

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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 362	Continued From page 29 (Depakote, Celexa, Klonopin) to address maladaptive behaviors, R5 was prescribed Ativan, 0.5 mg PRN beginning 10/27/06 for anxiety/aggression/agitation. Review of the Medication Administration Record (MAR) from 10/27/06 to 1/4/07 shows that R5 received the Ativan at least once daily and sometimes 2 - 3 times daily. The MAR also shows that sometimes the Ativan was given because R5 requested it and at other times because staff offered it to him when he was agitated or anxious. In addition, the narcotic count was not always correctly documented for R5.  However, there was no record of the pharmacist having reviewed this PRN medication or evaluated R5's response to the Ativan and the frequency which it was taken.  Per continuing interview with E1, E1 confirmed that the pharmacist has never reviewed the PRN medications and does not participate in the annual review of the individual program plans.	W 362			
W9999	FINAL OBSERVATIONS  LICENSURE VIOLATION  350.620a) 350.1060d) 350.1060e) 350.1060h) 350.3240a) 350.3240f)  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	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 30</p> <p>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.</p> <p>Section 350.1070 Training and Habilitation Staff Appropriately qualified staff shall be provided in sufficient numbers to meet the training and habilitation needs of the residents. At a minimum, staffing shall be provided as described in Section 350.810(b) of this Part.</p> <p>d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident.</p> <p>e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.</p> <p>h) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 31</p> <p>is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These Regulations were not met as evidenced by the following:</p> <p>Based on interview and record review the facility failed to implement their policy to prevent abuse and neglect when they failed to provide a safe environment for their residents, free from verbal, physical and mental abuse as evidenced by the facility's failure to:</p> <ol style="list-style-type: none"> <li>1) Ensure R1's safety after R1 was hit numerous times by R5 at the day training site on 10/25/06 and when R5 shoved R1 to the floor on 10/30/06;</li> <li>2) Ensure that R1 was free from verbal and mental abuse as evidenced by incidents on 10/29, 10/30, 11/5, 11/6, 11/10, and 12/3/06 when R5 threatened R1 with harm;</li> <li>3) Ensure R1's safety after he was repeatedly struck on the back by R5, causing bruising and swelling on 12/30/06;</li> <li>4) Ensure other residents' safety and well being after R5 teased others, engaged in name calling, chased, scared, and shoved others specifically affecting R2, R7, R10, R11, R12, R13, R14, and R16 with the potential to impact all individuals residing in the facility; and</li> <li>5) Thoroughly investigate documented incidents</li> </ol>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 32 of R5's verbal and physical aggression at the residential and day training sites.</p> <p>Findings include:</p> <p>1) According to the physician's orders of 1/07, R1 has diagnoses of Moderate Mental Retardation, Chronic Obstructive Pulmonary Disease, Hypertension, Arrhythmia, Prader Willi Syndrome, and Paranoid Schizophrenia.</p> <p>2) Physician's orders dated 1/07 lists R5's diagnoses as Mild Mental Retardation, Hypertension, Depression, and Non-Psychotic Organic Brain Dysfunction.</p> <p>According to R5's Behavioral Support plan, dated 7/24/06, the facility addressed "disruptive social behavior" defined as R5 "interacting with others in a manner that is disturbing to others, disrespectful, or otherwise violates the rights of others (such as being argumentative, pushing others out of the way...refusing to stay with the group on community outings, or taking items belonging to others without their permission)."</p> <p>The behavior plan specifies that staff should focus on what R5 should do, not what he should not do. The plan outlines procedures to ask R5 if he needs to go to a quiet area to calm down when he is disruptive and cautions staff "not to argue with R5 or attempt to convince him that what he is saying or doing is not appropriate."