

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

PRINTED: 06/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2016
NAME OF PROVIDER OR SUPPLIER ALDEN VILLAGE HEALTH FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 267 EAST LAKE STREET BLOOMINGDALE, IL 60108		
(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 111	<p>ANNUAL CERTIFICATION SURVEY - FULL SURVEY</p> <p>ANNUAL LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a consent for a medical procedure was accurate, when the facility dated the consent ahead of the actual medical procedure date, for 1 of 1 client in the sample having a colonoscopy scheduled for 5/31/16(R3).</p> <p>Findings include:</p> <p>The medical/programming chart for R3 was reviewed. Per review of R3's Physician Order Sheet dated 3/26/16, an entry from 4/21/16 at 6:00pm notes an order scheduled for a colonoscopy on 5/31/16. A consent form entitled, Endoscopy Services Informed Consent for R3, was also reviewed. R3's guardian signed this consent form, and it is dated ahead of time(5/31/16).</p> <p>During an interview with E3(Director of Nursing) on 5/20/16 at 11:50am, E3 was asked if it is their policy to have consents for medical procedures</p>	W 111			

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 111	Continued From page 1 signed ahead of time. E3 stated it is not their policy to pre-sign consent forms. E3 stated that R3's guardian does not live out of town, so she is not sure why the nursing staff had the consent form dated ahead of time. E3 stated that the hospital they have most of their clients go to, would just call the guardian and receive a verbal consent, so their nursing staff does not need to try to obtain consent ahead of time, nor should they.	W 111			
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the rights of 1 of 1 client in the sample (R2) who has a Bed Alarm are protected. The facility failed to remove the Bed Alarm after that component of the Behavior Management program was discontinued. Findings include: R2's clinical record was reviewed on 5/20/16. R2 has a behavior management program that was last revised on 2/15/16. R2's program identifies five targeted maladaptive behaviors that include: 1. Maladaptive Behaviors - R2 may yell, throw herself to the floor, and/or throw items on the ground when she is agitated 2. Non-compliance - R2 may ignore staff	W 125			

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W 125	<p>Continued From page 2 directives</p> <ol style="list-style-type: none"> 3. Socially Inappropriate Behaviors - At times R2 will make false accusations 4. Elopement - R2 has a history of eloping 5. Self-Injurious Behaviors - R2 may hit herself in the face <p>Interventions include:</p> <ol style="list-style-type: none"> 1. Choices - Offer R2 to make choices for herself 2. Communication - Redirect R2 to an activity and calmly ask R2 questions (what is is - you?) 3. Activities - Staff should encourage and engage R2 in activities to keep her stimulated. If over - stimulated redirect her to a less stimulated environment to calm down. 4. Redirection - When staff notices R2 engaging in one of her targeted behaviors, verbally redirect her by providing a specific instruction in a calm manner in order to stop the inappropriate behavior. When R2 makes false accusations, explain the importance of being honest. However all allegations should be taken seriously and investigated. If R2 goes toward the door and/or leaves the building and cannot be redirected contact the case manager and/or nurse for assistance. When R2 engages in self-injurious behaviors, staff should provide a directive to stop the behavior and redirect her attention to an activity she enjoys.) 5. Q15 checks - When an infection occurs, staff will conduct 15 minute checks on R2 until urine cultures indicate her UTI (Urinary Tract Infection) is resolved. 6. Reinforcement - Praise R2 when she responds positively to redirections. 7. Close Supervision - R2 will be under close supervision (1 staff per 4 residents including R2) during waking hours due to her elopement 	W 125			

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W 125	Continued From page 3 behaviors. Close Supervision and Bed alarm were added to R2's behavior management program, however, the date is not identified. A consent, signed by R2's guardian on 3/19/16, for the bed alarm is noted in R2's record. The consent notes R2 is in need of a bed alarm due to her history of elopement. E4 and E5 (Case Managers) were interviewed on 5/20/16 at 11:10am. E4 and E5 were asked about R2's need for a bed alarm. E4 stated that due to R2's elopement behavior she has a bed alarm. E4 was asked when R2's bed alarm was initiated. E4 stated, based on review of the consent for the bed alarm, it was initiated on 3/19/16. On 5/20/16 at 11:14am E4 and E5 accompanied surveyor to R2's bedroom. A bed alarm was observed attached to R2's bed. E4 verified the bed alarm was on R2's bed. E4 stated that R2's bed alarm should have been discontinued because the Elopement component was discontinued from R2's behavior program on 4/12/16. The facility failed to ensure R2's rights are protected when they failed to remove the Bed Alarm on 4/12/16 when the Elopement targeted behavior component was discontinued.	W 125			
W 278	483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs	W 278			

