

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

PRINTED: 04/08/2013
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 03/27/2013
NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 8345 SOUTH AUSTIN AVENUE BURBANK, IL 60459		
(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 124	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify the guardian of significant events relating to health and safety for 2 individuals (R12 and R14) outside the sample.</p> <p>Findings include:</p> <p>1. The facility's incident reports were reviewed on 3/25/2013. R12 had an incident documented on 3/10/2013, that stated while R12 was walking to the bathroom with staff her shoe came off. R12 fell and sustained a scratch on her right buttocks. On 1/31/2013, R12 was observed with an abrasion to her left knee which was possibly sustained on 1/30/2013 from slipping out of the wheelchair.</p> <p>Additional review of the incident reports didn't document that R12's guardian was notified of the injuries dated 1/31/2012 and 3/10/2013. There</p>	W 124			

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 124	Continued From page 1 was no documentation in the record that the guardian did not want to be notified of minor injuries sustained to R12. E2, Qualified Human Service Professional, was interviewed on 3/26/2013 at approximately 10:30 a.m. and stated that she does not have any reproducible documentation that the guardian was notified of the incidents. E2 stated that R12's guardian was notified by telephone of the incidents. 2. The facility incident reports were reviewed on 3/25/2013. R14 had an incident documented on 3/10/2013, that stated R14 sustained a bruise to her left knee from a fall. Additional review of the incident report didn't document that R14's guardian was notified of the injury dated 3/10/2013. There was no documentation in the record that the guardian did not want to be notified of minor injuries sustained to R14. E2, Qualified Human Service Professional, was interviewed on 3/26/2013 at approximately 10:30 a.m. and stated that she does not have any reproducible documentation that the guardian was notified of the incident. E2 stated that R14's guardian was notified by telephone of the incident.	W 124			
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.	W 247			

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W 247	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 4 of 4 individuals in the sample (R1-4), and 10 out of the sample (R5 - 15), had the opportunity to assist with dining table preparation. Findings include: The second seating for dinner was observed on 3/26/13, at 5:00 PM. R1, R3, and R8 are verbal and ambulatory. R1's ISP, dated 9/14/12, states she is very independent and able to help with chores, including setting the table. R1, R3 and R8 were sitting on the couch next to the dining room, watching E5 (Food Service Supervisor) set their table for dinner. When asked, the individuals said they were waiting for dinner. After E5 finished setting the table and placed the food out, the residents were told they could move to the dining table. After this observation, at 5:30 PM, E5 said she did not ask the residents to assist with dining preparation. The first dinner seating on 3/26/13 at approximately 4:00 PM. E5 was observed setting the tables, and putting the food out, for the residents' meals. Residents were home at the time, but did not assist with dining preparation. E5 confirmed this observation after the seating at approximately 4:30 PM.	W 247			
W 248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.	W 248			

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W 248	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Behavior Intervention Plan (BIP) was accessible to the day training staff, for one (R4) of two individuals in the sample, on a behavior program. Findings include: According to the record R4 is on a behavior program for Impulsive behavior, physical aggression and Elopement behavior. R4 has a 1:1 staff assigned while at day training (DT). DT was observed on 3/25/13, at 2 PM. R4's DT Individual Service Plan was dated 11/30/12, however his BIP was dated 11/14/10. E5 (DT Trainer) assigned to R4's room, and E6 (DT Trainer) assigned as 1:1 staff for R4, confirmed the BIP date. E6 said that the 2010 BIP was outdated, and there should be a current BIP on site, but neither E5, nor E6 could produce it.	W 248			
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 document data for 1of 2 individuals who has a behavior intervention plan which	W 252			

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W 252	<p>Continued From page 4</p> <p>incorporate the use of a fade plan protocol, and for 1 of 4 individuals (R1) who have skill training programs.</p> <p>Findings include:</p> <p>1. R4's Support Plan dated 11/30/2012 was reviewed and documented that R4 has a diagnosis of Bi-Polar (Disorder), Autism and Elopement Behavior.</p> <p>R4 has a Behavior Plan and Intervention Protocols dated 11/23/2012 which incorporates the use of 1:1 supervision and a fade plan for the eventual reduction of the 1:1 supervision. R4's Fading (plan) states the following...(R4) has a one-to-one aide while at the DT program to assure safety due to his elopement. He has a fade out plan, where is one-to one attempts to leave the room for 5 minutes, if he (R4) tolerates 5 minutes, the one -to one will add three minutes, making it 8 then 11, etc.</p> <p>Review of facility document titled One-to-One Reduction Documentation has a column titled Time Away From Room 5, 8, 11, 14 minutes, etc. Review of this document from 11/2012 to 2/2013 fail to have any data documented in column that the "Fading" (plan) was implemented in accord with the Behavior Plan and Intervention Protocols dated 11/23/2012. The facility only had documentation, that the plan was documented as implemented, was on 11/26/2012 and 11/27/2012.</p> <p>E2, Qualified Human Service Professional, was interviewed on 3/26/2013 at approximately 10:30 a.m. and validated that there was no other</p>	W 252			

