

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008478	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2021
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NAME OF PROVIDER OR SUPPLIER STEVENS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2182 WINDISH DRIVE GALESBURG, IL 61401
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Z 000	COMMENTS Complaint Investigation 2126429/IL137775	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620 a) 350.1230 d)2) 350.3240 a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on observation, record review, and interview, the Governing Body failed to: > Ensure employees working alone were listed as a DD Aide on the Healthcare Worker Registry	Z9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1</p> <ul style="list-style-type: none"> > Ensure employees were deemed competent in their skills prior to working alone with intellectual disabled individuals > Provide employees with orientation to the facility or training to the residents' specific needs > Provide access to the residents' case files including Individual Service Plans, Behavior Management Plans, Guardian information, Do Not Resuscitate Status, and Diets for staff working alone and untrained in medication administration > Ensure employees participated in an evacuation drill specific to the needs of the individuals residing in the home <p>These failures have the potential to affect 14 of 14 residents in the facility (R1-R14).</p> <p>Findings include:</p> <p>An undated facility roster provided at the start of the survey shows there are 14 residents who live in the facility, of which six function at the level of Mild Intellectual Disability (R2-R7), five function at the level of Moderate Intellectual Disability (R2, R8-R11), two function at the level of Severe Intellectual Disability (R12, R13), and one functions at the level of Profound Intellectual Disability (R14). R2 was on a home visit at the time of the survey.</p> <p>Review of Facility Policy 5.22 titled "Staff training and orientation", under a section titled Procedure, is written, "All staff shall receive training prior to unsupervised responsibility for direct care service unless trained personnel are on sight and</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>available for on the job training or they demonstrate evidence of prior training and competence in the following areas: Personnel policies (5.01), Employee Attendance (5.09), Investigative Committee (5.24), Emergency Preparedness (5.25), Infection Control (5.26), Evacuation Policy & Procedure (5.28), including safety, fire & disaster procedures, Quality Assurance Committee (5.29), Individual Rights (5.34), Missing Individuals (5.39), HIPAA (Health Insurance Portability and Accountability Act) policy (5.42, Individual Rape or Sexual Assault (5.52), Drug/Alcohol Testing (5.54), Physical Injury & Illness (5.57), the techniques associated with monitoring and regulating hot water temperatures prior to an individual's use policy (6.03), Suicidality - Awareness, Risks, and Behaviors (6.10), Banking policy (6.25), Blood Borne Pathogens (7.15), CPR (cardiopulmonary resuscitation), Heimlich maneuver and first aid, including the location of first aid supplies, Concepts of treatment, habilitation and rehabilitation, including behavior management, normalization and age appropriateness, depending on the needs of the individual served, Nature, structure of development and implementation of the individual service plan, Symptoms of Tardive Dyskinesia, Development and implementation of an individual services plan, formal assessment instruments used and their role in the development of the individual services plan, Documentation and record keeping requirements and Training specific to Individuals Served."</p> <p>The Illinois Department of Human Services Website www.dhs.state.il.us states, "DSP's (Direct Support Person) must have the designation "DD Aide" (Developmental Disability Aide) on the HCWR (Healthcare Worker</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>Registry) BEFORE they can work alone with people with developmental disabilities without a qualified person supervising their direct support activities."</p> <p>1) During observations on 09/05/21 at 10:28pm, E7 (DSP in training) arrived for E7's shift. E7 was scheduled to work independently. E7 advised E7 was an employee of the company, but was hired for and trained at a different facility. E7 was asked if E7 was provided orientation to the layout of the facility, given a roster/room numbers, or trained on the specific needs of the individuals of this facility. E7 stated, "No, but I worked one other night." E7 was asked if he worked alone. E7 stated, "Yes."