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W 278	<p>Continued From page 4 incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that prior to the use of more restrictive techniques (bed alarm and close supervision) the record documents less intrusive techniques that were proven to be ineffective affecting 1 of 5 clients in the sample (R2) with a behavior management program.</p> <p>Findings include:</p> <p>R2's clinical record was reviewed on 5/20/16. R2 has a behavior management program that was last revised on 2/15/16. R2's program identifies five targeted maladaptive behaviors that include:</p> <ol style="list-style-type: none"> 1. Maladaptive Behaviors - R2 may yell, throw herself to the floor, and/or throw items on the ground when she is agitated 2. Non-compliance - R2 may ignore staff directives 3. Socially Inappropriate Behaviors - At times R2 will make false accusations 4. Elopement - R2 has a history of eloping 5. Self-Injurious Behaviors - R2 may hit herself in the face <p>Interventions include:</p> <ol style="list-style-type: none"> 1. Choices - Offer R2 to make choices for herself 2. Communication - Redirect R2 to an activity and calmly ask R2 questions (what is is - you?) 3. Activities - Staff should encourage and engage R2 in activities to keep her stimulated. If over - stimulated redirect her to a less stimulated 	W 278			

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W 278	<p>Continued From page 5 environment to calm down.</p> <p>4. Redirection - When staff notices R2 engaging in one of her targeted behaviors, verbally redirect her by providing a specific instruction in a calm manner in order to stop the inappropriate behavior. When R2 makes false accusations, explain the importance of being honest. However all allegations should be taken seriously and investigated. If R2 goes toward the door and/or leaves the building and cannot be redirected contact the case manager and/or nurse for assistance. When R2 engages in self-injurious behaviors, staff should provide a directive to stop the behavior and redirect her attention to an activity she enjoys.)</p> <p>5. Q15 checks - When an infection occurs, staff will conduct 15 minute checks on R2 until urine cultures indicate her UTI (Urinary Tract Infection) is resolved.</p> <p>6. Reinforcement - Praise R2 when she responds positively to redirections.</p> <p>7. Close Supervision - R2 will be under close supervision (1 staff per 4 residents including R2) during waking hours due to her elopement behaviors.</p> <p>Close Supervision and Bed alarm were added to R2's behavior management program, however, the date is not identified.</p> <p>A consent, signed by R2's guardian on 3/19/16, for the bed alarm is noted in R2's record. The consent notes R2 is in need of a bed alarm due to her history of elopement.</p> <p>R2's record does not include previous tried techniques that were tried and proven to be ineffective prior to the use of more restrictive techniques (bed alarm and close supervision).</p>	W 278			

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W 278	<p>Continued From page 6</p> <p>E4 and E5 (Case Managers) were interviewed on 5/20/16 at 11:10am. E4 and E5 were asked about R2's need for Close Supervision and a bed alarm. E4 stated that due to R2's elopement behavior, she receives close supervision and has a bed alarm.</p> <p>E4 was asked when R2's bed alarm was initiated. E4 stated, based on review of the consent for the bed alarm, it was initiated on 3/19/16.</p> <p>E4 was asked what techniques / interventions that were tried and proven to be ineffective were used prior to the bed alarm and close supervision being initiated. E4 stated that she did not know because R2 lived at a group home previously and she did not have that information. E4 verified that R2's record does not document less intrusive techniques that were tried and proven to be ineffective prior to implementing the bed alarm and close supervision.</p> <p>On 5/20/16 at 11:14am E4 and E5 accompanied surveyor to R2's bedroom. A bed alarm was observed attached to R2's bed. E4 verified the bed alarm was on R2's bed.</p>	W 278			