

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

PRINTED: 07/27/2016
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 07/08/2016
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 130	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy was provided to 1 of 4 clients in the sample (R4).</p> <p>Findings include:</p> <p>R4 was observed on 7/6/16 at 2:35pm standing in the hallway, near his bedroom, wearing an adult incontinence brief.</p> <p>R4 was observed on 7/6/16 at 5:08pm standing in the hallway, near his bedroom, naked.</p> <p>E6 (DSP - Direct Support Person) was immediately notified that R4 was standing in the hallway naked. E6 went to assist R4 and directed R4 to go into his bedroom. At 5:12pm surveyor observed R4 in his bedroom, wearing an adult incontinence brief. R4's bedroom door was open and E6 was observed assisting R4.</p> <p>R4 was not afforded privacy when staff failed to close R4's bedroom door.</p> <p>E1 (Administrator) was interviewed on 7/8/16 at 10:50am and verified that staff should have closed R4's bedroom door when assisting R4.</p>	W 130			

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 316	<p>483.450(e)(4)(ii) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure an annual drug reduction occurred for 1 of 3 clients in the sample (R2) receiving medication for behavioral purposes.</p> <p>Findings include:</p> <p>R2's current POS (Physician's Order Sheet), dated 7/7/16 to 8/6/16 notes that R2 receives the following medication for behavioral purposes: Inderal 20mg three times a day (9am, 12pm and 4pm).</p> <p>Review of R2's medical and clinical records note that R2 has not had at least an annual reduction of his Inderal.</p> <p>A Behavior Summary Report for Psychiatric Consultation, dated 5/9/16 notes that a medication reduction is contraindicated due to "Significant Life Events." However, this report does not specify what significant life events would preclude a reduction in R2's behavioral medication. The report does note that R2 is "Less anxious in the morning, periodic agitation."</p> <p>A 2/22/16 Behavior Summary report also notes that a medication reduction is contraindicated due to "Significant Life Events." This report does not specify what the significant life events are that would preclude a medication reduction. The 2/22/16 report does note, "Behavior is fairly stable."</p> <p>On 12/14/15 the IDT (Inter Disciplinary Team) documented that historically R2 has an increase</p>	W 316			

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W 316	Continued From page 2 in incidents of agitation and aggression due to anticipation of the holidays and returning from extended home visits. The IDT agrees to re-evaluation R2's behavioral status with his psych meds after the holidays. E1 (Administrator) was interviewed on 7/7/16 at 12:48pm and again at 1:08pm. E1 stated that R2 was initially started on Inderal due to Hypertension, however, there were behavioral benefits. E1 stated R2's Inderal was initiated on 8/2/14. On 12/1/14 R2's Psychiatrist ordered it to be increased to its current dose of 20mg three times daily (from 20mg twice daily). E1 stated that R2 has not had a change in his Inderal since 12/1/14. E1 verified that R2 has not had an annual decrease in his medication.	W 316			
W 463	483.480(a)(4) FOOD AND NUTRITION SERVICES The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure diets, including modified and special diets are ordered by the physician affecting 4 of 4 clients in the sample (R1, R2, R3 and R4). Findings include: 1) The dinner meal was observed on 7/6/16 beginning at approximately 5:35pm. E6 (DSP - Direct Support Person) started to assist clients with the dinner salad.	W 463			

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W 463	<p>Continued From page 3</p> <p>At 5:43pm E6 stated that R4's salad needed to be cut into dime size pieces. E6 then proceeded to cut R4's salad into small dime size pieces.</p> <p>R4's POS (Physician's Order Sheet) dated 6/7/16 to 7/6/16 and his most recent POS (7/7/16 to 8/6/16) were reviewed. R4's POS does not identify R4's current diet.</p> <p>R4's Annual Nutritional Assessment, dated 6/8/16, identifies R4's diet as a "General Diet."</p> <p>R4's 1/8/16 Annual Mealtime Plan, included in R4's clinical record, notes that R4's food consistency is to be "Dime - sized."</p> <p>There is no current physician prescribed diet order for R4 included in his medical or clinical record.</p> <p>E1 (Administrator) was interviewed on 7/8/16 at 10:30am. E1 stated that R4 moved into his current home on 5/10/16 and that is when he had a change in the pharmacy that provided the POS's. E1 stated that R4's current POS does not identify R4's diet, as prescribed by the physician. At 10:43am E1 provided a copy of an Oral Motor Evaluation that was done on 6/3/15. This evaluation was completed by the Speech Language Therapist. This evaluation identifies that R4's food should be prepared to a dime - sized consistency.</p> <p>There is no evidence that this diet order was prescribed by the physician.</p> <p>2) R1, R2 and R3's current (7/7/16 to 8/6/16) POS's were reviewed. There is no evidence the physician ordered the diets for R1, R2 and R3. E1, interviewed on 7/8/16 at 11:20am, verified the</p>	W 463		

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W 463	Continued From page 4 facility does not have documentation of physician prescribed diets for R1, R2 and R3.	W 463			