

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

PRINTED: 12/01/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK WEST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3980 FAIRFAX ROLLING MEADOWS, IL 60008</b>
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W 000	INITIAL COMMENTS  Annual Certification Survey  Fundamental Survey	W 000		
W 237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN  Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure clear documentation was available on self-injurious behavior (SIB) in the Behavior Data Sheet for 1 of 1 individual outside the sample who uses a Gauze on both hands to cover wounds and to prevent further injury from biting his hands (R9).  Findings include:  Behavior Program dated 11/1/13 for R9 reads that R9 is diagnosed with Obsessive-Compulsive Disorder, and Impulse-Control Disorder. The Behavior Program notes that the program will target self-abuse, physical aggression and property destruction..." Functional Analysis section of the Behavior Program notes that "[R9]'s self-abusive behavior is more likely to occur when he is not actively engaged in an activity, particularly in the early morning and when he is not closely supervised."	W 237		10/31/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>09/29/2014</b>
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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 237	<p>Continued From page 1</p> <p>According to the Behavior Program, the target behavior of self-abuse is described as, "self-injury - picks or bites at his skin or at existing wounds, pulls at fingernails or toenails." The Behavior Program requires the following methodology for SIB, "document the incident on the maladaptive behavior-tracking sheet. Throughout the day staff should wrap [R9]'s arms with bandages to keep any wound covered. If this is cover[ed] he is less likely to pick at it because he can't see it."</p> <p>Facility Goal Tracking Report - Monthly Review dated August 2014, reports the following SIB data for R9 for the last 6 months. August 2014 - 2 July 2014 - 7 June 2014 - 0 May 2014 - 0 April 2014 - 2 Mar 2014 - 0</p> <p>R9's monthly review SIB count lacks further information of the SIB, such as, the location of the SIB, the type of SIB (picking on skin, biting on skin, pulling on finger or toe nails). On 9/23/14, at 10:04 a.m., E8 (Behaviorist) stated that the data lacks further details on the SIB.</p> <p>On 9/23/14, at 10:43 a.m., E1 (Administrator) stated that the DSP (Direct Support Professional) staff record the SIB data for R9 on the behavior tracking sheet as a check that it occurred. According to E1, the DSP staff do not document on the description of the SIB, such as, what location of the body or whether there was a new injury that occurred.</p> <p>On 9/23/14, at 2:15 p.m., E3 (Nurse) stated that the DSP staff record in the treatment record</p>	W 237			

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W 237	Continued From page 2 sheet when they change R9's bandage for both of his hands. On 9/23/14, at 10:43 a.m., E1 stated that DSP staff do not document the description of the wound (the size, color) when they change R9's dressing in his hands.	W 237			
W 253	483.440(e)(2) PROGRAM DOCUMENTATION  The facility must document significant events that are related to the client's individual program plan and assessments.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure clear nursing documentation was available for 1 of 1 individual outside the sample who uses a Gauze on both hands to cover wounds and to prevent further injury from biting his hands (R9).  Findings include:  Behavior Program dated 11/1/13 reads that the target behavior of self-abuse is described as, "self-injury - picks or bites at his skin or at existing wounds, pulls at fingernails or toenails." The Behavior Program requires the following methodology for SIB, "document the incident on the maladaptive behavior-tracking sheet. Throughout the day staff should wrap [R9]'s arms with bandages to keep any wound covered. If this is cover[ed] he is less likely to pick at it because he can't see it."  On 9/23/14, at 10:45 a.m., E1 (Administrator) stated the DSP (Direct Support Professional) staff are trained on the Medication Administration Module for DSP Training Program (dated	W 253		10/31/14	

