

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 253  W 263	<p>Continued From page 96 documented in the monthly QMRP SUMMARY/PROGRAM PROGRESS NOTES. 483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to obtain signed informed consents from two residents (R2 in the sample, and R5 outside the sample) who are their own guardians, before administering forms of birth control to them.</p> <p>Findings include:</p> <p>R2 is a 30 year old female who functions in the moderate range of mental retardation according to the roster provided by the facility on 10-24-06. R2 is prescribed an injectable contraceptive for birth control per R2's Individual Service Plan (ISP) dated 11-01-05.</p> <p>R5 is a 27 year old female who functions in the mild range of mental retardation according to the roster provided by the facility on 10-24-06. R5 is prescribed an oral contraceptive for sexual activity per R5's ISP dated 05-30-06.</p> <p>During the review of records of R2, R5, R6, and R8, residents receiving drugs for birth control, Informed Consents were found for R6 and R8. In an interview on 11-01-06 at 9:20a.m., E3 was asked for the signed informed consents for the restrictive drugs for R2 and R5. E3 stated that</p>			W 253  W 263			12/15/06

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: VWD111      Facility ID: IL6013270      If continuation sheet Page 98 of 112

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 98</p> <p>Part, and when there are no findings of abuse, neglect or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act.</p> <p>b) An individual will be placed on the Nurse Aide Registry if he/she has met background check information required in Section 350.681 of this Part and submits documentation supporting one of the following equivalencies:</p> <p>1) Documentation of current registration from another state as a developmental disabilities aide.</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)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section</p>			W9999			