</p> <p>Per review of the facility's incident reports, which include follow-up action needed after each incident, R5 exhibited the following behaviors towards individuals residing in the facility during the time frame of 9/23/06 to 1/2/07:</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 33</p> <p>9/23/06 - 8:00 P.M. - 11:00 P.M. R5 was aggravating other residents, going into their rooms and taking things, requiring staff intervention to get R5 to return the items. The incident report states that "a physical fight almost erupted between R5 and R1."</p> <p>Follow-up action needed: "RSD (E2) will discuss actions &amp; what's bothering him with R5. R5 will continue to see m.h. (mental health) counselor. Counselor will be notified. Staff to follow bx (behavior) plan."</p> <p>9/24/06 - 10:10 A.M. - 1:40 P.M. R5 called R1, R10, R11 and R13 names.</p> <p>Follow-up action needed: 9/26/06, RSD wrote "Staff to talk w/R5 about what is bothering him &amp; offer appropriate actions. follow bx plan."</p> <p>9/24/06 - 7:30 P.M. R5 required CPI (Crisis Prevention Intervention) techniques to calm down after R5 was redirected from going through other residents' things.</p> <p>Follow-up action needed: 9/26/06, RSD noted "Follow bx plan. (R5) has appt w/psychiatrist 10/12/06 &amp; m.h. counselor 10/5/06."</p> <p>10/13/06 - !2:00 A.M. - 4:30 A.M. R5 talked to staff about being possessed, about witchcraft and demons. "He expressed his hate towards others in the house several times over &amp; over again. R5 expressed to staff that the voices tell him to hurt R13, R14, and R16." According to the incident report, staff was able to keep R5 calm for the most part, "he just continued going back &amp; forth from his room to staff, talking and saying things</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 34 over &amp; over again."</p> <p>Follow-up action needed: 10/13/06, RSD charted "Follow bx plan. Remind (R5) of what is real &amp; what is imagination &amp; that he has control over what he does."</p> <p>10/18/06 - At day training R5 started making fun of his co-workers including R1, R7, and R10. R5 "had made another consumer cry by calling her 'stupid.' At this point, his supervisor was concerned that R5 or another consumer (R1) would become physically aggressive."</p> <p>10/24/06 - 6:00 P.M. R5 was hovering over his housemates who were working on goals. R5 was "glaring at R1 trying to aggravate him".</p> <p>Follow-up action needed: On 10/25/06, RSD noted "Continue to follow bx plan &amp; f/u with m.h. counselor &amp; psychiatrist".</p> <p>10/24/06 - 6:15 P.M. Staff again noted that R5 was "hovering over his housemates again" and when R10 was heading to her room, R5 "immediately started running toward" R10.</p> <p>Follow-up action needed: "Continue to follow bx plan &amp; follow up with m.h. team members."</p> <p>10/25/06 - Per nurse's notes, R1 was hit at the day training site by R5. The nurse documented that R1 was slapped on the face, cheeks and back. "He has a cut on his nose." (No incident report was found in the facility's incident/accident reports for this date.)</p> <p>The nurse reported this incident to the psychiatrist who prescribed Ativan for R5, 0.5 mg</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 35 every 6 hours as needed for "agitation, aggression, anxiety."</p> <p>An addendum to R5's behavior plan, dated 10/25/06, states that R5 "has had several incidents of verbally aggressive behavior....and recently some incidents of physically aggressive behavior." The addendum outlines procedures to "ensure a great deal of positive reinforcement on a regular basis at home" and each day that R5 has refrained from physically aggressive behavior, "staff will give him a choice of reinforcers."</p> <p>According to the addendum, if R5 "starts to engage in verbally aggressive behavior,</p> <ol style="list-style-type: none"> <li>Staff will redirect him to what he is supposed to be doing</li> <li>Staff will remind him of appropriate behavior and choices</li> <li>Staff will remind him of reinforcers he will get by making good choices</li> <li>Staff will express confidence that he can make good choices".