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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G382	A. BUILDING ______ B. WING ______	08/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD 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 ANNUAL LICENSURE SURVEY ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL SURVEY INSPECTION OF CARE	W 000		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an objective was implemented to meet the need of 1 of 1 client in the sample who has dental recommendations to improve his oral hygiene on his lower front teeth(R4). Findings include: R4's medical/programming charts were reviewed. R4 has been to the dentist every six months, and recommendations from 9/12/15, 1/9/16, and 7/9/16 all have the recommendation to improve his oral hygiene, with a concentration on his lower front teeth. Per review of his Individual Service Plan dated 11/25/15, R4 does not have a tooth brushing goal. Per review of R4's Treatment Medical Record dated 8/7/16 through 9/6/16, R4 has two treatment orders for Crest Pro Health Rinse to his lower soft gum/tissue, and Gly-Oxide oral cleanser, to apply to the bottom from gum tissues twice weekly.	W 227		

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 227	Continued From page 1 During an interview with E2(Qualified Intellectual Disability Professional) on 8/24/16 at 1:00pm, E2 was asked if R4 has a tooth brushing objective or service goal, as he has a recommendation from the dentist to improve his oral hygiene, focusing on his lower front teeth. E2 stated that R4 used to have this objective, but he attained his highest performance on this goal, so she changed it. E2 was asked if their is a service objective in place, or a way to know that R4 is getting his teeth brushed daily, and thoroughly, as his oral hygiene is poor. E2 stated that they are using dental rinses, because of his gingivitis, and also stated that they have an ADL sheet, that staff sign once initiated(they assist R4 in brushing his teeth). E2 located this ADL sheet, and for the month of August, there are no staff signatures on the 15th, 16th,17th on the am shift, and the 20th and 21st for the pm shift. E2 confirmed that on the above dates, R4 was in the facility, and staff did not sign the sheet, which would indicate staff did not assist with brushing R4's teeth on those specific dates. E2 explained that it is difficult to brush R4's teeth, as he doesn't like to have his teeth brushed in long increments. E2 stated that she will have to set up an in-service for the direct care staff on the importance of signing the ADL sheet, in regards to tooth brushing.	W 227		
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 have the opportunity for self-management when staff pre-poured juice	W 247		

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W 247	Continued From page 2 glasses, buttered toast, and brought pre-plated breakfast meals directly to individuals, affecting 1 of 4 clients in the sample(R4), and 2 clients out of the sample(R8,R9). Findings include: Morning observations were conducted on 8/24/16, beginning at 7:00am. At approximately 8:30am, individuals were observed preparing to eat breakfast. E5(Direct Care Staff) was the staff member assisting the individuals with a meal that consisted of hot or cold cereal, toast with butter and jelly, and juice, milk, water and coffee. E5 was observed pre-pouring glasses of juice for the individuals to grab as desired, when the individuals were observed pouring milk into their cereal bowls, and scooping their own cereal into their bowls. E5 also was observed bringing cereal and toast to R4, R8 and R9, instead of encouraging them to come into the kitchen, and assisting the individuals as needed with their morning meal. E5 also buttered toast for the individuals. E6(Direct Care Staff) was observed entering the kitchen, and instructing E5 to let the individuals butter their own toast, because she stated they are capable of doing that on their own. During an interview with E2(Qualified Intellectual Disability Professional) on this same date at 10:30am, E2 was made aware of the above findings. E2 stated that E5 was very nervous, and is fairly new, but does know that individuals need to be encouraged to do as much as possible on their own, and she should assist only as needed.	W 247		
W 341	483.460(c)(5)(ii) NURSING SERVICES	W 341		

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W 341	Continued From page 3	W 341		

Continued From page 3

Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to ensure hand washing was implemented for 3 of 8 clients out of the sample observed preparing their breakfast on 8/24/16(R5,R6,R7).

Findings include:

Morning observations were conducted on 8/24/16, beginning at 7:00am. E5 was the staff member assisting the individuals with their morning meal which began at approximately 8:30am. During this observation, R5 and R7 were observed coughing into their hands, and R6 was observed sneezing into his hand while preparing their breakfast. These clients were observed around the island in the kitchen, and were scooping their cereal into their bowls, and assisting with touching silverware in the kitchen drawers, and grabbing toast with their bare hands. E5 did direct the above mentioned clients to cover their mouths, and blessed them after sneezing, but never directed the individuals to wash their hands.

During an interview with E2(Qualified Intellectual Disability Professional) on this same date at approximately 10:30am, E2 was made aware of this observations. E2 stated that E5 is fairly new

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W 341	Continued From page 4 staff, and was very nervous during this observation. E2 confirmed that she understands the need to wash hands after they are contaminated from sneezing and/or coughing, especially as they were assisting with meal preparation at this time.	W 341		