STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G384	A. BUILDING _____ B. WING _____	09/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCNERNEY HOUSE	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 Inspection of Care Annual Licensure and Certification Survey Fundamental Survey	W 000		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure individuals were provided the opportunity to pour their own drinks for 10 of 10 individuals who were observed during dinner in the dining room (R1 to R10). Findings include: On 8/31/15, during dinner observation, from 5:05 p.m. to 5:30 p.m. R1, R2, R3, R4, R5, R8, R9, R10, R11, and R12 were observed to be seated in the dining room around the dining table. E3 (Direct Support Person) was observed to pour water into the cups of all the individuals sitting in the dining room. On 9/2/15, at 1:50 p.m., E1 (Administrator) stated, "some of the individuals are capable of pouring the drinks themselves while others may require hand-over-hand assistance in pouring." On 9/1/15, at 2:15 p.m., E1 (Administrator) stated, "all individuals are supposed to be encouraged to be as independent as they are able to." E1 confirmed that R1 to R5 and R8 to R12 should have been given the opportunity to	W 247		10/2/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/02/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 247	Continued From page 1 pour their own water.	W 247		