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W 253	<p>Continued From page 3 November 6,1999).</p> <p>The Medication Administration Module requires the following under the Procedure for Medication application to the skin: "document and report any significant observations ([such as], color, condition of the skin) to the supervisor."</p> <p>On 9/23/14, at 10:45 a.m., according to E1, the DSP staff are required to document only if there's drainage or odor to the wounds. On 9/23/14, at 2:15 p.m., E3 (Nurse) stated that the staff are required to report if there's drainage or odor to the wounds.</p> <p>Facility Goal Tracking Report - Monthly Review dated August 2014, reports the following SIB data for R9 for the last 6 months. August 2014 - 0 July 2014 - 7 June 2014 - 0 May 2014 - 0 April 2014 - 2 Mar 2014 - 0</p> <p>Nurse's Notes for R9 reads, "3/7/14 - Mesoderm and [bandages] on both hands and [right] lower leg - no drainage noted from bandages." The note is not clear on whether the 'no drainage' is describing the hands or the leg. There is no further follow up note to determine whether the wounds on the hands noted on 3/7/14 were healed.</p> <p>The Nurse's notes for R9 reads, "7/10/14 - [R9] [right] hand has 25 [cent] opening due to SIB and [left] hand index finger on [right] side has skin opened due to SIB." The note does not describe the color of the wounds and whether or not there</p>	W 253			

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W 253	Continued From page 4 was drainage in the 2 open wound area. No further follow up note is available to determine whether the 2 wounds noted on 7/10/14 on R9's hands were healed.  Nurse's Notes for R9 reads, "8/27/14 - [R9] seen for observation of SIB wound to [right] index finger, [right] anterior hand, [left] anterior hand." The note does not describe the size, the color, or whether there were drainage in the wound areas. In addition, the note does not describe which of the 3 areas are new injuries or whether all 3 areas are new injuries. No follow up Nurse's note is available to determine whether these wounds were healed.  Nurse's Notes for R9 reads, "9/3/14 - Dressed SIB on [right] hand with gauze... [left] index finger SIB cleaned... mesoderm and wrapped [with] gauze." The note does not describe the size, color or whether there was drainage in the 2 wound areas. The note does not indicate whether the wounds are new or old. No follow up Nurse's note is available to determine whether these wounds were healed.  On 9/22/14, at 4:00 p.m., when asked why the Nurses notes do not consist of the description of R9's wounds, such as, size, color, and whether they are healing, E3 (Nurse) stated, "because it's part of his chronic behavior".  On 9/23/14, at 10:30 a.m., E1 (Administrator) confirmed that Nurses documentation and other documentation in chart do not provide a clear picture of R9's wounds on his hands from recurring self-inflicted biting.	W 253			
W 260	483.440(f)(2) PROGRAM MONITORING &	W 260		10/31/14	

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W 260	<p>Continued From page 5 CHANGE</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to revise the individual program plan for 1 of 4 individuals in the sample (R1).</p> <p>Findings include:</p> <p>R1 is an individual who moved into the facility on 6/10/14. R1 had an Individual Support Plan (ISP) annual meeting on 6/2/14, the current ISP for R1. R1 works in the community cleaning automated teller machines 4-5 times a week.</p> <p>Per R1's 6/5/13 Speech Evaluation R1 has excellent speech discrimination and good hearing ability. R1 is able to follow multi-step commands, independently and accurately sequence 4-5 step task. R1 has broad vocabulary and is able to maintain conversations on variety topics. R1 is recommended to slow down his speech when speaking with others.</p> <p>Per R1's 6/2/14 Family Style Dining Assessment, R1 is independent with family style dining.</p> <p>Review of R1's August 2014 Monthly Goal Tracking include the following objectives at the facility: 1. R1 will make a coin combination to equal one dollar, target success at 85 percent with three verbal prompts (Money). No data for July 2014</p>	W 260		

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W 260	<p>Continued From page 6 and August 2014.</p> <p>2. R1 will scoop his medication into his mouth, target success at 100 percent with three verbal prompts (Self-Medication). Not met at 93 percent in July 2014, met at 100 percent in August 2014.</p> <p>3. R1 will clean his dishes after each meal, target success at 85 percent with three verbal prompts (Independent Living). Met at 100 percent in July 2014, not met at 0 percent in August 2014. Objective ran one time in each month.</p> <p>4. R1 will participate in a physical activity of his choice for 15 minutes each day, target success at 90 percent with three verbal prompts (Wellness). No data in July 2014. Met at 100 percent in August 2014. Objective ran one time in August 2014.</p> <p>Review of R1's objectives and data related to accomplishment of goals include:</p> <p>1. R1's Money objective was set with success level at 50 percent then 85 percent from July 2013 through May 2014. R1 met the objective during this period except in September 2013 and April 2014 due to lack of data.</p> <p>2. R1's Self-medication objective was set with success level at 50 percent then 100 percent from July 2013 through May 2014. R1 met this objective at 100 percent success except in September 2013 and March 2014 due to lack of data.</p> <p>3. R1's Independent Living objective was set with success level at 50 percent then 85 percent from July 2013 through May 2014. R1 successfully met this objective from July 2013 through May 2014 except for no data in September 2013.</p>	W 260			

