

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

PRINTED: 03/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/09/2016
NAME OF PROVIDER OR SUPPLIER BENJAMIN GREEN-FIELD RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 14245 WEST ROCKLAND ROAD LIBERTYVILLE, IL 60048		
(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 382	<p>Annual Certification - Fundamental</p> <p>Inspection of Care</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to keep all drugs locked up for 4 of 4 sample clients, (R's 1 thru 4) and 12 others outside the sample, (R's 5 thru 16).</p> <p>Findings include:</p> <p>According to the undated Inspection of Care form R's 1, 2, 3, 5, 6, 7 & 8 each have a mild intellectual disability and R's 4 & 9 thru 16 each have a moderate intellectual disability.</p> <p>During afternoon medication, (med), pass on 3-7-16 DSP E4 administered meds to the clients. At 336pm E4 left the med room and walked into the adjoining front foyer to get R4. When E4 left the med room he left the med room door open and also left the door to the med area open. At 350pm E4 gave R12 her meds and then escorted R12 out of the room into the foyer area. When E4 took R12 out of the room he left the med room door and the med closet door both open, and R14 came into the med room and sat down in the chair. While E4 was out of the med room and was out of sight of the meds, R14 did not touch</p>	W 382			

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 382	Continued From page 1 any of the meds and none of the other clients entered the med room or touched any of the meds.	W 382			
W 440	During an interview at 415pm this surveyor told E4 that leaving the med room doors open/letting the meds out of your line of sight was a problem and he acknowledged that it was. 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for 4 of 4 in the sample (R1, R2, R3, R4) and 12 of 12 (R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, and R16) outside the sample that all evacuation drills are at least quarterly for each shift of personnel. Findings include: Per record review of the Inspection of Care undated, R1, R2, R3, R5, R6, R7, and R8 functions in the Mild Range of Intellectual Disability. R4, R9, R10, R11, R12, R13, R14, R15, and R16 functions in the Moderate Range of Intellectual Disability. Per record review of the Facility Fire Drills are dated as follows: a first shift drill was done on 9-22-15 at 9:00 A.M. with the next first shift fire drill being complete and on 1-10-16 at 10:00 A.M. The facility did not have a first shift fire drill for the month of October, November, and December of 2015.	W 440			

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W 440	Continued From page 2 Per interview with E3 (Residential Manager) on 3-8-16 at 9:57 A.M. stated that the first shift drill was done at a different time shift and that was the reason for no first shift fire drill in October, November and December of 2015.	W 440			