

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

PRINTED: 03/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G251	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 8345 SOUTH AUSTIN AVENUE BURBANK, IL 60459		
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W 000	INITIAL COMMENTS	W 000			
W 104	<p>ANNUAL CERTIFICATION SURVEY 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 facility failed to develop and implement a system which resulted in the facility maintaining furniture that is in good repair. This was found in the facility's living room area. This failure impacts 15 of 15 (R1-R15) residents that live at the facility.</p> <p>Findings include:</p> <p>Observations were made of the facility living room on 3/21 and 3/22/16. There are 2 couch, 2 chairs, and one recliner. The following was noted:</p> <p>The chair next to the television have one large tear on left arm and one large tear on right arm with foam exposure. There are several smaller tears thoughtful the chair.</p> <p>The chair facing the wall have two large and one small torn areas on the arms with foam exposure. The recliner in the corner of the room have a broken footrest and worn appearance.</p> <p>An interview was conducted with E2, Qualified Intellectual Disability Professional on 3/22/16 at 12:50pm. E2 confirmed the above findings and states the facility is currently working on receiving replacement furniture.</p>	W 104			

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 220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include speech and language development.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure a Speech / Communication assessment was completed for 1 of 1 resident in the sample, who is non-verbal (R3).</p> <p>Findings include:</p> <p>According to the record, R3 was admitted from home, to this facility in 2012. She is a 65 year old with a diagnosis of Severe Intellectual Retardation. R3 uses a wheelchair for mobility and needs staff assistance for many of her activities of daily living. R3 manually moves her wheelchair and feeds herself.</p> <p>R3 has a Behavior Plan for aggression and self injurious behavior. According to the Behavior Support Plan, dated 2/2016, R3 "is able to communicate her needs and wants through some vocalizations, gestures, facial expressions... At times when [R3] is frustrated, she has difficulty communicating what has upset her and what might help."</p> <p>R3 was observed on 3/21/16, from 4 - 5:30 pm. R3 attempted multiple times to communicate with this surveyor by gestures and garbled vocalizations. Staff was able to figure out what she wanted and interpreted her conversation. R3 did not have a communication device.</p> <p>R3's record lacked a Speech/ Communication</p>	W 220			

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W 220	Continued From page 2 assessment, and lacked a communication goal.	W 220			
W 242	<p>E2 (QIDP) confirmed, on 3/22/16 at 12:30 pm, that R3 does not have a speech/communication assessment, nor does she have a communication goal. E2 said R3 could probably benefit from a plan to help her communicate.</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure a Communication goal was implemented for 1 of 1 resident in the sample, who is non-verbal (R3).</p> <p>Findings include:</p> <p>According to the record, R3 was admitted from home, to this facility in 2012. She is a 65 year old with a diagnosis of Severe Intellectual Retardation. R3 uses a wheelchair for mobility and needs staff assistance for many of her activities of daily living. R3 manually moves her wheelchair and feeds herself.</p> <p>R3 has a Behavior Plan for aggression and self</p>	W 242			

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W 242	Continued From page 3 injurious behavior. According to the Behavior Support Plan, dated 2/2016, R3 "is able to communicate her needs and wants through some vocalizations, gestures, facial expressions... At times when [R3] is frustrated, she has difficulty communicating what has upset her and what might help." R3 was observed on 3/21/16, from 4 - 5:30 pm. R3 attempted multiple times to communicate with this surveyor by gestures and garbled vocalizations. Staff was able to figure out what she wanted and interpreted her conversation. R3 did not have a communication device. R3's record lacked a communication goal. E2 (QIDP) confirmed, on 3/22/16 at 12:30 pm, that R3 does not have a speech/communication assessment, nor does she have a communication goal. E2 said R3 could probably benefit from a plan to help her communicate.	W 242			
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 was recorded in accordance with program requirements for 2 of 2 individuals in the sample R2 and R4. Findings include:	W 252			

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W 252	Continued From page 4 1) Record review for R2 includes a moderate level of function and several diagnoses including Schizophrenia and Down Syndrome. There are several program objectives listed and require daily data collection for R2 such as: a) toothbrush cleaning goal R2 is expected to properly clean his toothbrush after brushing his teeth at 70% for 3 consecutive month. b) Garbage goal, R2 is expected to independently take out the garbage at 65% accuracy daily for 3 consecutive months. c) Paxil goal, R2 is expected to correctly state the number of milligrams of his Paxil medication at 65% accuracy. The record failed to have data for the month of November or December 2015. 2) Record review for R4 failed to include program data for the month of December 2015 for Toothbrushing, self medication, and hanging up clothes An interview with E2, Qualified Intellectual Disability Professional on 3/22/16 at 11:00am, E2 confirmed the data was not collected in a manner that would determine measurable terms for R2 and R4.	W 252			
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, it was	W 331			

