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	14G360	A. BUILDING _____ B. WING _____	03/10/2016

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HOLLAND TERRACE	15175 STATE STREET SOUTH HOLLAND, IL 60473

(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 Licensure and Certification Survey Inspection of Care 45-Day Follow up to 1/26/16 / Incident Investigation - IL 82762	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the outside workshop provider: 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). Findings include: 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	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 120	Continued From page 1	W 120		

Skills: R3 is able to ambulate independently, carry groceries, tie his shoes, button and zip items and 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.

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)."

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.

Z11's Re-assessment entry on 11/23/15 include "Relevant Medical History: Pain in right and left

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W 120	Continued From page 2	W 120		

knee. Evaluation Assessment Summary: During this 30 day re-assessment, R3 still requires 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."

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."

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.

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.

E2 validated on 3/8/16 at 2:00 PM that R3 does not have any unmet sensory need. And Z7 did not

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W 120	Continued From page 3 communicate to E2 about any sensory need of R3 and about any on-going therapy services needed or provided to R3 at the workshop. 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. 2b. On 3/8/16, at 11:00 a.m., R2 was observed to be in the Seniors Group at Workshop B. 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..."	W 120		

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W 120	Continued From page 4 The data sheets were reviewed for the month of March 2016 at Workshop B. Data was not 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		
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure access to the locked hygiene/storage and linen closets were provided to 2 of 2 individuals in the sample (R2 and R4) and 13 other individuals outside of the sample (R5 through R15) who need to ask staff to open the locked closets everytime access is needed due to behaviors of R1 and R3 (2 of 2 individuals in the sample with behaviors requiring locked hygiene and linen closets). Findings include: Per the 12/01/15 Behavior Program Form, R1 hoards sheets and other items from the closet (which inhibits other residents from having clean linen and soap, etc) the linen has been locked and residents may access it with staff assistance. Due to R1 taking soap bottles and body wash from the hygiene closet to pour them out and fill	W 125		

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W 125	Continued From page 5 them with water, the hygiene closet has been locked, staff assist individuals with access to the key as needed. Per the 2/10/15 Individual Support Plan, R3's diagnoses include Anxiety Disorder. R3 displays withdrawal or inattentive behaviors and unusual or repetitive habits. Per the 2/5/16 Behavior Program Form, R3 displays maladaptive behaviors of physical aggression, property destruction and anxiousness behavior. R3's Behavior Management/Resident Rights Committee Reports on 10/27/15 and 1/27/16, "R3's behaviors are potentially dangerous to himself and others. The behaviors interfere with activities of daily living. Due to maladaptive behaviors displayed by some residents at the facility, the Community Support Team has determined that it is beneficial to have the laundry room door, storage (hygiene) room door, and linen closet door locked. The keys to the door are available at all times via facility staff." Interview with E2 (Residential Service Director, RSD) on 3/9/16 at 1:56 PM validates that the locked linen closet in the facility is in place related to R3's behaviors of tearing/shredding linens. R2 and R4's Individual Service Plans from August 2015 and validate that R2 and R4 are not provided with access to the locked closets without asking staff for assistance. R2's 7/28/15 Management/Resident Rights Committee Report validates "the keys to the door are available at all times via facility staff."	W 125		

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W 125	Continued From page 6 Interview with E1, Administrator on 3/9/16 at 11:05 AM validated that access to the locked closets by the individuals who do not display the behavior requiring locked closets (R5 through R15) is available by asking facility staff. Interview with E2 RSD on 3/9/16 at 1:56 PM validates that the 13 other individuals in the facility, R5 through R15, will have to ask facility staff to unlock the locked closets. Keys to the locked closets are kept by the facility staff.	W 125		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE 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 record review and interview, the facility failed to ensure written informed consent was obtained for 1 of 2 individuals in the sample who have a restriction of locked laundry room door, locked storage room door, and locked linen closet door (R4). Findings include: Verbal - Consent for Restrictive Measures dated 9/28/15 reads that Facility obtained verbal consent for R4 to have his laundry room door, storage room door and linen closet door locked due to maladaptive behaviors of 2 other individuals (R1, R3) in the house. On 3/10/16, at 10:35 a.m., E2, Qualified	W 263		

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W 263	Continued From page 7 Intellectual Disabilities Professional (QIDP) stated that she mailed a letter in the month of October 2015 to the guardian of R4 to obtain written informed consent. E2 confirmed that she has not received the written informed consent back from the guardian.	W 263		
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility Human Rights/Behavior Committee failed to ensure a criteria for regaining access to the locked hygiene and linen closet is identified for 2 of 2 individuals in the sample who display behaviors requiring locked closets (R1 and R3). Findings include: Per the 12 1/15 Behavior Program Form, R1 hoards sheets and other items from the closet (which inhibits other residents from having clean linen and soap, etc) so the linen has been locked. R1 also takes bottles of soap and body wash from the hygeine closet to pour them out and fill them with water. Hygiene closet has been locked.	W 264		