</li> </ol> <p>However, if R5 "starts to engage in physically aggressive behavior,</p> <ol style="list-style-type: none"> <li>Staff will clear others from immediate area.</li> <li>Two staff at a time will use CPI techniques to block R5 from others</li> <li>Staff will remind R5 that he needs to calm down and direct him to a quiet place</li> <li>Staff will express confidence that R5 can make good choices</li> <li>Staff are to call emergency pager and ambulance and have him taken to ER (per psychiatrist) for psychiatric evaluation and</li> </ol>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 36 possible admission."</p> <p>10/29/06 - 11:30 A.M. R5 was aggravating others, staring at R10, R13, R14 until R10 told him to stop. R5 then "started yelling at R10 telling her and R14 they were paranoid which made R10 cry. Other residents yelled at R5, "telling him to be quiet." Staff gave R5 an Ativan, 0.5 mg and R5 went to his room.</p> <p>Follow-up action needed: 10/31/06, RSD noted "Continue to follow bx plan &amp; follow-up w/m.h."</p> <p>10/29/06 - 4:50 P.M. R5 kept saying to R11 "I'm going to take care of you too. I'm going to get rid of you for good."</p> <p>Follow-up action needed: 10/31/06, RSD documented "Continue to follow bx plan."</p> <p>10/29/06 - 4:55 P.M. R5 "went into the living room and started yelling at a housemate (R2). He kept saying 'You should have never lived here! You don't belong here, you're looney. You belong in a looney-bin.' She (R2) started crying."</p> <p>Follow-up action needed: 10/31/06, RSD noted "Continue to follow bx plan."</p> <p>10/30/06 - 1:00 P.M. At day training site, staff heard another consumer (R1) yell out R5's name. Staff documented that she saw R5 "flinging his arms at R1." R5 continued to fling his arms and when he got close enough to R1 he shoved R1 to the floor." Staff documented that she questioned R5 why he treated R1 like that. R5 "stated he could do a lot worse to R1 if he had wanted to."</p> <p>Per review of nursing notes dated 10/30/06, the</p>	W9999			



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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 37</p> <p>psychiatrist "said the next time R5 threatens someone or is aggressive or hits someone, we are to immediately have him taken to the emergency room and ask for a psych evaluation for possible admission."</p> <p>According to the psychiatrist's progress notes dated 10/30/06, staff from the day training site phoned with concerns about R5's behaviors. Staff reported that R5 "has been fighting and hitting several people and they think he is a threat to others." The psychiatrist increased Depakote to 500 mg every morning and Depakote 1250 mg every evening, decreased Celexa to 20 mg daily, and prescribed Klonopin 0.5 mg twice daily along with the PRN Ativan.</p> <p>The report does not have documentation that the incident report was reviewed by facility staff; nor was R5 taken to the emergency room for evaluation per the addendum of 10/25/06.</p> <p>11/4/06 - 6:30 P.M. Staff noted that R5 "had been arguing throughout the night with housemates." As R10 was coming up the stairs from the basement, staff heard R10 yelling. R10 told staff that R5 had "almost hit her but didn't." R5 "admitted he liked to 'scare R10 and that it was funny."</p> <p>Follow-up action needed: "Continue to follow bx plan &amp; inform m.h. team. RSD spoke with (R5) about chasing &amp; purposely intimidating/scaring people. Talked about how that would be considered physical aggression since he could cause someone to fall &amp; hurt themselves. At that time, (R5) said he would not do that any more."</p> <p>11/5/06 - 8:00 P.M. R5 was in the kitchen getting</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 38</p> <p>juice. When R12 came into the kitchen, R5 "pushed R12 really hard."</p> <p>Follow-up action needed: "Continue to follow bx plan".</p> <p>11/5/06 - 8:10 P.M. R5 "started chasing R1 through the dining room." Staff noted that they got R1 "away from R5 before he could hurt R1. Staff used CPI techniques and.....walked R5 to his room." Staff asked R5 why he was chasing R1 and R5 said "I don't like him."</p> <p>Follow-up action needed: "Continue to follow bx plan."