

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

PRINTED: 09/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G384		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2014	
NAME OF PROVIDER OR SUPPLIER MCNERNEY HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660			
(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 125	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure sufficient safety measure were put in place to protect the residents in the home from the aggressive acts of 1 of 4 in the sample, R2.</p> <p>Findings include:</p> <p>Incident reports were reviewed from 5/22/2014 thru 8/14/2014. R2 had a total of 18 acts of aggression towards his peers. Some examples of R2's aggression include:</p> <p>1. On 8/6/14 R2 and staff were in the laundry room when R2 became agitated when staff tried to redirect him from stopping a machine that was running. As the staff tried to redirect him out of the laundry room he grabbed the keys and swung them and hit R5 in the face.</p> <p>2. While at day training on 8/5/14 at 2:08 pm R2 hit a non resident peer in the shoulder.</p>			W 125			

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 125	<p>Continued From page 1</p> <p>3. On 7/23/14 at 1:35 pm while at day training R2 sat by the front desk refusing to work. A non facility peer entered the office and was in close proximity to R2. R2 seemed to perceive her as being to close and kicked her.</p> <p>3. On 7/19 14 at 12:15 am R2 became agitated when staff asked to wait to be assisted with his morning routine. R4 walked by and R2 hit him in the private area and the chest. R2 Palo hit himself in the chest.</p> <p>4. On 7/18/14 at 11:20 am a peer spilled crumbs on the floor at the day training program. This incident caused R2 to quickly become upset. Staff immediately responded attempting to guide R2 away from peers but he hit R7 who walked by to get his lunch box. At 12:00 pm he tripped over a non facility peers foot causing him to stumble and R2 hit the peer.</p> <p>5. On 6/21/14 R2 hit a peer open handed "not forceful" as he attempted to sit at the breakfast table.</p> <p>6. On 6/9/14 R2 grabbed R1's glasses off his face and threw them on the floor.</p> <p>On 8/12/14 E1, Director, at 1:55 pm was asked what action has the facility taken to ensure the safety of the individuals in light of 18 acts of aggression by R2 since 5/21/14. E1 stated the facility instituted if R2 is aggressive 1 staff immediately goes to R2 and another staff to the person being aggressed, The Interdisciplinary team met on 7/3/14 to discuss R2's aggressive behavior and since R2 has not been doing well in a group they now have him at a separate desk giving him more individual work in a quieter area. On 7/11/14 the team discussed new jobs for R2 since he struggles when peers are in close proximity. E1 stated on 6/20/14 he re received specialized training on no hitting. E1 said the</p>	W 125			

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W 125	<p>Continued From page 2</p> <p>facility has a team meeting including with the family scheduled for 8/13/14. E1 said the supervisor supports the house as a 4th person during transitions well as the shift supervisor. E1 stated the supervisor office is in the basement and R2 will remove himself or be asked to go to the basement. She stated if R2 is agitated they may assign someone to to work with him. E1 added, there were no injuries sustained other than a superficial scratch to R5's face. E2, Qualified Individuals Disability Professional, who was present during the interview, stated R2 when he lashes out it is at the person who happens to be at the wrong place at the wrong time with more acts occurring at day training. E2 stated he reacts to others during transitions and he will bring R2 into his office and engage him in 1 on 1 activities.</p> <p>On 8/13/14 after the team meeting E1 informed the surveyor the team is placing R2 on 1 to 1 supervision pending the results of medical tests and will reconvene once completed.</p>	W 125			