

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

PRINTED: 06/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>EL VALOR RESIDENCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1931 WEST 19TH STREET CHICAGO, IL 60608</b>		
(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 104	<p>ANNUAL CERTIFICATION SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop a system in place to ensure that current client's documents (Qualified Intellectual Disability Professional (QIDP) monthly notes, Nursing Quarterly Assessments, recent Individual Support Plans (ISP) and recent Individual Behavior Plans were placed in the clients records as soon as it is possible potentially affecting 12 of 12 clients residing in the facility (R1 through R12).</p> <p>Findings include:</p> <p>R1 through R4's records were reviewed. All four records contains the following: QIDP monthly notes from August 2015, their nursing quarterly notes were from January 2015, R2 and R4 who just had their ISPs' in March 2016 had their old ISP from March 2015 and R2 who has a behavior plan had a 2014 behavior plan in her record.</p> <p>On 4/28/16 at around 11:30am. E3, Director of Adult Program, informed surveyor that; "since you are here, we will be able to catch up on our filing".</p> <p>E4, nurse, was interviewed via phone on 4/28/16 at 2:10pm. E4 stated, "I'm going through my zip</p>	W 104			

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 104	Continued From page 1	W 104			
W 120	drive right now for my nursing quarterlies." On 4/29/16 at around 9:15am, E2, Residential Assistant Coordinator, provided surveyor with R1, R3 and R4's nursing quarterlies for the past year. 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES  The facility must assure that outside services meet the needs of each client.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the contracted pharmacy delivers medications in a timely basis affecting 1 of 4 clients in the sample (R1) and 2 clients outside the sample (R6 and R10).  Findings include:  The facility's Quarterly Review - Medication Error Report for review dates 1/1/16 through 3/31/16 was reviewed. The following clients, medications and dates where a medication error occurred with a contributing factor of medication unavailable are as follows:  "R1 - 1/2/16 Nabumetone R1 - 1/10/16 Sprintec R1 - 1/11/16 Sprintec R1 - 1/23/16 Nabumetone R6 - 3/30/16 Sprintec R6 - 3/31/16 Sprintec R10- 3/31/16 Oxybutynin  E1, Qualified Intellectual Disability Professional (QIDP) and E2, Residential Assistant Coordinator, were interviewed on 4/27/16 at	W 120			

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W 120	Continued From page 2 2:43pm. E1 stated, "Sometimes our pharmacy don't have the medication in stock or they are late in delivering these medications." E1 added, "It's out of our hands. We order a week before it runs out. I don't understand what the reason is that they are not able to deliver on time."	W 120			
W 248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN  A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the most current Individual Support Plans (ISP) for 2 of 2 clients in the sample (R2 and R4) and the Individual Behavior Development Plan for 1 of 1 client in the sample (R2) was made available to staff in the facility.  Findings include:  1) R2's record was reviewed. Surveyor noted that R2's current ISP held on 3/1/16 and Individual Behavior Development Plan dated 3/1/16 were not found in her record. Surveyor asked E1 , Qualified Intellectual Disability Professional (QIDP) and E2, Residential Assistant Coordinator for R2's ISP and behavior plan. Both E1 and E2 verified on 4/28/16 at 10:30am that R2's current ISP and behavior plan is not in the facility but rather in their main office.  2) R4's record was reviewed. Surveyor noted	W 248			

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W 248	Continued From page 3 that R4's current ISP held on 3/15/16 were not found in her record. Surveyor asked E1(QIDP) and E2, Residential Assistant Coordinator for R4's ISP. Both E1 and E2 verified on 4/28/16 at 10:30am that R4's current ISP is not in the facility but rather in their main office.	W 248			
W 317	483.450(e)(4)(ii) DRUG USAGE  Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 1 client in the sample (R2), who has an Individual Behavior Development Plan, has a specific medication reduction plan incorporated to her behavior plan.  Findings include:  R2's Individual Behavior Developmental Plan dated 3/1/16 was reviewed. Under psychotropic medication reduction plan it includes; "The IDT (interdisciplinary team) will recommend reduction of medications to the attending psychiatrist based on R2's meeting/ not meeting current goals (behavior protocol and ISP (Individual Support Plan) ) , observed and reported behavior, and any other pertinent information. Data should be closely monitored after any medication adjustments to ensure that R2 is stable or to ensure that there are no harmful effects."	W 317			

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W 317	Continued From page 4 On 4/28/16 at around 3:00pm, E3, Director of Adult Programs, verified that R2's behavior plan does not include a specific medication reduction plan to address R2's use of Risperidone.	W 317			
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 that evacuation and fire drills show various weather conditions when they are being held affecting 12 of 12 clients residing in the facility (R1 through R12).  Findings include:  The fire and evacuation drills for the period of 4/4/15 through 3/16/16 were reviewed. Surveyor noted that the fire or disaster report form that the facility used does not include weather conditions when the drills are being held.  E1, Qualified Intellectual Disability Professional (QIDP), was interviewed on 4/27/16 at 3:25pm during the status meeting. E1 verified that the facility's fire and disaster drills does not include the various weather conditions when the drills are being held.	W 441			