</p> <p>11/6/06 - 8:15 P.M. After getting his reinforcer for the day for positive behavior, R5 told staff he was mad. When asked why, R5 said "I hate R1! I just want to scare him so bad that he ends up in the hospital!" The incident report notes that staff talked to R5, "explained to him how good he had done and how he earned his reinforcement. Staff also explained that he had to treat others how he would like to be treated."</p> <p>Follow-up action needed: 11/7/06, RSD wrote "Continue to follow bx (behavior) plan &amp; closely monitor R5."</p> <p>R5's behavior plan does not specify that staff are to monitor R5 nor was documentation found to show how staff were to monitor R5.</p> <p>Per review of nurse's notes for R5, dated 11/6/06, "Incident reports filled out for 11/4 &amp; 11/5. R5 is scaring people, shoving people, chasing them, trying to hit people."</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 39</p> <p>According to the psychiatrist notes dated 11/7/06, day training staff "reports that (R5) calms down some after taking meds, but then again begins to have behavioral problems and will try to shove, kick, hit and intimidate staff and peers." Staff noted that the facility has "a reward incentive program in place for appropriate behaviors, but (R5) behaves just long enough to get the reward, then resumes the more difficult behaviors."</p> <p>The psychiatrist prescribed an increase in the Klonopin to 0.5 mg three times per day "to see if this helps the situation....however, since (R5's) behaviors clearly seem to be manipulative and attention-seeking, I am not sure that medication will do much except lessen aggressive tendencies and keep (R5) from being too irritable."</p> <p>Per review of the Medication Administration Record (MAR) for 10/27/06 to 1/4/07, R5 continued to take the PRN Ativan daily, sometimes 2 - 3 times per day.</p> <p>11/10/06 - 7:55 P.M. R5 "chased R1 through the house. Yelling at him, 'I hate you, you shit.' R1 ran into the med room. Staff told R5 that it was not appropriate to chase housemates and reminded him of his behavior plan."</p> <p>Follow-up action needed: 11/11/06, RSD charted to "continue to follow bx plan &amp; follow-up" with mental health (m.h.) team.</p> <p>11/10/06 - 7:58 P.M. R5 threw a shampoo bottle at R1. R5 "stood by the med room and lunged at R1 twice."</p> <p>Follow-up action needed: "Continue to follow bx</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 40 plan &amp; follow up with m.h. team".</p> <p>11/14/06 - Day Training site - R5 "began targeting others," calling them names and saying that he doesn't care about any of the people he lives with. E8 (QMRP) talked with R5 about his behavior and stated that "people need to watch out, they will get what they deserve."</p> <p>According to an addendum to R5's behavior plan, dated 11/15/06, staff are to offer R5 a choice of reinforcers when R5 "has refrained from physically and verbally aggressive behavior."</p> <p>Per interview with E2 on 1/30/07 at 10:05 A.M., the only change made to R5's behavior plan in the addendum was to include reinforcers for refraining from verbal aggression as well as physical aggression.</p> <p>12/3/06 - 7:45 P.M. R5 "lunged &amp; swatted" at R10. Staff intervened and got R5 to his room.</p> <p>Follow-up action needed: On 12/4/06, RSD wrote "Continue to follow (R5's) bx plan."</p> <p>12/3/06 - 8:15 P.M. - R5 told staff "I'm gonna get R1 tomorrow, I'm gonna get him good." Staff directed R5 to his room. Follow-up action taken was to "Continue to follow plan &amp; inform m.h. team."</p> <p>Follow-up action needed: On 12/4/06, RSD noted "Continue to follow plan &amp; inform m.h. team."</p> <p>Per review of progress notes from the psychiatrist dated 12/5/06, R5 admitted that he "got so angry when I see him (R1), I can't help it, I want to hurt him."</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 41</p> <p>In review of R5's mental health counselor's notes of 11/1/06 and 11/15/06, R5 expressed a desire to take a break from the facility and go to his mother's house for awhile.</p> <p>Per telephone interview with E1 on 2/8/07 at 9:05 A.M., R5's family included him in a holiday trip to Florida in December. E1 said that R5 left the facility on 12/20/06 and returned on 12/26/06.</p> <p>On 12/30/06 - 10:40 A.M. E4 (Direct Support Person/DSP) heard R1 screaming and when she went into the dining room, E4 saw R5 "pounding R1 in the back as hard as he could 10 - 15 times." 