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W 331	<p>Continued From page 5</p> <p>determined the facility failed to ensure monitoring, and an action plan, was put into place for 1 of 1 resident in the sample with identified weight loss (R3).</p> <p>Findings include:</p> <p>According to the record, R3 was admitted from home, to this facility in 2012. She is a 65 year old with a diagnosis of Severe Intellectual Retardation. R3 manually moves her wheelchair and feeds herself. R3 is on a regular diet and is weighed monthly on a wheelchair scale at the neighboring day program site.</p> <p>The Nutritional assessment, dated 1/2014, documents that R3's normal body weight should be maintained at 95-125 lbs. This assessment states R3's weight was 103 lbs in 12/2013 and the albumin level was appropriate.</p> <p>On 7/1/14, R3's weight is recorded on the nutritional assessment as 95.4 lbs, with written instructions of "continue to monitor" since she lost 8 lbs in the past year. R3 was still within her normal weight range.</p> <p>Another Nutritional assessment, dated 6/30/15, states R3 had a weight loss down to 82 lbs, that staff report she is eating well, and to "monitor weight closely. May consider supplement if weight continues to decrease."</p> <p>On 10/5/15, a Nutritional assessment documents R3's weight as 98.6lbs, and "question about weight gain of 16.6 lbs since 6/2015. ...Food intake has been good per staff. Continue diet as prescribed. Monitor weight closely and re-assess accordingly.</p> <p>An assessment dated 1/29/16, documents R3's weight as 86 lbs. The Nutritionist charted, "R3 had an overall weight loss of 10 lbs over past</p>	W 331			

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W 331	Continued From page 6 year. Most of loss noted during past month (8lb). May need to reweigh for accuracy. ... "albumin level - slightly depleted." The most recent Nutritional note, dated 3/3/16, states, "Weight not available to assess at this time." E2 (QIDP) provided R3's weight logs. These logs show R3's weight as; December 2015 = 93.8lbs. January 2016 = 86.6. February 2016 = 87. March 2016 = 87.6lbs. E2 said on 3/22/16 at 12:30 pm, that the weights are done on a wheelchair scale at the day program, and may not be accurate, however she is not aware of the scale being re-calibrated. E2 said that R3 eats 80-90% of her meals. The annual and quarterly nursing reviews, from 4/2015 to 12/205, document R3's weight loss, but lack a plan of care addressing it. E3 (Director of Nursing) confirmed on 3/22/16, at 1pm, that there has been no action plan put in place addressing R3's weight loss and the questionable accuracy of the weight scale. E3 said nursing should be monitoring the weights and implementing a plan of care for such loss, and should have made sure the scale is correctly calibrated for accurate measurements. E3 said she was not aware of the weight loss.	W 331			
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 control of communicable diseases and infections, including the instruction of other personnel	W 341			

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W 341	<p>Continued From page 7</p> <p>imethods of infection control.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure direct support persons implement use of appropriate protective and preventive health and hygiene measures when clients are sneezing and coughing.</p> <p>Findings include:</p> <p>Observations were made during the breakfast meal on 3/22/16 from 6:50 am to 8:50am of the following:</p> <p>7:36am, R5 coughed into the air without covering her mouth while sitting at the table with R10, R12, and R14.</p> <p>7:42am, R6 sneezed into her left hand and wiped on her clothing while sitting at the breakfast table with R3 and R1</p> <p>7:55am R7 sneezed and wiped his nose and mouth with both hands and continued eating and participating in family style dining.</p> <p>8:07am R9 coughed and wiped his mouth and nose with his left hand. R9 then wiped his hands on the living room sitting chair.</p> <p>8:50am R8 sneezed in her right hand, moderate amount of nasal drainage was wiped away by R8 onto her clothing, R8 continued with a series of sneezing and coughing into her hand and continued to eat her breakfast and touch several surfaces without handwashing such as the kitchen table, kitchen chair, her clothing, and lunch bag.</p> <p>Staff members E6, Direct Support Person, DSP and E7, (cook) were both present during the</p>	W 341			

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W 341	Continued From page 8 above and did not direct the above residents to handwash, hand sanitize, or instruct on appropriate protection and preventive measures during sneezing and coughing to prevent communicable disease. E5, DSP was present during the incident with R8 and did instruct the client from another room to wash her hands but did not observe that R8 did not and left for daytraining without washing her hands or hand sanitizing. The surveyor notified E5 and she called the daytraining site next door to have R8 wash her hands. An interview was conducted with E3, Registered Nurse on 3/22/16 at 11:20am. E3 states the staff mentioned above should have had the clients clean their hands and directed them to the correct way to prevent spread of communicable disease during sneezing and coughing. E3 states she will retrain the staff on appropriate protection and preventative health measures.	W 341			
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure the overnight drills were practiced during varying times of the night. Findings include: The evacuation drills from March 2015 to March 2016 were reviewed. The drills for the night shift were run between 6 am to 8:15 am. There were	W 441			

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W 441	Continued From page 9 no drills run during night time hours. E1 (Administrator) confirmed the drill documentation on 3/21/16, at 11:45 am. She stated night shift is 11 pm to 9 am, but night shift drills were run only in the morning hours.	W 441		