

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

PRINTED: 12/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2013
NAME OF PROVIDER OR SUPPLIER CONRAD 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 Annual Certification Survey - Fundamental Inspection of Care	W 000			
W 112	Follow up to Complaint Survey of 5/23/13 483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure dietary information of individuals were kept confidential for 12 of 12 individuals residing in the facility (R1 to R12). Findings include: On 8/5/13, between the hours of 2:30 p.m. and 6:00 p.m. the first and last name of all individuals residing in the facility along with their dietary information was posted on the side of the Refrigerator on a sheet with the title, "Facility Home Diets - Quick Reference". On 8/5/13, at 4:30 p.m., E3 (Direct Support Professional) stated that the sheet is kept there for staff to know the individuals' diet. On 8/7/13, at 3:38 p.m., E1 (Director) confirmed that the list with individuals' full and last name and dietary information was on the Refrigerator door.	W 112		9/1/13	
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS	W 125		9/8/13	

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>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 guardianship is obtained for 1 of 1 individual in the sample (R1) who is in need of a guardian.</p> <p>Findings include:</p> <p>Resident Information Sheet dated 3/8/13 notes that R1's sister and brother "have Power of Attorney for Property and Health Care". Individual Support Plan (ISP) dated (10/1/12) reads, "R1 is able to advocate for himself at times, but because of his dementia, also relies on his staff and family to advocate for him... R1 is able to walk around within the residential home independently. However, due to his progressing Alzheimer's, he has 15-minute checks for safety at all times... He requires verbal prompts to recognize buildings on campus and relies on staff to ensure his safety... Due to his progressing Alzheimer's, R1 requires supervision and prompts from staff to thoroughly complete his hygiene / grooming." Facility did not have further documentation on an assessment for R1's guardianship need.</p> <p>On 8/7/13, at 2:50 p.m., E1 stated that R1 "has been declining in his functioning due to Alzheimer's." According to E1, R1's sister and</p>	W 125			

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W 125	Continued From page 2 brother have been his Power of Attorney since 2005 due to dementia. E1 confirmed that R1 is his own guardian at this time.	W 125			
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure evacuation drills were conducted under varied conditions for the overnight shift for 12 of 12 individuals in the facility (R1 to R12). Findings include: According to the Facility Evacuation Drill documentation, fire drills were conducted for the overnight shift for the following dates: 7/17/12 (3:00 a.m.), 12/20/12 (5:10 a.m.), 3/20/13 (5:33 a.m.), and 7/25/13 (6:50 a.m.). The documentation did not include other types of drills for the overnight shift. On 8/7/13, at 3:38 p.m., E1 (Director) confirmed that only fire drills were conducted for the overnight shift.	W 441		10/8/13	