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 99 3-611 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 prevent abuse when it failed to implement its policies and procedures that prohibit mistreatment, neglect or abuse of the individuals residing in the facility when the facility failed to:</p> <p>1) thoroughly investigate, when the facility became aware of an arrest for a disqualifying offense for one facility direct care staff (E6);</p> <p>2) prevent potential harm for all 15 residents (R1-R15) by allowing one staff with a disqualifying conviction (E7) to continue to work with the residents in the facility, with no evidence of a waiver;</p> <p>3) thoroughly investigate an allegation of sexual abuse on 7/22/06 as reported by R3;</p> <p>4) thoroughly investigate an allegation of verbal and/or mental abuse by facility staff towards R6 and R9 on 9/22/06; and</p> <p>5) investigate an allegation of verbal and/or mental abuse directed towards R1 by direct care staff on 10/18/06.</p> <p>Findings include:</p> <p>1) During an interview on 10-25-06 at 5:17p.m., Z10 told surveyor that E6 (Direct Support Person/DSP) had been arrested and convicted of battery and DUI (Driving Under the Influence) but</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 100 was fighting other charges against him.</p> <p>Information regarding the arrest was published in both the 5-31-06 and 6-1-06 editions of the local newspaper. The newspaper was delivered to the facility at that time per Z10, and was also readily available both at the local library and on the local newspaper's website. The article, dated 05-31-06, stated E6 was arrested and charged with "driving under the influence, blood alcohol content of .08 or more, speeding, domestic battery, possession of drug paraphernalia and possession of marijuana (2.5 to 10 grams). He was taken to the La Salle County Jail."</p> <p>In an interview on 10-30-06 at 2:35p.m., E6 was asked to step outside for privacy, and was asked if he had been arrested by the police earlier this year. E6 looked startled, paused and replied, "Yes." E6 was then asked what the outcome of the arrest was. E6 stated, "Just a minute," and went inside the facility. When E6 did not return, this surveyor went inside and found E6 back at work in the kitchen. He was again asked the outcome, and replied, "I can't talk about that, it's pending." E6 refused to answer further questions.</p> <p>During a check of the court records, it was noted that E6 had been found guilty of Domestic Battery, on 06-22-06, and guilty of Possession of Cannabis, and Driving Under the Influence of Alcohol on 09-08-06.</p> <p>At the Daily Status Meeting on 10-30-06, E3, Administrator, was asked if E6 had talked with E3 about it earlier that day, and what E6 had said to E3 about it. E3 stated that E6 had only said that</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 101</p> <p>he might have a case pending. E3 and E2, Residential Services Director/RSD, stated they knew nothing about it.</p> <p>However, per interview with Z7 on 11/2/06 at 10:20a.m., Z7 told surveyor that she had read the article about E6's arrest in the newspaper, and while on a joint outing with day training staff Z7 specifically discussed the incident with E2. Z7 said she told E2 that she was surprised that E6 was still working at the facility and that E2 stated she knew about it, had checked it out and E6 "is fine - it's okay."</p> <p>There is no evidence that E2 followed up on E6's known arrest or inquired as to his conviction status.</p> <p>Additionally, per review of E6's personnel file, the facility had investigated a prior allegation of sexual abuse on 12/1/98 allegedly involving E6 towards a former resident. The investigation includes progress notes written by direct care staff that mention that the resident's father told staff that his son had reported E6 had gone into the bathroom with the resident and put his hands in the resident's pants.</p> <p>The progress notes document that the resident was interviewed and he had stated that while he was shaving, E6 came into the bathroom and touched him. The resident then reported it to other staff, according to the investigation, and the staff told E6 to stop it. The investigation also notes that the resident "kept stating that I want (E6) fired."</p> <p>When surveyors discussed this allegation in E6's personnel file on 11/1/06 at 2:15p.m., E2, E3,</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 102</p> <p>and E4 stated that they didn't know anything about this incident. However, the investigation includes progress notes that staff had informed E4 of the allegation as she was the facility's administrator at the time.</p> <p>E4 told the surveyors that they should interview employees and other residents "because everyone loves (E6)."</p> <p>During an interview with R6 on 10-24-06 at 3:40p.m., surveyor asked R6 how staff treated her and she replied, "Staff gives me attitude. (E6) yells at us. (E6) is the worst staff." When asked if R6 had reported this to E2, R6 stated, "Yes. She (E2) blows us off."</p> <p>In an interview with R1 on 11/1/06 at 5:00p.m., R1 said he usually gets along well with staff but doesn't like it when they demand things. When surveyor asked R1 if any of the staff had yelled at him, R1 became nervous, turned his head away and then said "sometimes staff have to yell because we don't always do what they ask." R1 went on to say that he didn't trust all the staff. R1 said that E6 had yelled at him and called him a "backstabber" and a liar. R1 said E6 hurt his feelings.</p> <p>During the course of the survey, E6 was observed to be working at the facility on the evening shift which runs from 2:30p.m. to 10:30 p.m. This was verified by the facility's Time Card Reports which indicated that E6 continued to work as a direct support person (DSP) at the facility until the end of his shift on 10/30/06 at 10:30 P.M.</p> <p>2) While performing the background checks</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 103</p> <p>during the survey process, several employees did not show up on the registry, so the facility was asked for their copies of the checks in the personnel files. The background check for E7, dated 05-01-96, indicated "conviction information was identified." E3 was asked for the conviction information and was given the Illinois State Police Criminal History Record which stated E7 had been found guilty of forgery, class 3 felony on 03-24-92. E3 was then asked for E7's waiver. E3 produced a Nurse Aide Registry report from the Illinois Department of Public Health, dated 02-09-99, indicating the last criminal background check was 05/1996 stating there were no disqualifying conditions. This report was not a waiver.</p> <p>On 11-08-06, the facility provided a copy of a Revised Memorandum from Illinois Health Care Association (IHCA) to IHCA Members dated 09-11-97, adding "additional crimes to the list of those for which employment is prohibited without a waiver." The letter also states, "The crimes listed on the following page must be checked in addition to the 'IDPH Criminal Code Crosswalk' which is attached to this memorandum." The attached page includes Criminal Code 17-3 Forgery as an additional crime.</p> <p>The facility was aware E7 had a disqualifying condition and did not require a waiver for the continuing employment of E7.</p> <p>During the course of the survey, E7 was observed to be working at the facility. E7 works third shift (11:30-9:30), per the October, 2006 Employee Schedule. Time Card Reports for the period of 10-22-06 to 11-04-06 verified that E7 worked 61 hours and was hired on 01-27-96</p>		W9999				



