

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>09/01/2015</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	W 000		
W 104	<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 observation and interview, the governing body failed to ensure the physical environment was kept in good repair, when kitchen, dining room, and living room furniture was observed torn with exposed stuffing, and walls were observed with food debris, with a section of a bedroom wall severely dented, with missing plaster, affecting all 16 clients who reside in this facility( R1-R16).</p> <p>Findings include:</p> <p>Morning observations were conducted in the facility on 8/26/15, beginning at 10:20am. Nine kitchen chairs were observed in the kitchen/dining room area, torn with exposed stuffing, and arm rests with hardened food debris on them. Two chairs in the large living room area were also observed torn, with stuffing exposed. One large leather chair was observed torn, with stuffing exposed. The walls in R10's room had paint missing from a large area by his side of the bed, as well as an area of wall that was badly dented,</p>	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 104	Continued From page 1 with missing areas of plaster. The smaller dining room/computer room area, which has a round wood table has four chairs around it that are all torn with exposed stuffing. Food debris is noted on the living room wall, which looks to be a spilled liquid of some kind. The kitchen walls and windows have debris on them that looks to be a spilled liquid, with some sections sticky to the touch.  During an interview with E1(Director) at 11:40am, E1 walked the facility with this surveyor, and was made aware of all of the above findings. E1 stated that they do not have an assigned housekeeper, but that their direct care staff have housekeeping responsibilities that they perform, in addition to caring for the individuals who reside in this home. E1 stated that when it comes to keeping the home clean, or taking care of the residents, the clients always come first. E1 stated that they do not have one assigned maintenance person either, but share a maintenance person amongst several of their homes.	W 104			
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure an objective was included in the individual program plan addressing 1 of 1 client's behavior in the facility of removing his clothing(R5).	W 227			

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W 227	<p>Continued From page 2</p> <p>Findings include:</p> <p>Evening observations were conducted on 8/26/15 beginning at approximately 4:00pm. At 6:00pm, R5 was observed sitting on the couch in the small living room with just his pants on, which were hiked up to his knees. His shoes, socks and shirt were off. Both staff E3(Qualified Intellectual Disability Professional) and E4(Nurse) were sitting in the larger living room. They looked back and saw R5 with his shirt off, but made no effort to re-direct R5 to put his shirt back on. When asked if they were aware R5 had his shirt off, E3 stated that she was aware, but that is something he often does, as he prefers to have his shirt off. After this conversation, E3 went to R5 and assisted him with putting his shirt back on.</p> <p>R5's Individual Program Plan dated 7/22/15 was reviewed. Under areas I need to work on, it reads, "R5 needs to work on his oral hygiene, administering his own medication and not taking his clothes off in public places." There is no objective in R5's IPP that addresses his behavior of removing his clothing; there is just a statement that states he likes to take his shirt off, and be bare foot.</p> <p>During an interview with E3 on 8/28/15 at 10:40am, E3 was asked why R5 does not have an objective in place to address his behavior of removing his clothes/shirt. E3 stated that he usually does ok in the community, and that it is really more of a preference. E3 stated that we normally prompt him to put his shirt back on, but that they were just caught at a moment when they were looking away.</p>	W 227			

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W 247 W 247	Continued From page 3 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN  The individual program plan must include opportunities for client choice and self-management.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the dinner meal on 8/26/15 was served in such a way that included multiple opportunities for client choice and self-management, affecting 3 of 4 clients in the sample, observed during the first seating of dinner on 8/26/15(R1,R2,R4).  Findings include:  The dinner meal was observed on 8/26/15, beginning at approximately 5:30pm. The dinner meal consisted of a salad, vegetable, potato and chicken. As the dinner meal began, E5(PM Shift Supervisor) was observed bringing salads, pre plated in small serving bowls out to each client. E5 brought the salads out on a tray, and placed a salad on R1, R2 and R4's table setting. When the individual clients were finished eating their salads, E5 went around the room and collected the salad bowls, instead of allowing the clients the opportunity to return their own bowls to the kitchen. When the above clients were finished eating their dinner, E5 then brought out dessert,also pre plated, with the assistance of direct care staff, E6 and E7. The clients were not provided with the opportunity to serve their own salad or cake. Also, the salad already had the dressing applied to the salad, instead of allowing the clients the opportunity to choose if they wanted any dressing on their salad, and if so,	W 247 W 247			

