

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

PRINTED: 10/01/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILESTONE - ELMWOOD EAST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2642 ELMWOOD ROAD ROCKFORD, IL 61103</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 249	<p>Annual Certification - Fundamental</p> <p>Inspection of Care</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure that 1 of 4 sample clients, R4, receive needed interventions when he would display self injurious behaviors.</p> <p>Findings include:</p> <p>According to his individual service plan, (ISP), dated 6-3-15, R4 is a 22 year old man who has profound intellectual disabilities. R4's diagnosis also includes autism.</p> <p>During evening observations on 9-21-15, at 2:50pm R4 hit himself in the head 3 times. Home Coordinator E3 approached R4 after the third time and R4 stopped hitting himself.</p> <p>At 3pm R4 hit himself in the head a total of 11 times while he stood in the hallway adjacent to the back living room area. Direct Support Person</p>	W 249			

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 249	<p>Continued From page 1</p> <p>E5 was working with a group of clients doing art work at the table in the living room and QIDP E2 was standing in the doorway at the end of the hall watching a client return from the neighboring facility. Nobody responded or intervened while R4 hit himself.</p> <p>At 3:15pm R4 hit himself in the head 2 times while sitting on the sofa in the living room. E5 was still working with the clients at the table doing an art project. E5 said nothing to R4.</p> <p>At 3:20pm R4 hit his head 2 times. E5 and E2 were both in the room again and nobody said anything to R4. R4 then hit his head a third time and E2 approached R4 and said "nice hands" and he quit hitting himself at that point.</p> <p>According to R4's Behavior Development Program dated 7-1-15, it states that if R4 exhibits self injurious behavior, sometimes it means that he is in physical pain and staff should contact the nurse. It notes that sometimes R4 hits himself not to cause injury but for self stimulation purposes. But it also goes on to state that if R4 is hitting himself forcefully place a pillow between his hand and the body part that he is hitting. It also states that he should be given something to keep his hands occupied. R4 was given various toys throughout the evening which varied in their success at keeping his hands occupied. During the aforementioned incidents none of the interventions mentioned in his program were implemented.</p> <p>During an interview on 9-22-15 at 4:20pm Administrator E1 reviewed R4's behaviors and noted that sometimes his hitting himself was not to injure himself. E1 agreed with this surveyor</p>	W 249			

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W 249	Continued From page 2	W 249			
W 263	that some sort of intervention should have been implemented when R4 was hitting himself. 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of 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 insure programs were conducted only with informed consent for 1 of 4 sample clients, R3.  Findings include:  According to her individual service plan, (ISP), dated 4-2-15, R3 is a 78 year old woman who has a severe intellectual disability. R3's diagnosis also includes Bipolar Disorder.  During a review of R3's consent records there was a consent form in place dated 5-27-14 but there was no other more current consent available.  During an interview on 9-23-15 at 2:40pm Administrator E1 said that they had sent off R3's consents, but R3's guardian had moved to Florida and R3's consents went under the radar. The forms had not been received back in time.	W 263			
W 369	483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are	W 369			

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W 369	Continued From page 3 self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure that all drugs were administered without error for 1 of 4 sample clients, R1.  Findings include:  According to his individual service plan, (ISP), dated 10-28-14, R1 is a 26 year old man who has a mild intellectual disability. R1's diagnosis also includes autism.  During evening medication, (med), pass observations on 9-21-15, at 3:25pm R1 was given his meds which included Gas Ex. At 5:20pm R1 sat down and ate his evening meal.  During a review of R1's Physicians Order Sheets dated 8-26-15, it states that R1 is to receive his Gas Ex with his meal; one each meal.  During an interview on 9-22-15 at 4:20pm Administrator E1 reviewed the information about the med pass with this surveyor and said she understood.	W 369			
W 440	483.470(i)(1) EVACUATION DRILLS  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that drills were held at least	W 440			

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W 440	<p>Continued From page 4</p> <p>quarterly for 4 of 4 sample clients, (R's 1, 2, 3 &amp; 4) and for 8 clients outside the sample, (R's 5 thru 12) .</p> <p>Findings include:</p> <p>According to the undated Facility Data Sheet supplied by the home; R's 1, 5 &amp; 11 have mild intellectual disabilities. R's 2, 3, 6, 7 &amp; 12 have severe intellectual disabilities and R's 4, 8, 9 &amp; 10 have profound intellectual disabilities.</p> <p>During a review of evacuation drills over the past year, 4 of them had some information written on them, (dates, shifts, times), but none of them were complete. None of the 4 contained any list of staff or clients who had participated. None had signatures or additional information on them. Three were disaster drills dated; 1-5-15, 1-10-15 &amp; 4-3-15. And one was a fire drill dated 5-6-15 for third shift. Without these drills the facility was missing necessary drills to cover the drill requirements. One quarter would be missing a fire drill for third shift. And they would be missing one of the third shift disaster drills and both first shift disaster drills.</p> <p>During an interview on 9-21-15 at 5:40pm QIDP E2 reviewed the drills with this surveyor and acknowledged that the information noted above was absent from these drill forms.</p>	W 440			