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W 260	Continued From page 7 4. R1's Wellness objective success level was set at 50 percent then 100 percent then 90 percent from July 2013 through May 2014. At the 50 percent success level, R1 met the objective at 100 percent except for lack of data in one month. At the 100 percent success level, R1 did not meet the objective instead achieved at 91, 63 and 55 percent. At the 90 percent success level, R1 did not meet target success instead achieved 75 and 82 percent.  Review of R1's current program plan and data for the objectives learned in the past year (July 2013 through May 2014) validate that R1's objectives at the facility are the same as the previous year despite R1 accomplishing the objectives. The only change noted is in the targeted success level for the objective.  Interview with Qualified Intellectual Disability Professional E2 on 9/22/14 at 4:00 PM regarding R1 working on the same objectives that has been met in the prior year include "R1 came to the facility in June 2014 and the interdisciplinary team agreed to continue the goals as written in June 2014."	W 260			
W 474	483.480(b)(2)(iii) MEAL SERVICES  Food must be served in a form consistent with the developmental level of the client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide the modified liquid consistency diet to 1 of 4 individuals in the sample (R4) and 3 individuals outside of the sample (R5, R6 and R7).	W 474		10/31/14	



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W 474	Continued From page 8  Findings include:  Med pass to R7 on 9/22/14 at 5:15 PM include Shift Supervisor E4 mixing one box (8 fluid ounces) of nutritional juice with one packet of the nectar consistency thickener. E4 gave R7 the 8 fluid ounces of nutritional juice thickened with one packet of thickener.  Each packet of the thickener include the direction to mix one packet with every four fluid ounces of liquid.  Dinner observation on 9/22/14 from 5:35 PM through 6:25 PM include R5, R6 and R7 set up with six ounces glasses. Direct Support Persons E5 and E7 mixed one packet of the thickener per glass of liquid for R4, R5, R6 and R7.  Per the Facility List of individual diets provided on 9/22/14, R6 has a diet order for Honey Thick liquids and R4, R5 and R7 have diet orders for Nectar Thick liquids.	W 474			
W 488	483.480(d)(4) DINING AREAS AND SERVICE  The facility must assure that each client eats in a manner consistent with his or her developmental level.	W 488		10/31/14	

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W 488	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure individuals poured their liquids and scooped their food in a manner consistent with their developmental needs impacting 1 of 4 individuals in the sample (R2) and 4 individuals outside of the sample (R6, R8, R9 and R10).</p> <p>Findings include:</p> <p>Dinner observation on 9/22/14 from 5:35 PM through 6:25 PM include Direct Support Person E5 assisting R2, R6, R8, R9 and R10. E5 scooped out the food and poured the milk, water and apple juice for R2, R6, R8, R9 and R10 majority of the time at dinner.</p> <p>R2's 4/3/14 Family Style Dining Assessment validate R2 is independent with family style dining.</p> <p>R6's 11/7/13 Family Style Dining Assessment validate R6 requires hand over hand assistance with family style dining.</p> <p>R7's 9/26/13 Family Style Dining Assessment validate R7 is independent with family style dining.</p> <p>R9's 10/16/13 Family Style Dining Assessment validate R9 is independent with family style dining.</p> <p>R10's 3/31/14 Family Style Dining Assessment validate R10 requires hand over hand assistance with family style dining.</p> <p>At Daily Status Meeting on 9/23/14 approximately</p>	W 488			

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W 488	Continued From page 10 at 3:45 PM, Administrator E1 validated that staff sometimes get nervous but E5 should have allowed individuals to scoop their food and pour their liquids independently or with hand over hand assistance as needed.	W 488			