</p> <p>E5 (2nd shift DSP) was sitting with this surveyor at the dining room table when E7 arrived. E5 did not provide any type of shift report or information about the individuals' needs. E7 did not receive orientation to the facility, a facility roster, names, room numbers, or information R2 was out of the building on a home visit.</p> <p>E7 was asked what E7 would do if an individual requested an as needed medication during his shift. E7 stated, "I think I could give it. I've been through med (medication) training at my house." E9, Assistant Administrator, advised E7 he cannot access the locked medication room if E7 is not specifically trained to the medications of the individuals of this home. E9 advised E7 he was to call Nursing if a resident needed a medication.</p> <p>E9 was asked during interview on 09/05/21 at 10:40pm where the phone number for Nursing, resident medical records, Individual Service Plans (ISP), Behavior Management Plans (BMP), guardian names and numbers, and diets were</p>	Z9999		
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Z9999	<p>Continued From page 4</p> <p>kept for the individuals who reside in the home. E9 stated, "In the med room." E9 was asked if the medication room was locked. E9 stated, "Yes." E9 was asked if E7 had access to the locked medication room. E9 stated, "No."</p> <p>During interview on 09/05/21 at 10:34pm, E7 was asked how many residents were in the facility. E7 stated, "Sixteen." E7 was asked if E7 had ever participated in a fire drill specific to the needs of the individuals at this facility. E7 stated, "No." E7 was asked if E7 knew where the mustering area for evacuation was for this home. E7 stated, "No."</p> <p>During observations on 09/05/21 at 11:13pm, E10, Regional Director, arrived at the facility to conduct a fire drill with E7. E5, E7, and E10 participated in the evacuation drill. The alarm was pulled at 11:25pm. E5 went to the men's hallway to wake individuals and advise them to go to the garage (mustering area). R3 was at the exit door with R3's stick; R3 is blind. R4 uses a wheeled walker for ambulation, and R1 uses a wheelchair for evacuation.</p> <p>E10 was asked during interview on 9/5/21 at 11:33pm, what the duration of the fire drill was. E10 responded, "Over four minutes." E7 asked how long a fire drill should take. E10 stated, "We would like them to be under 2 minutes." E7 was asked if E7 was comfortable staying alone with the residents in the event of an actual fire. E7 stated, "I guess, I'll try my best." E10 stated E10 would stay the remainder of the shift with E7.</p> <p>Review of GA-5, Fire and Disaster Report, dated 9/5/21 and signed by E10, the evacuation time for 12 residents was documented as 4 minutes 14 seconds. E5, E7, and E10 were observed participating. R2 was on a home visit, and R13</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>refused to participate.</p> <p>During record review of E7's Healthcare Worker Registry, it was noted E7 was employed by the agency and added to the Registry on 05/18/21. E7 is not listed as a DD Aide on the Registry.</p> <p>E1, Executive Director, confirmed during interview on 09/09/21 at 11:22am, E7's CBTA (Competency Based Training Assessment) may not be accurate or complete, and had not been submitted to the Healthcare Worker Registry as of this date. E1 confirmed E7 is not listed on the HCWR as a DD Aide.</p> <p>An undated, untitled document provided by E1 shows E7 worked without supervision in the facility on third shift on 08/30/21. E7 was scheduled to work without supervision on 09/05/21, date of initiation of the survey, however, E10 remained in the building after conducting a fire drill.</p> <p>2) E4, newly hired DSP, was interviewed on 09/07/21 at 3:44pm, and confirmed E4's first shift working in the residence was 09/02/21. E4 worked from 3:30pm until 10:30pm with E5. E5 left at 10:30pm, and E4 was working alone with the residents.</p> <p>E4 stated she used the "Emergency Call List", dated 05/21, to advise administration she was working without supervision and didn't feel safe caring for residents she doesn't know. E4 attempted the following calls: 9/2/21 at 11:52pm, E1 (Executive Director) did not answer; 9/2/21 at 11:53pm, and 09/3/21 at 12:00am, E2 (Administrator) did not answer. E3 (Chief Executive Officer) did not answer 9/3/21 at 12:09am, but returned the call at 12:12am, at</p>	Z9999		
