

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

PRINTED: 05/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK-WRIGHT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>34377 NORTH ALMOND ROAD GURNEE, IL 60031</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  Annual Certification - Fundamental Survey  Annual Licensure	W 000			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  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.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medication program was implemented according to plan for 1 of 2 individuals outside the sample observed during the morning medication administration (R6).  Findings include:  Client Goal Working Sheet (dated 5/2016) reads, "...R6 will say "pill" during medication pass time. Methodology: When it is time to administer medication, the nurse will ask R6 if she is ready to take her medication. R6 should respond by saying "pill". The nurse can say "pill" in order to prompt R6. If R6 is able to say "pill" given the stated prompt level a + [plus] should be recorded. If R6 requires additional prompting a - [minus]	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.

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

PRINTED: 05/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK-WRIGHT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>34377 NORTH ALMOND ROAD GURNEE, IL 60031</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 249	Continued From page 1 should be recorded..." The data sheet for May 2016 for this objective was recorded as - [minus] for 5/3/16 morning shift.  On 5/3/16, at 7:20 a.m., E8 (Nurse) administered medication to R6 in the living area of the home. E8 gave the medication tablets in a small cup with applesauce in it. E8 did not say "pill" to prompt R6.  On 5/3/16, at 7:27 a.m., E8 stated that she recorded -[minus] in the Medication Administration Record (MAR) because R6 did not say pill. E8 added that R6 was distracted and therefore did not say "pill".	W 249			
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: Based on observation and interview the facility failed to ensure for one of one outside the sample (R5) that dined with his plate on top of his protective cloth that facility policies and procedures promote the growth, development, and independence of the client.  Findings include:  Per record review of the Facility Roster dated 5-2-16, R5 functions in the Profound Range of Intellectual Disability.  During observations on 5-2-16 at 5:00 P.M. R5 was observed to be dining with his protective	W 268			

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

PRINTED: 05/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK-WRIGHT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>34377 NORTH ALMOND ROAD GURNEE, IL 60031</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 268	Continued From page 2 cloth on the dining table and his plate on top of it. R5 would eat his pureed food from his divided dish.	W 268			
W 382	483.460(I)(2) DRUG STORAGE AND RECORDKEEPING  The facility must keep all drugs and biologicals locked except when being prepared for administration.  This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for four of four in the sample, (R1, R2, R3, R4) and 12 of 12 outside the sample (R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16) that all drugs must be locked up except when being prepared for administration.  Findings include:  Per record review of the Facility Roster dated 5-2-16, R1-R16 function in the Profound Range of Intellectual Disability.  During observations on 5-2-16 at 3:20 P.M. E2 (Registered Nurse) was observed to give medications to R2, R7, R8, R9, and R10. At 3:25 P.M. E2 (RN) was observed getting R9's medication of baclofen and asacol and left the	W 382			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK-WRIGHT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>34377 NORTH ALMOND ROAD GURNEE, IL 60031</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 382	Continued From page 3 medication on an unattended tray in the medication room. E2 left the medication room with the door being unlocked and the medication cart being unlocked to get R9 to come to the medication room. R9 was brought to the medication room and administered his medication. At 3:37 P.M. when R8 was administered his medication of Phenobarbital that medication was left on top of the medication cart as she left the room to administer R8's medication. At 3:51 P.M. the stock medication of Ibuprofen was left on top of the medication cart as R2 was given his medication.  Per interview with E2 (Registered Nurse) on 5-2-16 at 3:58 P.M. stated that only the nurses know the code to the door to unlock the door.  Per interview with E1 (Administrator) on 5-3-16 at 2:15 P.M. acknowledged that medications should be locked up.	W 382			
W 420	483.470(b)(4)(iv) CLIENT BEDROOMS  The facility must provide each client with functional furniture, appropriate to the clients needs.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure furniture was provided according to need for 1 of 1 individual in the sample who uses a heavy table for activities (R1).  Findings include:  Individual Support Plan (ISP) dated 11/19/15	W 420			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK-WRIGHT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>34377 NORTH ALMOND ROAD GURNEE, IL 60031</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 420	Continued From page 4 reads, "R1 is a 52 year old male with short brown hair and blue eyes. R1 is verbal and utilizes a wheelchair. He has left arm contractures... R1 is able to feed himself... [He] enjoys coloring, music, and interacting with staff."  Physical Therapy (PT) Evaluation dated 10/30/15 reads, "R1 does have active movement in all extremities; however, his strength and motor control are significantly more impaired on left side... He tends to hold left wrist in a flexed position."  On 4/3/16, R1 was observed from 8:15 a.m. to 9:00 a.m. in the living area. R1 was observed to be seated on a recliner chair with a heavy-weighted table in front of him. R1 was observed to be coloring using the table. The height of the table appeared to be higher than his neck while seated and R1 had to reach high with his right hand to color. On 4/3/16, at 8:20 a.m., E5, Direct Support Person (DSP) stated that R1 likes to color but he always pushes his furniture which is why he needs a heavy-weighted table to use. E5 confirmed that it would be better if the height of the table can be adjusted lower for R1 to use it appropriately.	W 420			
W 475	483.480(b)(2)(iv) MEAL SERVICES  Food must be served with appropriate utensils.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of four in the sample (R4) that food consumed is used with appropriate utensils.	W 475			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARBROOK-WRIGHT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>34377 NORTH ALMOND ROAD GURNEE, IL 60031</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 475	<p>Continued From page 5</p> <p>Findings include:</p> <p>Per record review of the Facility Roster dated 5-2-16, R4 functions in the Profound Range of Intellectual Disability.</p> <p>During observations on 5-2-16 at 5:00 P.M. R4 was observed to be dining with only an adaptive spoon utensil. R4 was observed to eat his cooked mechanically soft carrots using his fingers. R4 was observed to use his fingers to eat his food.</p> <p>Per record review of the Family style Dining Assessment dated 10-15-15 is written that R4 is independent in able to bring a utensil to his mouth. R4 is independent in able to hold a utensil. R4 requires minimal assistance to be able to scoop and pierce his food.</p> <p>Per interview with E3 (Direct Support Person) on 5-2-16 at 5:15 P.M. when asked why does R4 eat with his fingers, E3 stated that the carrots were slippery and that it was hard for him to put the carrots onto his spoon. E3 stated that she was not aware if R4 could use an adaptive fork to eat with and that he only uses the built up handle spoon.</p> <p>Per interview with E1 (Administrator) on 5-3-16 at 2:20 P.M. acknowledged that she was not certain as to how R4 is able to pierce his food with minimal assistance.</p>	W 475			