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W 252	Continued From page 5 documentation available to indicate that R4's fade plan was implemented. 2) R1's record states she is ambulatory, verbal, and has a diagnoses of Mild Mental Retardation. Her Individual Service Plan (ISP), dated 9/14/12, lists her goals as including Washing Dishes and Laundry. The ISP lists data collection days as: Dishes - 1x/wk and Laundry 2x/wk. E2's (QHSP) notes include the following data collection percentages: 10/2012 = Dishes - "No Dishes - 61%", and "Family Visit - 28 %", Laundry = Family Visit - 32%. 12/2012 = Dishes - "No Dishes- 24%" and "Family Visits - 66%", Laundry = "Family Visit - 59 %". 1/2013 = Dishes = "No Dishes - 60%" and "Family Visit - 33%", Laundry = "Family Visit - 33%. E2 confirmed the data documentation on 3/27/13, at 11 AM. She said that staff have been collecting data more that identified in the ISP, therefore it appeared that R1 was not meeting her goals, and was not being offered the goal opportunities, according to the ISP.	W 252			
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Human Rights Committee monitor behavior intervention program for 1 of 2 individuals (R4) in the sample.	W 262			

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W 262	<p>Continued From page 6</p> <p>Findings include:</p> <p>R4's Support Plan dated 11/30/2012 was reviewed and documented that R4 has a diagnosis of Bi-Polar (Disorder), Autism and Elopement Behavior.</p> <p>R4 has a Behavior Plan and Intervention Protocols dated 11/23/2012 which incorporates the use of 1:1 supervision and a fade plan for the eventual reduction of the 1:1 supervision. R4's Fading (plan) states the following...(R4) has a one-to-one aide while at the DT program to assure safety due to his elopement. He has a fade out plan, where is one-to one attempts to leave the room for 5 minutes, if he (R4) tolerates 5 minutes, the one -to one will add three minutes, making it 8 then 11, etc.</p> <p>Review of facility document titled One-to-One Reduction Documentation has a column titled Time Away From Room 5, 8, 11, 14 minutes, etc. Review of this document from 11/2012 to 2/2013 fail to have any data documented in column that the "Fading" (plan) was implemented in accord with the Behavior Plan and Intervention Protocols dated 11/23/2012. The facility only had documentation, that the plan was documented as implemented, was on 11/26/2012 and 11/27/2012.</p> <p>Review the the facility's Human Rights Committee Minutes dated 1/14/2013 states "Reviewed consumer's Behavior Plan and Intervention Protocols... his psychotropic medications are...Review in November 2013. Additional review of the meeting minutes does not address the lack of data for R4's Fading (plan) or</p>	W 262			

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W 262	Continued From page 7 if R4 is making progress/lack of progress as it relates to his fade plan.	W 262			
W 441	E2, Qualified Human Service Professional, was interviewed on 3/26/2013 at approximately 10:30 a.m. and validated that there was no other documentation available to indicate that R4's fade plan was implemented. 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 run the third shift disaster drills at varied times, and when only the third shift staff were on duty, so that staff action could be assessed. This affects 4 individuals (R1-4) in the sample, and 11 (R5-15) individuals outside the sample, who reside in the facility Findings include: The facility drills were reviewed with E4 (House Manager) on 3/26/13, at 2 PM. The two disaster drills for the third (overnight) shift were dated 4/17/12 at 8:15 AM, and 2/19/13 at 8:20 AM. According to E4, these two drills are counted toward the third shift, which is 11 PM to 9 AM. E4 said the day-shift staff start at 6 AM, and the night-shift staff stay on until 9 AM. She said the drills were run at the same time in the morning, when staff from both shifts were on duty.	W 441			