

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

PRINTED: 12/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G190		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/15/2016	
NAME OF PROVIDER OR SUPPLIER GOLFVIEW DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9555 WEST GOLF ROAD DES PLAINES, IL 60016			
(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			{W 000}			
{W 120}	<p>First Follow Up to the Annual Survey on 7/26/16</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 program objectives are documented and implemented for 2 of 2 individuals in the sample (R9 and R13) and 2 other individuals outside the sample (R16 and R17) in Group 3 in Workshop A and for 3 of 5 individuals in the sample in Workshop B (R6, R8 and R10).</p> <p>Findings include:</p> <p>A. Program Director Z1 walked with surveyor to the Group 3 area of Workshop A on 11/14/16 from 11:30 to 11:55 AM. R9, R13, R16 and R17 are assigned in this group. Review of the formal program objectives for R9, R13, R16 and R17 validate the following:</p> <p>1. R9's goal to walk to the Q office and turn in tracking sheet 3x a week have x3 documentation for 11/2016.</p> <p>R9's goal to participate in 3 physical activities a week 3x a week have x3 documentation for 11/2016</p> <p>R9's 1x a day goal to throw away garbage after lunch have x3 documentation for 11/2016</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>2. R13's goal to work on fine motor skills 3x a week have x3 documentation for 11/2016. R13's goal to walk to get lunch 3x a week have x3 documentation for 11/2016. R13's goal to feed self 1x a day have x4 documentation for 11/2016.</p> <p>3. R16's goal to wash hands before/after lunch 1x a day have x3 documentation for 11/2016. R16's goal to work on shape identification 2x a week have x2 documentation for 11/2016.</p> <p>4. R17's goal to pick out name 1x a day have x2 documentation for 11/2016. R17's goal to use manners correctly 1x a day have x2 documentation for 11/2016. R17's goal to complete different tasks 1x a day have x2 documentation for 11/2016.</p> <p>Per Program Director Z1 on 11/14/16 at 11:55 AM, Qualified Intellectual Disability Professionals (QIDP) Z7, Z9 and Z10 are supposed to randomly check to see programs are documented as per program. Z1 added that staff assigned to the groups are also supposed to document on the formal programs as written in the tracking sheets of R9, R13, R16 and R17. Direct Support Provider (DSP) Z3 was assisting in group 3 but Z3's job was to focus on a community participant. Z3 stated "sometimes I help with paper work but I have job (focus on one community participant)."</p> <p>B. Director Z4 walked with surveyor in Workshop B on 11/14/16 from 12:30 PM through 1:00 PM. Goal tracking sheets were reviewed and validate the following: 1. R6's goal to identify safety signs 2x a week has zero documentation for 11/2016. R6's goal to identify own name from group of</p>	{W 120}			

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{W 120}	<p>Continued From page 2</p> <p>words 1x a day has x6 documentation for 11/2016.</p> <p>2. R8's goal to participate in activity with peer 2x a week has x2 documentation for 11/2016. R8's goal to have one minute conversation with staff 2x a week has x2 documentation for 11/2016.</p> <p>3. R10's goal to walk 1 lap around workshop 1x a day has zero documentation for 11/2016. R10's goal to respond to a question 1x a day has zero documentation for 11/2016.</p> <p>Per Director Z4, QIDPs Z7 and Z8 are responsible for training DSPs in each group regarding which goals are to be run and how frequent to collect data for each goal. Z4 added that DSPs should also read the printed goal tracking sheets to guide them when data has to be documented.</p>	{W 120}			