

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

PRINTED: 09/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2016
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NAME OF PROVIDER OR SUPPLIER HOLLAND TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 15175 STATE STREET SOUTH HOLLAND, IL 60473
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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000	INITIAL COMMENTS	W 000		
W 120	<p>Complaint # 1694515 / IL87629</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 and interview, the facility failed to ensure outside services were tracking changes in behavior for 1 of 1 individual in the sample who has a diagnosis of Alzheimers Disease (R2).</p> <p>Findings include:</p> <p>Individual Service Plan (ISP) dated 2/8/16 notes that R2 is diagnosed with "Down's Syndrome...Alzheimer's Disease, Dementia."</p> <p>Progress Note dated 5/12/16, at 3:00 p.m., reads, "staff noticed that R2 was refusing to get off the workshop and he was also fighting the staff." Follow-up for this progress note reads, "Staff will continue to track this behavior. Staff will monitor this behavior and document... as needed."</p> <p>On 8/29/16, facility provided the following incident reports related to R2's behavior of having difficulty getting on and off the van. Incident Report dated 7/15/16 noted that R2 "was returned home" after a physical aggression incident. Incident Report dated 7/29/16 noted that R2 was having difficulty getting out of the van.</p> <p>On 8/25/16, at 10:40 a.m., when asked how often</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	<p>Continued From page 1</p> <p>R2 has exhibited the behavior of having difficulty getting on or off the bus, Z1 (Case Manager) and Z2 (Associate Director) stated they are not sure because they have not been tracking the behavior. According to Z1 and Z2, R2 was exhibiting the behavior of having difficulty getting off the van to go to workshop since the month of May 2016. Z2 stated that the driver or workshop staff would call R2's aunt (guardian) every time they had difficulty with getting R2 off the van. Z2 added that they have not been tracking the behavior since Aunt was able to assist R2 to get out of the van.</p> <p>According to facility sheet provided by E1 (Residential Services Director) on R2's attendance at workshop, R2 was absent for the following dates in 2016, where facility staff are not able to provide the reason why he did not go to workshop: 7/1, 7/8, 7/25, 7/29, 6/8, 6/30, 5/4 and 5/11.</p> <p>On 8/25/16, at 1:30 p.m., Z2 stated that the dates that's left blank may indicate the dates when R2 missed workshop due to behavior of difficulty getting off the van. However, Z2 was not sure because the workshop did not have documentation on when R2 exhibited the behavior of having difficulty getting on and off the van and being assisted by Aunt to get off.</p> <p>On 8/29/16, at 12:30 p.m., when asked for the reason for lack of attendance to workshop for the above dates, E1 stated she does not know. E1 added that sometimes workshop will document absent when individuals are late; therefore, they are not sure if the dates are blank because he was late or because he was absent for workshop due to refusal to get off the van.</p>	W 120			

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W 120	Continued From page 2 On 8/29/16, at 12:30 p.m., E1 stated that R2 had exhibited behavior of getting on and off the van since the month of May 2016. E1 confirmed that she does not have documentation from workshop on the dates when R2 exhibited the behavior of having difficulty getting on and off the van.	W 120			