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W 264	Continued From page 8 R1's 12/1/15 Behavior Program Form does not identify what criteria R1 is to work on to regain access to the locked hygiene and linen closets. A long term goal lists "R1 will reduce incidents of maladaptive behavior including elopement, aggression, pushing past people, noncompliance, stealing, and obsessing over home visits 100% of trials by 12/8/16. Per the 2/10/15 Individual Support Plan, R3's diagnoses include Anxiety Disorder. R3 displays withdrawal or inattentive behaviors and unusual or repetitive habits. Per the 2/5/16 Behavior Program Form, R3 displays maladaptive behaviors of physical aggression, property destruction and anxiousness behavior. R3's Behavior Management/Resident Rights Committee Reports on 10/27/15 and 1/27/16, "R3's behaviors are potentially dangerous to himself and others. The behaviors interfere with activities of daily living. Due to maladaptive behaviors displayed by some residents at the facility, the Community Support Team has determined that it is beneficial to have the laundry room door, storage (hygiene) room door, and linen closet door locked. The keys to the door are available at all times via facility staff." Interview with Residential Service Director E2 on 3/8/16 at 1:48 PM and 3/9/16 at 1:1:56 PM validate that R1 and R3's Behavior Programs does not identify the fade plan for the locked closets related to R1 and R3's target behaviors.	W 264		
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 289		

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W 289	Continued From page 9 The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the program plan included the use of a locked linen closet for the displayed behavior of R3 (1 of 2 individuals in the sample with behavior requiring locked linen closet in the facility). Findings include: Per the 2/10/15 Individual Support Plan, R3's diagnoses include Anxiety Disorder. R3 displays withdrawal or inattentive behaviors and unusual or repetitive habits. Per the 2/5/16 Behavior Program Form, R3 displays maladaptive behaviors of physical aggression, property destruction and anxiousness behavior. R3's Behavior Management/Resident Rights Committee Reports on 10/27/15 and 1/27/16, "R3's behaviors are potentially dangerous to himself and others. The behaviors interfere with activities of daily living. Due to maladaptive behaviors displayed by some residents at the facility, the Community Support Team has determined that it is beneficial to have the laundry room door, storage (hygiene) room door, and linen closet door locked. The keys to the door are	W 289		

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W 289	Continued From page 10 available at all times via facility staff." Interview with E2 (Residential Service Director, RSD) on 3/9/16 at 1:56 PM validates that the locked linen closet in the facility is in place related to R3's behaviors of tearing/shredding linens. E2 added that the Behavior Management/Resident Rights Committee Reports on 10/2015 and 1/2016 mention the use of locked linen closet for R3.	W 289		
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications are administered according to the physician's order impacting 1 of 2 individuals observed during the morning med pass (R9). Findings include: Med pass by Direct Support Person (DSP) E6 on 3/8/16 from 6:30 AM through 6:42 AM include administering Famotidine, Metformin and Calcium tablets to R9 by 6:39 AM. After giving the oral medications, E6 started to administer Dorzolamide eye drop to the left eye at 6:40 AM, Artificial Tears ointment to the left eye at 6:41 AM and Prenisolone eye drop to the left eye shortly after the Artificial Tears ointment was applied, still at 6:41 AM. E6 left the med room with R9 to go to the bathroom to assist R9 with administering the scheduled mouth wash.	W 369		

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W 369	Continued From page 11 R9's Physician's Orders for March 2016 validate an order for Atropine eye drop to the left eye. Medication Administration Record for R9 was checked with DSP E6 on 3/8/16 at 11:05 AM. E6 had initialed the entry for 3/8/16 7AM dose of the Atropine eye drop. E6 stated that R9's Atropine eye drop was not given as it ran out. DSP E8 re-ordered the Atropine 3/7/16. At 11:53 AM, Nurse E4 and DSP E6 told surveyor that the other bottle was found. R9's Atropine eye drop was not observed administered to R9 during the 3/8/16 morning med pass.	W 369		
W 440	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 evacuation drills were conducted at least quarterly for the day shift of personnel affecting 16 of 16 individuals in the facility (R1 to R16). Findings include: On 3/7/16, the Facility Evacuation and Fire drills were reviewed for the day shift, afternoon shift and overnight shift. According to Evacuation drills reviewed, the most recent drill for the morning shift was conducted on 7/27/15. According to the review, Facility is missing 2 quarterly evacuation drills for the morning shift.	W 440		

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W 440	Continued From page 12 On 3/8/16, at 1:30 p.m., E2, Qualified Intellectual Disabilities Professional (QIDP) confirmed that they don't have morning shift evacuation drills done since 7/27/15.	W 440		