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Z9999	<p>Continued From page 6</p> <p>which time E4 reported E4 was working alone, and did not feel that E4 could meet the needs of the individuals working alone. E3 reached out to E1, who in turn called E4, and advised he would make calls for coverage.</p> <p>E1 confirmed during interview on 09/06/21 at 2:16pm, the employee E1 called did not arrive to assist E4. E4 worked alone in the facility from 9/2/21 at 10:30pm until 9/3/21 at approximately 6:30am.</p> <p>E4 verified E4 had not received on the job competencies, participated in an evacuation drill, was not certified to administer medications, and did not have access to resident diets.</p> <p>During interview on 09/06/21 at 8:52pm, E1 was unable to provide on the job training competencies for E4.</p> <p>3) E1 provided an undated document which shows E6 (DSP) worked on 08/20/21. Payroll records show E6 worked from 10:42pm (08/20/21) until 7:30am on 08/21/21.</p> <p>E6 was interviewed on 09/07/21 at 3:57pm, and verified E6 worked alone on 08/20/21 during the night shift. E6 was asked if E6 was provided a roster, orientation to the facility, introduction, or room assignment list. E6 stated, "No." E6 confirmed E6 had not been trained on the specific needs of the individuals living in the facility or participated in an evacuation drill.</p> <p>E6 stated, "There was no orientation at all, I like to go to other houses and help out, but it was awful. I cried. I didn't know anyone or where anything was." E6 stated E6 thought first shift would arrive at 6:00am, so E6 got people up as</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>E6 normally does at other facilities. E6 stated, "I don't know these residents. People were asking for their cigarettes and were lining up outside of the door for medications. I am not certified to administer medications there. The residents were hungry and I didn't have any keys. I had to use a butter knife to break into the pantry so that I could at least give them cereal and milk for breakfast." E6 was asked if E6 had access to resident diets. E6 stated, "No."</p> <p>E11, Qualified Intellectual Disability Professional (QIDP) stated during interview on 09/09/21 at 3:40pm, there are 14 residents in the facility. Of these, two are on slow eating programs (R8, R11), two are on thickened liquids (R3, R7), and four are on minced and moist consistency diets (R1, R7, R8, R11).</p> <p>4) E1 provided an undated document which shows E7 (DSP) worked on 08/26/21. Payroll records show E7 worked from 3:30pm until 11:39pm on 08/26/21.</p> <p>E7 was interviewed on 09/07/21 at 4:02pm, and asked if E7 worked alone for any part of the 8/26/21 shift E7 worked at this facility. E7 stated, "Yes."</p> <p>E7 was asked if E7 received orientation, introduction, or room assignments. E7 stated, "Not really, just that the men were down this hall and the women are down that hall."</p> <p>E7 also confirmed E7 had not participated in an evacuation drill at the facility specific to the residents' needs.</p> <p>E1 was interviewed on 09/06/21 at 12:52pm and asked, "What system is in place to ensure staff</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>covering shifts from other facilities can provide goods and services to the individuals who reside here?" E1 stated, "There is nothing technically in place. They should be given a run down and be able to access the case files, which we realize is an issue."</p> <p>E3, Executive Director, was interviewed on 09/06/21 at 1:34pm, and was asked what the expectation is once administration is made aware staff is alone in the home and reports not feeling adequately trained. E3 stated, "It's my expectation that someone would get in there or one of them (administration) would go."</p> <p>E3 was asked what system was in place to ensure people hired and trained at other facilities but come to cover a shift can provide goods and services to individuals in the home. E3 stated, "I don't know of a system. It is the expectation that staff is aware of the Intermediate Care Facility and its' makeup, know how fire systems work, where the medication rooms are. and have knowledge of where the individual profile book is kept."</p> <p>E3 was asked if a DSP from another facility is scheduled at this facility, whose responsibility is it to ensure they are oriented to the building and trained in the individuals' needs. E3 stated "Whoever put them on the schedule, QIDP or Administrator, should be responsible for that."</p> <p>(B)</p>	Z9999		
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