911 was called and R5 was taken to the emergency room for evaluation and possible referral for psychiatric admission. However, R5 was discharged and returned to the facility.</p> <p>Per nurse's notes dated 12/30/06, she heard R1 yelling and when the nurse ran into the dining room she found R5 "pounding on R1's back with his fist. R1 crying in pain et (and) distress. Noted 3 - 4 round reddened areas on back. Tylenol given for pain." Two later entries by nurses on 12/30/06 state that the redness was gone on R1's back, "but has swollen area the size of a softball"...significant swelling noted on left upper back with 3 different areas of bruising, approximately 3 inches in diameter noted on upper back."</p> <p>According to the nursing entry for 1/1/07, R1 "has 3 bruises to back. Largest bruise approx size of tennis ball with significant swelling noted under bruise. Two other bruises above that approx size of quarters."</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 42</p> <p>A nursing entry dated 1/3/07 noted that R1 also had a "bruise to his left hip above the buttock, a bruise to his left arm, upper posterior and top of right shoulder." Then, on 1/6/07 the nursing entry notes that R1 still had some swelling on the bruise over the left side of the middle of his back.</p> <p>Per interview with R1 on 1/29/07 at 4:50 P.M., R1 said that R5 had hit him in the face at day training before and also had pushed him down. Then on 12/30/06, R5 "grabbed me, ran after me, grabbed my arm and hit me in the back." R1 said he was afraid of R5, especially after this incident. R1 stated that he was so mad that he told staff he "was going to call 911 if they don't do something about him (R5)."</p> <p>1/1/07 - 10:22 P.M. R5 told staff he wasn't going to work the next day "because if I go to work tomorrow R1 is going to get it good. He is going to get it worse. I hate R1. I mean it."</p> <p>Follow-up action needed: On 1/2/07, RSD noted that the Interdisciplinary Team was meeting on this date.</p> <p>1/2/07 - 12:45 A.M. E7 (DSP) wrote that R5 told her "I'm not going to work &amp; if you force me to R1 is really gonna get it. I might go to his room &amp; kill him tonight." E7 documented that she stayed in the office the rest of the night to monitor R5's behavior.</p> <p>The staff schedule shows that E7 was the only staff person on duty from 11:00 P.M. on 1/1/07 until 6:00 A.M. on 1/2/07. On 1/2/07, a second staff person was added to the night shift schedule beginning at 10 P.M.</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 43</p> <p>R5's behavior plan was revised on 1/2/07 and states that "Due to the seriousness of R5's incidents, he is to have a staff person assigned to him one on one until further notice".</p> <p>In an interview with E1 (Administrator) and E2 (RSD/QMRP) on 1/30/07 at 10:05 A.M., both E1 and E2 said that 1:1 monitoring of R5 had been implemented on 1/2/07 after R5 had verbally threatened to kill R1. E1 also stated that an extra staff person was added to the night shift on 1/2/07 beginning at 10:00 P.M. E1 and E2 explained that staff were instructed to keep an eye on R5 after the incident of 12/30/06. However, neither E1 or E2 could identify what monitoring of R5 by staff was expected.</p> <p>In addition, no documentation was found to show how staff were instructed to monitor R5, whether they were to keep R5 in visual contact at all times or whether they were just expected to know where he was.</p> <p>In a telephone interview with E8, QMRP (Qualified Mental Retardation Professional) at Day Training, on 2/1/07 at 10:55 A.M., E8 confirmed that R5 had hit R1 numerous times while at work on 10/25/06 and then on 10/30/06, R5 pushed R1 to the floor.</p> <p>During interview with E3, LPN, on 1/30/07 at 2:48 P.M., E3 said she became aware of R5 escalating in his aggression toward R1. E3 said that after R5 pushed R1 down at day training R1 was afraid of R5. E3 explained that R1 is only about 4'10" tall while R5 is "6'2" tall and would intimidate anybody." E3 also stated that she was worried about R1's safety and called the psychiatrist about R5 after every incident. E3 said</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 44</p> <p>that staff at both the day training site and the residential facility were aware of the protocol to watch R5. However, E3 was not clear as to what the actual protocol was regarding R5.