PRINTED: 02/25/2015 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	(2	(X3) DATE SURVEY COMPLETED	
		14G364	B. WING _			02/19/2015
NAME OF PROVIDER OR SUPPLIER BENJAMIN GREEN-FIELD RESIDENCE				STREET ADDRESS, CITY, STATE, ZIF 14245 WEST ROCKLAND ROAD LIBERTYVILLE, IL 60048	CODE	
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD B HE APPROPRI	
W 000	INITIAL COMMEN	тѕ	W 00	00		
	ANNUAL LICENSU	JRE SURVEY				
	ANNUAL CERTIFIC FUNDAMENTAL S	CATION SURVEY - URVEY				
W 227	INSPECTION OF (483.440(c)(4) INDI	CARE VIDUAL PROGRAM PLAN	W 22	27		
	objectives necessa as identified by the	ram plan states the specific ry to meet the client's needs, comprehensive assessment aph (c)(3) of this section.				
	Based on observarinterview, the facilit objective was impleidentified need, for	s not met as evidenced by: tion, record review and y failed to ensure a specific emented to address an 1 of 1 client in the sample with r of food stealing(R4).				
	Findings include:					
	beginning at 2:30pr was observed seat for her snack. R6 v finished consuming the plastic cup on the pudding cup, and lipudding from the claiming room, E1 (Hopudding cup away to observed walking in grabbed a bag of g	tions were conducted m on 2/17/15. At this time, R4 ed at the dining table, waiting was seated next to R4. R6 g a pudding cup, and placed he table. R4 picked up the cked out the remaining up. When staff came into the ome Manager) took the from R4. At 4:30pm, R4 was nto the kitchen area, and reen grapes that she staff knowledge. During an				
LABORATOR'	 / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	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.

Facility ID: IL6014591

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G364	B. WING _		02	/19/2015	
NAME OF PROVIDER OR SUPPLIER BENJAMIN GREEN-FIELD RESIDENCE				STREET ADDRESS, CITY, STATE, ZIP COL 14245 WEST ROCKLAND ROAD LIBERTYVILLE, IL 60048			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 227	stated that R4 stole stated that she did R4 always steals for when she takes for R4's programming/R4's Psychiatric Ca was reviewed. This impulsive behaviors do not belong to he housemates during on rare occasions f Dietary/Nutritional A review date of 6/24 food and soda, and that she requires su Individual Service previewed. There is	n 2/18/15 at 10:00am, R5 her coffee this morning. R5 not tell staff. R5 stated that od, and she doesn't like it	W 2	27			
W 312	During an interview Disability Profession E2 was asked if the place to address Re E2 confirmed that the when the ISP was on R4's focus was prinamounts of paper, stealing. E2 stated food stealing, and the objective to address 483.450(e)(2) DRU Drugs used for confirming the used only a client's individual principles.	with E2(Qualified Intellectual nal) on 2/19/15 at 10:05am, ere is an objective currently in 4's behavior of food stealing, here is not. E2 stated that conducted last year in June, narily on holding onto large and not so much on food now it really has changed to hey have not implemented an sthis behavior.	W 3	12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		14G364	B. WING			02 /-	19/2015
NAME OF PROVIDER OR SUPPLIER BENJAMIN GREEN-FIELD RESIDENCE				14	TREET ADDRESS, CITY, STATE, ZIP CODE 4245 WEST ROCKLAND ROAD IBERTYVILLE, IL 60048	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 312	elimination of the beare employed.	ehaviors for which the drugs	W 3	12			
	Based on record refailed to ensure a dincorporated into thof 1 client in the sar	s not met as evidenced by: eview and interview, the facility esensitization program was e Individual Service Plan for 1 mple who requires medication prior to medical/dental					
	Findings include:						
	On 11/26/14, R3 remilligrams(mg)(3 ta to his medical appopubic catheter char Plan dated 6/10/14 reads that R3 can none hour prior to bland dental procedu Individual Service F documentation in plantage medical appointment	amming charts were reviewed. ceived Diazepam 5 bs) for a total of 15mg, prior intment, to have his Supranged. R3's Behavior Support was reviewed. The programeceive 15 mg of Diazepam od draws, catheter changes, re. After reviewing R3's Plan dated 4/21/14, there is no lace, indicating R3 is receiving ding his anxiety related to nts, requiring the use of trol/manage behaviors.					