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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 104</p> <p>3) According to physician's orders, R3 has diagnoses of Anxiety, Mental Retardation and Mood Disorder. Review of R3's Individual Service Plan (ISP) of 6/15/06 states that R3 functions cognitively at the Mild level of Mental Retardation and has an overall level of functioning at 4 years, 11 months.</p> <p>The ISP states that R3 was admitted to the facility for emergency respite on 3/17/06 after allegations of abuse in the home were reported. R3 was initially taken to an emergency shelter until guardianship could be established. The ISP states that R3 "had lived with her father all her life. (R3's) mother passed away 2 years ago and this is when it was noted that most of her behaviors began. Placement was sought because (R3) required more supervision at this time, there has been a recurrence of allegations made of sexual abuse at the hands of (R3's) father." The ISP also confirmed that R3 "continues to struggle with depressions and has a difficult time making adult decisions."</p> <p>R3's file also shows that visits with R3's father and brother were suspended until guardianship issues were worked out. Supervised visits only were initiated in May, 2006 until the Office of State Guardian was legally assigned as R3's guardian. Unsupervised visits with R3 were then permitted for R3's family, including her father and brother after guardianship was finalized on 6/29/06.</p> <p>Per review of the facility's abuse and neglect investigations, an allegation of sexual abuse on 7/24/06 was reported to day training staff by R3. R3 told staff that she was "inappropriately</p>			W9999			

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 105</p> <p>touched by her father" while she was on a home visit on 7/22/06. The investigative report states that R3 was interviewed and reported that she had been given a pill that knocked her out and when she woke up she was wearing different clothing. "She said that when she woke up, her underpants were wet and had a strange smell that was strong. When asked how her body felt, she gestured across her breast and genital area and said it felt strange."</p> <p>According to the report, R3 was taken to the hospital from the day training site on 7/24/06 "for an examination, bloodwork and a rape kit."</p> <p>The facility's investigative report did not include when the interview with R3 took place or who conducted the interview. The facility's investigation does not include an assessment of R3's mental and emotional status before, during or after the emergency room examination, nor during and after R3's subsequent interviews with law enforcement officials.</p> <p>The facility's report also stated that staff on duty 7/22 and 7/23/06 "report that (R3) said nothing to them about this. No difference was noted in (R3's) behavior."</p> <p>The investigation did not include the names of the staff who were interviewed, when they were interviewed nor the contents of the individual interviews.</p> <p>The final results of the investigation state that the alleged incident is "Inconclusive until results of the criminal investigation conclude." At the time of the survey, the investigation remains opens.</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 106</p> <p>Interview with E2, QMRP (Qualified Mental Retardation Professional) on 10/26/06 at 10:45a.m. confirmed that "they did not interview facility staff; did not want to involve them." E2 said that the incident was reported at day training so "their staff may have talked" to their supervisor about it. "I don't know."</p> <p>During interview with E3, Administrator, on 10/30/06 at 4:25p.m., E3 verified that she had given surveyor the complete investigation, including her progress notes.</p> <p>4) R9 is a 28 year old male who functions in the severe range of mental retardation according to the roster provided by the facility on 10/24/06.</p> <p>Per review of the facility's incident reports, an allegation of harassment towards staff and verbal/mental abuse directed toward R6 and R9 was made against E8 (direct care staff) on 9/22/06.</p> <p>The facility's investigative report included statements recorded on progress notes from staff member E9 that she was doing the medication pass on 9/22/06 between 8:15p.m. and 8:30p.m., had given R9 his meds and the Medication Administration Record (MAR) was signed.</p> <p>E9 noted that E8 came into the dining room, opened R9's med box and went through it. According to the progress notes, E9 stated that "while (R9's) meds were lying on the table, he took another one of each med that had already been given. (E8) in a stern tone in (R9's) presence said repetitively to (R9) you don't need a med box." The progress notes continue with (E8) "saying repeatedly in (R9's) presence that</p>			W9999			

