

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

PRINTED: 03/29/2016
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 R-C 03/10/2016
NAME OF PROVIDER OR SUPPLIER HOLLAND TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 15175 STATE STREET SOUTH HOLLAND, IL 60473		
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{W 000}	INITIAL COMMENTS	{W 000}			
{W 120}	<p>Follow up to 1/26/16 / Incident Investigation - IL82762</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: REPEAT</p> <p>Based on observation, interview and record review, the facility failed to ensure the outside workshop provider:</p> <ol style="list-style-type: none"> 1. Communicated to the facility about ordering a sensory therapy consultation with an outside home health agency to address an identified sensory need at the workshop for 1 of 2 individuals in the sample attending workshop A (R3). 2. Recorded timely on the current data recording sheet in the classrooms of 2 of 2 individuals in the sample (R1 and R3), 4 individuals outside of the sample attending Workshop A (R5, R6, R7 and R8) and 1 of 2 individuals in the sample attending Workshop B (R2). <p>Findings include:</p> <ol style="list-style-type: none"> 1. R3 is an individual who is non-verbal and has an overall age equivalent of 6 years and 9 months per the 2/10/15 Individual Service Plan. Motor Skills: R3 is able to ambulate independently, carry groceries, tie his shoes, button and zip items and 	{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>walk for short distances. Functional Skills: R3 enjoys cleaning the dining area after meals and can take out the garbage independently. R3 does not require staff assistance to sweep the dining room floor.</p> <p>Home Health Agency's Evaluation and Therapy Reports for R3 dated 11/04/15 and 12/16/15 provided by Occupational Therapist Z10 and reports from Physical Therapist Z11 on 11/23/15 and 12/14/15 were reviewed. Home Health Agency Administrator Z9 was interviewed on 3/8/16 at 12:36 PM regarding reason for providing therapy services to R3. Z9 stated that Home Health Employee Z12 provided the referral to the agency. Workshop A Case manager Z7 was interviewed on 3/8/16 at 12:50 PM. Z7 validated that Z7 put through an order for sensory therapy for R3. Z7 was asked if R3 had needs to be addressed by physical and occupational therapy. Z7 stated "I guess that R3 got evaluated for physical and occupational therapy." Z7 validated that the workshop has a contract with the Home Health Agency and their contact is Z9. Z7 was asked if the facility was notified of this consultation. Z7 stated "I might have mentioned it at the staffing last time (2015)."</p> <p>Z10's Progress Note entry on 11/4/15 include "Intervention: 3. Standing balance training to increase patient's ability in order to in (sic) abilities during functional ADIs/IADLs. Intervention Details: Reaching down picking items off the floor while ambulating.</p> <p>Z11's Re-assessment entry on 11/23/15 include "Relevant Medical History: Pain in right and left knee. Evaluation Assessment Summary: During this 30 day re-assessment, R3 still requires</p>	{W 120}		

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{W 120}	<p>Continued From page 2</p> <p>standby assistance during simulated tub transfers to promote safety. Treatment goals: R3 will perform sit to stand at supervision using BUE to push up from chair in one attempt, Time frame: 4-5 weeks."</p> <p>Interviews with Direct Support Person E6 on 3/8/16 at 1:00 PM regarding R3's use of the tub in the facility and R3's need for assistance to get up from the chair include "R3 is quick, independent. R3 gets up from the chair without help. R3 picks up the garbage in the facility and throws it out in the dumpster."</p> <p>R3 arrived from workshop on 3/8/16 approximately at 2:45 PM. There were at least twenty supply boxes that E6 folded down on the floor (from food and supply deliveries). Upon R3's arrival to the facility, R3 saw the boxes and immediately gathered as much as R3 can and opened the back door headed towards the dumpster. R3 repeated this two more times until all the boxes were thrown out in the dumpster. R3 did this independently without assistance.</p> <p>Nurse E4, Residential Service Director E2 validated on 3/8/16 at 12:00 PM that R3 was visited by therapy staff from the home health agency one day when the workshop was closed. E2 was unaware of ordered or on-going therapy services for R3. Administrator E1 validated on 3/9/16 at 1:00 PM that R3 was seen at the facility the home health agency therapist on 12/30/15 when email to E1 from E2 was received.</p> <p>E2 validated on 3/8/16 at 2:00 PM that R3 does not have any unmet sensory need. And Z7 did not communicate to E2 about any sensory need of R3 and about any on-going therapy services</p>	{W 120}		

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{W 120}	<p>Continued From page 3 needed or provided to R3 at the workshop.</p> <p>2a. Observations on 3/8/16 at Workshop A from 9:15 AM through 10:00 AM include blank crossover program data sheets in the classrooms of R1, R3, R5, R6, R7 and R8. Direct Support Persons (DSP) Z2, Z3 and Z4 validated that their Case Manager Z7 emailed the data sheets to them on 3/8/16. Z7 interview on 3/8/16 at 12:50 PM validate that DSPs are to print the data sheets for the individuals served. Z7 added that monthly data sheets are sent to Z7 by the facility and that's when Z7 provides the classroom DSPs with the forms. Z7 stated that facility emailed the March program data sheets on 3/4/16.</p> <p>2b. On 3/8/16, at 11:00 a.m., R2 was observed to be in the Seniors Group at Workshop B.</p> <p>Program Services data sheets for the month of March 2016, R2 is working on the following objectives at Workshop: "R2 will identify a dime when asked with 4 verbal prompts, 40% of the total trials for 3 consecutive months by 5/31/16. R2 will state the name of my workshop when asked, 40% of total trials using 3 verbal prompts for 3 consecutive months by 5/31/16. Given 2 verbal prompts, R2 will identify the value of three quarters wen shown on paper upon request from staff 50% of all trials for 3 consecutive months by 3/31/16 at the workshop... Given 3 verbal prompts, R2 will say the name of the street that she lives on upon request from staff 60% of all trials for 3 consecutive months by 3/31/16 at the workshop..."</p> <p>The data sheets were reviewed for the month of March 2016 at Workshop B. Data was not</p>	{W 120}			

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{W 120}	Continued From page 4 recorded until March 7, 2016. On 3/8/16, at 11:05 a.m., when asked why data was not recorded until 3/7/16, Z13 (Program Manager) stated "because we didn't receive the data sheets until 3/7/16".	{W 120}			