

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 05/13/2014
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 Annual Licensure Survey	W 000			
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to promptly notify the guardian of one individual outside of the sample (R5) who had two IDPH (Illinois Department of Public Health) reportable incidents of peer to peer aggression in the past three months. Findings include: Review of Facility's incident and injury reports for R5 in the past three months include two peer to peer incidents of aggression reported to IDPH. They were: 1. 3/24/14 incident of R5 yelling at R7. There was no notification to R5's guardian (Z1). 2. 5/6/14 incident of R5 shaking his fist at R6. Z1 was notified on 5/8/14. Interview with Administrator E3 on 5/12/14 at 12:30 PM regarding guardian notification of incidents reported to IDPH include "if there is any	W 148			

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.

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

PRINTED: 06/02/2014
FORM APPROVED
OMB NO. 0938-0391

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W 148	Continued From page 1 injury, guardians are notified. E10, QIDP (Qualified Intellectual Disability Professional) notifies families(guardian) by phone or email." Interview with E10 on 5/13/14 at 10:30 AM regarding guardian notification of individual's peer to peer incidents include "if there is significant injury, guardians are notified by E10 or the supervisor. Notification occurs on the same day or the next, depending on the injury."	W 148			
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, interview and record review, the facility failed to ensure there was coffee available at breakfast on 5/13/14 for 4 of 4 individuals in the sample (R1, R2, R3, R4). Findings include: Breakfast observation on 5/13/14 from approximately 8:38 AM through 9:30 AM include an empty coffeepot in the kitchen. None of the residents including R1, R2, R3 and R4 had any coffee or tea for breakfast on 5/13/14. Facility's Spring/Summer Week 2 Menu (Rev. 5/10) validated a Breakfast Menu for 5/13/14 to include Orange juice, Cereal, English Muffin with margarine and jelly, Skim milk and Coffee/Tea. Interview with Direct Care Staff E9 on 5/13/14 at 9:44 AM include "R1 usually makes the coffee."	W 247			

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W 247	Continued From page 2 Interview with Qualified Intellectual Disability Professional on 5/13/14 at 11:38 AM regarding who makes coffee/tea at breakfast include "R1 usually makes the coffee with staff assistance. Staff should have made coffee (available) for individuals (who may have wanted to drink coffee)."	W 247		