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W 247	Continued From page 4 which kind of dressing they may prefer.  During an interview with E1(Director) on 8/26/15 at 6:00pm, E1 was made aware of the above findings, and stated she understood that clients should be allowed as many opportunities for clients choice and self-management as each situation provides.	W 247			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data from implemented objectives is in measurable terms for 1 of 4 clients in the sample(R3).  Findings include:  R3's Monthly Review Goal Tracking Report for the month of July, 2015 was reviewed. For R3's medication goal, R3 has no data for the months of January 2015 through May 2015. For the month of June 2015, only 2 trials were recorded, and for the month of July, only 10 trials were recorded. For R3's money goal, again no data was present for the months of January 2015 through May 2015, and for the month of June, only 2 trials were recorded, and for July only 9 trials were recorded. For R3's wellness goal, no data was recorded for the months of January through July. There is a statement recorded that	W 252			

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W 252	Continued From page 5 R3 did not meet his wellness goal for the month of July due to low number of trials, but no explanation for the months of January through June. For R3's grooming/hygiene goal, again no data is present for the months of January through May of 2015, and for June only 2 trials are recorded, and for July only 15 trials are recorded. For R3's tooth brushing goal, again no data is recorded from January through May of 2015, with only 2 trials recorded for June, and 6 trials recorded for July.  During an interview with E3(Qualified Intellectual Disability Professional) on 8/28/15 at 10:40am, E3 was asked why there are so many goals with missing data, and or very low levels of data recorded. E3 stated she is not sure why there is no data. E3 stated that is could be their computer system was not working appropriately, and staff could not input the data. E3 stated that she feels that the goals were implemented, just not recorded for whatever reason. E1(Director) was also present during this interview and stated that the computer may have been down, but stated that staff need for find another way to record the data, so that E3 could receive the data in measurable terms.	W 252			
W 258	483.440(f)(1)(iv) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is being considered for training towards new objectives.	W 258			

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W 258	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure goals were revised to ensure new objectives and training could be achieved for 3 of 4 clients in the sample(R1,R2, R4).</p> <p>Findings include:</p> <p>R1's Monthly Review Goal Tracking Report for the month of July 2015 was reviewed. For R1's hand washing goal, R1 achieved 100% for the months of Nov 2014 through April 2015. For revision of this goal, E3(Qualified Intellectual Disability Professional) revised the goal, to a new percentage that had already been achieved(;i.e. changed from 3 verbal prompts at 70% to 3 verbal prompts at 75%, even though R1 had already achieved this goal at 100%). R1's medication goal was achieved above 75%, when the goal was revised from 3 verbal prompts at 70% to 3 verbal prompts at 75%, again a goal that he had already surpassed.</p> <p>R2's Monthly Review Goal Tracking Report for the month of July 2015 was reviewed. For R2's communication goal, R2 remained above 65% for the months of Nov 2014 through July 2015, however R2's goal was revised from 2 verbal prompts at 40% to 2 verbal prompts at 65%, which is a % that R2 has already achieved. R2's goal to participate in a preferred activity for 30 minutes was reviewed for the months of Jan 2015 through July 2015. R2 had achieved above 93% , but R2's goal was revised from 2 verbal prompts at 70% to 2 verbal prompts at 80%. R2's tooth brushing goal was met consistently at 100% for the months of Jan 2015 through July 2015. R2's goal was revised from 2 verbal prompts at 70% to 2 verbal prompts at 80%, again a goal that he</p>	W 258			

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W 258	Continued From page 7 had already achieved. R2's medication goal was achieved at 100% for the months of April 2015 through July 2015, but his goal was revised in June from 2 verbal prompts at 80% to 2 verbal prompts at 85%. R2's exercise goal was met above 92% consistently from Jan 2015 through July 2015, but his goal was revised from 2 verbal prompts at 70% to 2 verbal prompts at 80%, to finally 2 verbal prompts at 85%, when he had already achieved the goal 6 months prior.  R4's Monthly Review Goal Tracking Report for the month of July 2015 was reviewed. For R4's tongue brushing goal, R4 has consistently met this goal at 100% for the months of Jan 2015 through July 2015, yet R4's goal was revised from hand over hand at 75%, to hand over hand at 80%, to hand over hand at 85%, when R4 had achieved the goal 6 months prior.  During an interview with E3(Qualified Intellectual Disability Professional) on 8/28/15 at 10:40am, E3 stated that she thought that to revise a goal, you just increase by the 5% every 3 months. E3 stated that she is confused, and thought that she was revising the goal. During an interview with E2(Director) at this same time and date, E1 stated that she understood that the goals need to be revised to exceed what the individuals have already achieved.	W 258			
W 268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT  These policies and procedures must promote the growth, development and independence of the client.  This STANDARD is not met as evidenced by:	W 268			