</p> <p>Per interview with E4, DSP, on 1/30/07 at 3:15 P.M., E4 said she was on duty when the incident of 12/30/06 occurred. E4 said staff had taken several residents to the library and she was in "the other room" when she heard R1 yelling. E4 ran to the dining room and witnessed R5 hitting R1. E4 said she didn't think R5 "would go to that extreme - he had not gotten that physical before."</p> <p>When surveyor asked E4 what the protocol was to monitor R5, E4 said the facility always had 3 staff on duty for the 16 residents with 1 to keep an eye on R5. E4 said staff were to know where R5 is at all times. E4 said this was the usual protocol before and after the incident of 12/30/06. E4 explained that staff were not instructed to monitor R5 on a 1:1 basis but they all knew to keep track of R5. Surveyor asked E4 how she knew the protocol for R5 and she said that she thinks one of the other staff told her, that one of the other DSPs had called E2 after R5 returned from the hospital. E4 said staff were not given special instructions for R5.</p> <p>In an interview with E5, Cook/DSP, on 1/30/07 at 12:10 P.M., E5 said she doesn't remember any specific instructions regarding how to monitor R5 but all staff knew to keep an eye on R5. After the incident of 12/31/06, E5 said staff decided they needed to make sure they kept R1 and R5 in sight at all times. E5 said she was concerned about R5 hurting R1. E4 said that R1 was afraid of R5 and R1 kept near a staff person pretty much all the time, but R5 was sneaky and would</p>	W9999			



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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	<p>Continued From page 45 try to get at R1 later.</p> <p>During interview with E6, DSP, on 1/30/07 at 2:25 P.M., E6 said that she wasn't working when the 12/30/06 incident occurred but she heard about it when she came back to work on 1/1/07. Because of this incident, E6 said she was concerned for R1's safety and encouraged R1 to stay close to staff. When asked if staff were given any special instructions before or after the incident regarding how to monitor R5 and to assure R1's safety, E6 said that "we were told to keep an eye on R1 and R5 prior to this." E6 said that basically staff were told to be alert before the incident, then extra alert after the incident happened. E6 said she doesn't remember any written instructions of the protocol for monitoring R1 and R5, but information was passed on from staff to staff.</p> <p>In an interview with E7, DSP, on 1/31/07 at 9:00 A.M. E7 confirmed that she was aware that R5 made verbal threats against R1. E7 said she wasn't here when the 12/30/06 incident happened but she was told about it from other staff. E7 said she wasn't aware of any special instructions of how to monitor R5. E7 stated that she was never told to keep R5 within eyesight. E7 said that she was familiar with R5's behavior plan and when there were any changes to it, E7 would read the addendum in the program book. E7 said she didn't remember any individual training on R5's behavior plan, that it was available for staff to read in the program book.</p> <p>During interviews with E1 and E2 on 1/30/07 at 10:05 A.M. surveyor asked E1 and E2 about the written instructions from the psychiatrist dated 10/30/06 which state that "the next time R5 threatens someone or is aggressive or hits</p>	W9999			

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

PRINTED: 11/19/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VETERANS DRIVE EFFINGHAM, IL 62401</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	
W9999	Continued From page 46 someone, we are to immediately have him taken to the emergency room and ask for a psych evaluation for possible admission." E1 and E2 confirmed that staff have not had to call 911 prior to the incident of 12/30/06 because there was no need to.  E1 and E2 confirmed that the IDT met on 1/2/07 and R5 was given a 30 day discharge notice and right to appeal. 1:1 staff coverage was assigned to R5 at this time. R5 was discharged after his mother took him home on 1/4/07.  (A)	W9999			