

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

PRINTED: 07/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2015
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NAME OF PROVIDER OR SUPPLIER EL VALOR RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1931 WEST 19TH STREET CHICAGO, IL 60608
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(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
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W 000	INITIAL COMMENTS Annual Licensure and Certification Survey	W 000		
W 262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Human Right Committee have reproducible documentation that programs are reviewed for 3 of 3 individuals (R1, R2 and R4) in the sample.</p> <p>Findings include:</p> <ol style="list-style-type: none"> R4's record was reviewed and documented that she has a Behavior Support Plan dated 1/1/2015 for non-compliance, false accusations, elopement, verbal aggression and stealing. R4 is prescribed Invega Sust Injection 78/0.5 ml and Amitriptylin 25 mg. to manage her inappropriate behaviors. The Human Rights Committee Meeting Minutes from 10/16/2014 to 5/21/2015 were reviewed and there was no documentation that R4's program was reviewed and approved by the Human Rights Committee. R1's record was reviewed and documented that she has a Behavior Support Plan dated 12/18/2014 for Physical Aggression, Verbal 	W 262		8/19/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		07/24/2015

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 262	Continued From page 1 Aggression, Disruptive Behavior and Withdrawal or Inattentive Behavior. R1 is prescribed Fluoxetine 20 mg to manage her inappropriate behaviors. The Human Rights Committee Meeting Minutes from 10/16/2014 to 5/21/2015 were reviewed and there was no documentation that R1's program was reviewed and approved by the Human Rights Committee. 3. R2's record was reviewed and documented that she has a Behavior Support Plan dated 4/8/2015 for Verbal Aggression, Withdrawal or inattentive behavior and Uncooperative Behavior. R2 is prescribed Nortriptylin 25 mg to manage her inappropriate behaviors. The Human Rights Committee Meeting Minutes from 10/16/2014 to 5/21/2015 were reviewed and there was no documentation that R2's program was reviewed and approved by the Human Rights Committee. R1, Director of Adult Programs, was interviewed on 6/3/2015 at approximately 10:30 a.m. and validated that there was no reproducible documentation that the Human Rights Committee Reviewed R4's behavior support program.	W 262			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain gynecological services for 1 of 2 individuals (R4) in the sample. Findings include:	W 322		8/19/15	

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W 322	Continued From page 2 R4's record was reviewed for completion of a PAP (Papanicalaou test) and mammogram at least annual unless otherwise indicated. The last PAP for R4 was completed on 5/30/2013 and the last mammogram was completed on 4/13/2013. Additional review of the record, did not document, why these test were not completed on an annual basis. E1, Director of Adult Programs, was interviewed on 6/3/2015 at approximately 1:00 p.m. and was unable to present any documentation that R4 had a PAP and Mammogram completed at least annual unless otherwise indicated per physician's orders or recommendations.	W 322		