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W 268	Continued From page 8 Based on observation and interview, the facility failed to ensure dignity was maintained to promote the growth and development for 1 of 2 clients observed wearing a clothing protector, during the first seating of dinner on 8/26/15(R8).  Findings include:  The dinner meal was observed on 8/26/15, beginning at approximately 5:30pm. R8 was observed eating during this first seating. E6(Direct Care Staff) was observed placing a clothing protector on R8. E6 placed the clothing protector around R8's neck, and then brought the bottom of the protector up onto the table, and placed his plate on top of the protector. R8 also uses a stablization mat, to assist in plate stability, and by placing the plate on top of the protector, instead of on his mat, it was compromising R8's ability to keep his plate stationary. When E5 noticed R8's plate on top of the clothing protector, he removed the plate, and placed it on top of the mat, but kept the protector on top of the table, instead of placing it like a napkin on his lap.  During an interview with E1(Director) on 8/26/15 at 6:00pm, E1 was made aware of the above finding, and informed on how placing the clothing protector in such a way is indignant to the client. E1 confirmed that she understands how clothing protectors should be worn in such a way that does not compromise the dignity of an individual.	W 268			
W 336	483.460(c)(3)(iii) NURSING SERVICES  Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on	W 336			

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W 336	Continued From page 9 client need.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure nursing quarterly reports were completed on a timely basis for 4 of 4 clients in the sample(R1,R2,R3,R4).  Findings include:  R1's through R4's medical charts were reviewed. The following nursing quarterly reports were located in their individual charts: R1 - 11/24/14, 8/15/15. R2 - 11/22/14 R3 - 11/22/14, 7/17/15. R4 - 11/22/14, 7/16/15.  Multiple nursing quarterly reports were missing for each individual noted above.  During an interview with E4(Nurse) on 8/28/15 at 9:55am, E4 was asked if she has any of the missing quarterly reports available for review. E4 stated that she started in May, and found that the quarterlies were very behind in completion. E4 stated that the quarterly reports that are currently in the charts are all she has available, and that she is working on completing all of them going forward. E4 stated that she is still getting to know the individuals.	W 336			
W 341	483.460(c)(5)(ii) NURSING SERVICES  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to	W 341			

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W 341	<p>Continued From page 10</p> <p>control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure health and hygiene measures were maintained for 2 of 8 clients observed during the medication pass(R7,R10), and for 1 of 12 clients observed during the first seating of the evening meal on 8/26/15(R6), all of which are out of the sample.</p> <p>Findings include:</p> <p>Evening observations were conducted in the home, beginning at 3:30pm on 8/26/15. At approximately 4:00pm, the medication pass was observed being conducted by E5(PM Shift Supervisor). As the clients arrived home from work this day, no clients were observed having the hands washed. When R10 received his medications, E5 gave R10 a graham cracker to eat, with his hands. Prior to eating the graham cracker, R10 was observed trying to propel his own wheelchair. R7 also received his medication during this medication pass, and also received a graham cracker to eat with his hands, which were also not washed prior to consuming it.</p> <p>The dinner meal was also observed on this same date at approximately 5:30pm. R6 was observed eating his dinner meal which consisted of salad, carrots, pita bread, potatoes and chicken. R6 was observed sneezing directly onto his plate, while E5(PM Shift Supervisor) was supervising his table. When R6 sneezed onto his food, E5 observed him doing so, but did not remove his</p>	W 341			

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W 341	Continued From page 11 plate, or bring him a new plate of food, even though he had sneezed all over it.	W 341			
W 448	<p>During an interview with E1(Director) on 8/26/15 at 6:00pm, E1 was informed of the above findings, and stated she understood the importance of handwashing and maintaining proper health and hygiene measures.</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 varied drill reviewed that had a noted problem of verbal agitation, was thoroughly investigated, affecting all 16 clients who reside in the facility(R1-R16).</p> <p>Findings include:</p> <p>The fire/disaster drills were reviewed. The Hot Weather drill dated 7/10/15 at 6:30am was reviewed. Under problems, verbal agitation was documented. No further explanation, investigation or documentation was present indicating who had verbal aggression, and how/if it affected the implementation of the drill.</p> <p>During an interview with E3(Qualified Intellectual Disability Professional) on 8/26/15 at 2:45pm, E3 was asked who the individual was who had the verbal aggression, and what was implemented to address this behavior. E3 stated that she does not remember. E3 stated that it could have been one individual, or many individuals with verbal</p>	W 448			

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

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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>09/01/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK WEST</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3980 FAIRFAX ROLLING MEADOWS, IL 60008</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 448	Continued From page 12 aggression. E3 stated that she does writes down what the problem is, but was never told she needed to address the issue. E3 confirmed she did not address the verbal aggression that occurred on this particular drill.	W 448		