	Disability Profession E2 confirmed that the place for R3's anxieta appointments, required manage behavior. objective to address	with E2(Qualified Intellectual nal) on 2/19/16 at 10:05am, here is no specific objective in ety related to medical iring the use of medications to E2 stated that they do have an schanges in R3's schedule, for medical appointment					

, ,		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	14G364	B. WING			02/	19/2015
NAME OF PROVIDER OR SUPPLIER BENJAMIN GREEN-FIELD RESIDENCE			14	1245 WEST ROCKLAND ROAD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
The facility must proexaminations of each includes an evaluation. This STANDARD is Based on record refailed to ensure a howas conducted for	YSICIAN SERVICES ovide or obtain annual physical ch client that at a minimum on of vision and hearing. s not met as evidenced by: eview and interview, the facility earing evaluation follow up I of 3 individuals in the sample					
Findings include:	,					
12/9/14 to 1/5/15 re change hearing aid notes that R2 has a Myringotomy and tu Facility Audiogram of following diagnosis: Eczematous otitis recommends that, "hospital for the fittin	quires, "Hearing aid left ear: battery every Friday". POS diagnosis of Bilateral bes in ears, tube in right ear. exam dated 8/15/14 reads the "Cerumen impaction," The Audiometry exam R2 should be seen at the g of a hearing aid to the left					
stated that they atte hearing aid but he v that they don't have up attempt for R2 si 8/15/14. E1 stated hearing aid for his le 483.460(c)(5)(i) NU Nursing services me	Impted a follow up for R2's was refusing. E1 confirmed documentation on the follow nce his audio exam on that R2 does not have a left ear at this time. RSING SERVICES ust include implementing with	W 3	340			
	PROVIDER OR SUPPLIER SUMMARY STAY (EACH DEFICIENCY REGULATORY OR LS) Continued From part 483.460(a)(3)(i) PH The facility must profexaminations of each includes an evaluation who use a hearing at the was conducted for	The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a hearing evaluation follow up was conducted for 1 of 3 individuals in the sample who use a hearing aid (R2).	The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a hearing aid (R2). Findings include: R2's Physician's Orders Sheet (POS) dated 12/9/14 to 1/5/15 requires, "Hearing aid left ear: change hearing aid battery every Friday". POS notes that R2 has a diagnosis of Bilateral Myringotomy and tubes in ears, tube in right ear. Facility Audiogram exam dated 8/15/14 reads the following diagnosis: "Cerumen impaction, Eczematous otitis" The Audiometry exam recommends that, "R2 should be seen at the hospital for the fitting of a hearing aid to the left ear to replace his lost aid." On 2/19/15, at 10:55 a.m., E1 (House Manager) stated that they attempted a follow up of r R2's hearing aid but he was refusing. E1 confirmed that they don't have documentation on the follow up attempt for R2 since his audio exam on 8/15/14. E1 stated that R2 does not have a hearing aid for his left ear at this time. 483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a hearing aid (R2). Findings include: R2's Physician's Orders Sheet (POS) dated 12/9/14 to 1/5/15 requires, "Hearing aid left ear: change hearing aid battery every Friday". POS notes that R2 has a diagnosis of Bilateral Myringotomy and tubes in ears, tube in right ear. Facility Audiogram exam dated 8/15/14 reads the following diagnosis: "Cerumen impaction, Eczematous of titing of a hearing aid to the left ear to replace his lost aid." On 2/19/15, at 10:55 a.m., E1 (House Manager) stated that they don't have documentation on the follow up attempt for R2 since his audio exam on 8/15/14. E1 stated that R2 does not have a hearing aid for his left ear at this time. 483.460(c)(5)(i) NURSING SERVICES W 323 Finding from page 3 W 323 W 323 W 323 W 324 W 325 W 327 W 327 W 328 W 329 W 329 W 329 W 329 W 329 W 329 W 320 W 321 W 322 W 323 W 324 W 325 W 326 W 327 Finding from page 3 W 328 W 329 W 32	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to resure a hearing aid battery every Friday." Prolige include: R2's Physician's Orders Sheet (POS) dated 12'9'14 to 15'15 requires, "Hearing aid battery every Friday." Proligency and tubes in ears, tube in right ear. Facility Audiogram exam dated 8/15'14 reads the following diagnosis: "Cerumen impaction, Ezematous otitis" The Audiometry exam recommends that, "R2 should be seen at the hospital for the fitting of a hearing aid to the left ear to replace his lost aid." 