (25 mg) ev E3 Registered Nurse at 10:20 a.m. E3 was stating 2-1/2 ml and 2 medication would equ on the strength of the said it is supposed to that she told staff to g on the dropper. E3 ac	e 3 ery evening po (by mouth.)" was interviewed on 11/7/13 a asked about the order 25 mg. 2-1/2 ml of the ual 50 mg not 25 mg based medication in the bottle. E3 be 25 mg. not 50 mg and give 25 mg which is written cknowledged it was an error in wanted R2 to receive	W 368				

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