

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

PRINTED: 07/15/2014
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 05/14/2014
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 Annual Certification - Fundamental Survey	W 000			
W 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of two outside the sample (R5) with a meal tracking program that the facility keep confidential all information contained in the client's record. Findings include: Per record review of the Facility Roster dated 5-12-14, R5 is a 78 year old female who functions in the Moderate Intellectual Disability Range. R5's diagnoses includes Anxiety Disorder and Hypercholesterolemia. During observations on 5-12-14 at 5:00 P.M. this surveyor observed in the dining area a meal tracking sheet on the bulletin board with R5's first and last name. Per record review of the R5's Meal Tracking sheet dated 5-9-14 to 5-12-14 is as follows: For each meal track what percentage of the meal R5 ate and comment as needed. For the dinner observed on 5-12-14 is written dinner goulash, fruit, ate most of dinner 95% with E4 (Direct Support Professional) initials.	W 112		5/12/14	

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 112	Continued From page 1	W 112			
W 249	<p>Per interview with E9 (Case Manager) on 5-14-14 at 12:50 P.M. stated that R5's meal tracking program should have been put behind the program sheet that only has R5's initials. E9 acknowledged that the sheet staff use to document had both first and last names of R5 on the sheet.</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one in the sample (R3) that has a choking risk that the continuous active treatment program of needed interventions and services supported the achievement of the objectives identified in the individual program plan.</p> <p>Findings include:</p> <p>Per record review of the Facility Roster dated 5-12-14, R3 is a 77 year old male who functions in the Moderate Intellectual Disability Range. R3's diagnoses includes Pervasive Developmental Disorder and Edentulous.</p>	W 249		7/21/14	

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W 249	Continued From page 2 During observations on 5-12-14 at 4:50 P.M. this surveyor observed R3 dining on goulash. R3 did not have a salad with his meal. R3 was not prompted by staff to slow down his rate of eating. At 5:00 P.M. R3 was done with his evening meal. At 5:20 P.M. R3 was observed cleaning a table and picked up a piece of lettuce from the table and started to eat it. R3 then picked up another piece of lettuce but did not eat it. Per record review of the Medical Alert dated 5-5-04, is written R3's medical alert important for all staff to be aware that R3 has a choking risk since he has no teeth and is to be monitored while eating. Per record review of the Participant Support Plan dated 3-6-14, is written R3's rate of intake. R3 does not have teeth and at times will eat very quickly and take too large of a bite. During mealtime if staff observe R3 eating too fast or taking too large of a bite, staff should prompt him to slow down and to take a smaller bite and place a small amount on his utensil. R3's should eat soft food and it must be cut up. Per interview with E5 (Direct Support Person) on 5-12-14 at 5:05 P.M. when asked if R3 has an eating program, E3 replied "yes". When asked why did R3 not get salad during his meal, E3 replied he would have difficulty to digest the salad due to its texture. Per interview with E9 (Case Manager) on 5-14-14 at 1:50 P.M. acknowledged that R3 has a program for rate of intake for eating.	W 249			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE	W 263		7/21/14	

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W 263	Continued From page 3 The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure that 1 of 1 client outside the sample, (R5), whose roommate, (R6), has an alarmed mat and a monitor, have in place informed consents for these devices. Findings include: According to the 6-6-13 Inspection of Care form R5 is a 78 year old woman with a moderate intellectual disability and R6 is a 60 year old woman with a mild intellectual disability. During observations on 5-14-14 at 1:15pm 2 monitors were noted on R6's bedside table. Case Manager E9 said that the mat under R6's bed was to sound if R6 got out of her bed and the monitor was in place so that staff could hear the monitor go off. E9 said that consents were in place for both clients and agreed to show them to this surveyor. E9 supplied a copy of emails exchanged with R5's guardian indicating her request for him to send her a signed consent. Attached is a note dated 4-14-14 indicating that the guardian had not yet sent back the consent. On 5-14-14 at 2:15pm E9 said that she was not able to find any consent for R5.	W 263			
W 487	483.480(d)(4) DINING AREAS AND SERVICE	W 487		5/12/14	

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W 487	<p>Continued From page 4</p> <p>The facility must assure that each client receives enough food.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one outside the sample (R6) with a 2000 calorie diet that the facility assures that she received enough food as based on the menu.</p> <p>Findings include:</p> <p>Per record review of the Facility Roster dated 5-12-14, R6 functions in the Mild Intellectual Disability Range. R6's diagnoses includes Juvenile Diabetes and Gastro Esophageal Reflux Disease.</p> <p>During observations on 5-12-14 at 5:45 P.M. R6 had completed eating her meal of a chicken sandwich but was not observed to be given her peach. R6 had left the dining area. R6 was observed to get a peach after surveyor had inquired about R6 getting fresh fruit.</p> <p>Per record review of the Facility Menu for the date of 5-12-14 for R6 was written 2000 calorie, lettuce salad 1/2 cup, seasoned croutons 1/2 ounce, Italian dressing, 4 ounce chicken sandwich, skim milk, and fresh fruit one each.</p> <p>Per interview with E3 (Residential Manager) on 5-12-14 at 5:45 P.M. when asked if R6 was supposed to get fruit, E3 replied that they had forgot to give it to her and that she was supposed to get the fruit which was her dessert.</p>	W 487			