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This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a hearing evaluation follow up was conducted for 1 of 3 individuals in the sample who use a hearing aid MEZ). Findings include: R2's Physician's Orders Sheet (POS) dated 12/8/14 to 1/5/15 requires, "Hearing aid left ear: change hearing aid but he was refusing at the heart praction, Eczematous otitis" The Audiometry exam recommends that, "R2 should be seen at the hospital for the fitting of a hearing aid to the left ear to replace his lost aid." On 2/19/15, at 10:55 a.m., E1 (House Manager) stated that they attempted a follow up for R2's hearing aid but he was refusing. E1 confirmed that they don't have documentation on the follow up attempt for R2 since his audio exam on 8/15/14, E1 stated that R2 does not have a hearing aid for his left ear at his time. 483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with

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W 340	measures that inclu	ve and preventive health ide, but are not limited to staff as needed in appropriate	W 3	340		
	Based on observate failed to ensure heat were maintained for a snack, 2 of which 4 are out of the same clients in the sample pudding container to consumed from an applishes are being sindividuals who residents.	s not met as evidenced by: ion and interview, the facility alth and hygiene measures of 6 of 6 clients observed eating are in the sample(R2,R4) and apple(R5,R6,R7,R8); for 1 of 1 e observed licking out a hat had already been other individual(R4); and nail shared among 7 of 7 female de in the facility, 2 of which 11,R4) and 5 are out of the R10,R11).				
	facility beginning at individuals were arr some of the client v snack. R6 was obspudding. When she pudding, R4 grabbe container from the tremaining pudding tongue. No staff wathis time. When E1 kitchen, she saw R4 and took the cup av R7 and R8 were all	ions were conducted in the 2:30pm on 2/17/15. As the iving home from workshop, were observed obtaining a served eating a container of e was finished eating the ed the pudding plastic table, and licked out the from the container with her as present in the dining area at (ICF Manager) entered the 4 was licking the pudding cup, way from her. R2, R4, R5, R6, observed eating an afternooning their hands washed prior to				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		D BE	(X5) COMPLETION DATE
W 340	painted by staff. Wher nails, E6(Direct placing the nail polimultiple bottles of nwith E6 and E7(Direct both staff were asked nail polish amongst stated that they did. During an interview Coordination Management was made aware of that hands should hand hands and that it is licking out a pudding consumed from and Director of Program interviewed on 2/18 aware of the bottles amongst all of the finithe facility. 483.460(g)(2) COMTREATMENT The facility must entreatment services needed for relief of restoration of teeth, health. This STANDARD is Based on record refailed to ensure derivations.	s observed having her nails hen staff was finished painting Care Staff) was observed sh in a bin which contained ail polish. During an interview ect Care Staff) at this time, ed if they share the bottles of all of the female clients. E7	W 3			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER (SUBBLIED (CLA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	(X3)	(X3) DATE SURVEY COMPLETED	
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W 356	Findings include: R3's medical chart appointment record Under follow up, it rand to come back f therapy." The repo evaluating R3 agair it is mobile and has likely need a partial extractions." It is al needs to be extract no indication/docun indicating R3 had e During an interview 2/19/15 at 10:30am teeth extractions as E9 stated that it wa	was reviewed. R3's dental dated 8/25/14 was reviewed. eads, "R3 needs 2 extractions or the right side perior also reads, "Upon noted that footh number 12 ed. After chart review, there is nentation present in the chart, ither tooth extracted.; with E9(Registered Nurse) on noted that tooth shad the recommended by his dentist. It is over looked. E9 stated that nobtaining an appointment	W 3	956		