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 107</p> <p>this was his fault. (R9) was pacing this whole time saying over and over are you going to take my med box away." E9 also documented that she "felt intimidated by (E8) while I was trying to report this to the RN and to the RSD."</p> <p>Included in the facility's investigation are progress notes dated 9/22/06 from E10 (direct care staff) that state she heard (E8) "saying that (R9) doesn't need a med box.....he doesn't know anything about his meds. This was said in front of (R9) repetitively causing (R9) to repeat over and over again, I'm sorry, I need a hug. (R9) was pacing between his room and the rocking chair. This pacing and apologizing lasted from at least 9:pm until 10:30."</p> <p>The facility also documented that E10 reported that on the same evening, when R6 asked about trick or treating, E8 told R6 "that only babies go trick or treating and she would have to dress like a baby if she went."</p> <p>According to the investigative report, the facility concluded that E8 intimidated staff on duty on 9/22/06 "that included following staff and listening to conversations" and was suspended on 9/22/06 and terminated on 9/27/06. The report states that "Verbal abuse of resident was unable to be substantiated."</p> <p>The facility's investigation did not include an assessment of R6 and R9 and how they dealt with the demeaning attitude and statements from E8. The investigation also did not address the effects of the hostile atmosphere between staff during the incident on 9/22/06, in front of R6 and R9. In addition, the investigation did not include the issue of the disparaging statement directed</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 108 towards R6 about trick or treating.</p> <p>Additionally, the facility's investigation did not include interviews with R6 and R9 about the incidents on 9/22/06 nor any other residents who may have witnessed the incidents even though E2 (QMRP) documented that "After two staff members and a couple of residents expressed some concerns about what was said and done at the time of the med error the staff member (E8) was suspended...." The names of the residents who had expressed some concerns were not identified in the facility's investigative report.</p> <p>Interview with E3, Administrator, on 10/30/06 at 4:25p.m., confirmed that the surveyor had been given the complete investigation for the incident of 9/22/06.</p> <p>5) According to the physician's orders, R1 functions at the Mild level of Mental Retardation with diagnoses of Williams Syndrome and Depression.</p> <p>During an interview with Z6 on 11/1/06 at 10:00a.m., Z6 stated that R1 called home on 10/18/06 and was very angry and upset. R1 told Z6 that E6 (direct care staff) had yelled at R1 and said "get away from me you back stabber." Because R1 was so upset, his aunt took him to her home for an overnight visit to give R1 a break from the facility.</p> <p>Z6 stated that E2, RSD (Residential Services Director), called her the next day to discuss the issue of R1 being taken from the facility. According to Z6, E2 said that R1 and another resident had given E2 a report that E6 had yelled at them and that E2 assured Z6 she "would take</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 109</p> <p>care of it." Z6 also stated that E2 said that maybe R1 misunderstood E6.</p> <p>Per interview with R1 on 11/1/06 at 5:00p.m., R1 said he usually gets along well with staff but doesn't like it when they demand things. When surveyor asked R1 if any of the staff had yelled at him, R1 became nervous, turned his head away and then said "sometimes staff have to yell because we don't always do what they ask". R1 went on to say that he didn't trust all the staff.</p> <p>Surveyor asked R1 about the staff on duty that evening (11/1/06) and if he trusted them. He replied that E10 is "real nice, I like her," E11 is also "very nice," E12 is a "good person," E3 is good, "I trust her," and when E2's name came up, R1 again became nervous and fidgety, his face was flushed, and he started rubbing his hands together, intertwining his fingers over and over.</p> <p>Surveyor assured R1 he didn't have to talk about it if he didn't want to and R1 responded that he has "to deal with his problems himself." R1 then blurted out that E2 did talk to him about the incident when E6 yelled at him and called him a backstabber. R1 said that E2 told him that he (R1) had hurt E6's feelings. R1 said that "made me mad! (R6) hurt my feelings; how does (E2) think I felt?" R1 also added that E6 had called him a liar before.</p> <p>Per interview with E2 at 2:20p.m. on 11/1/06, E2 said that she was not aware of any allegation of verbal abuse towards residents. E2 stated that there were no complaints against any staff made that she knows of.</p> <p>E2 confirmed that no investigation had been</p>		W9999				

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

PRINTED: 06/13/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G288</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KANTHAK HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>724 SECOND AVENUE OTTAWA, IL 61350</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 110</p> <p>conducted concerning the alleged verbal/mental abuse from E6 towards R1.</p> <p>Surveyor called Z6 again around 3:00p.m. on 11/1/06 and went over the earlier interview. Z6 stated that she felt strongly about her facts being correct. Z6 said that R1 had called Z6 frequently during the month of October, 2006 and was upset with the way his money is handled and also with the way E2 and E6 talked to him.</p> <p>Surveyors could find no further evidence that the facility thoroughly investigated E6's arrest for a disqualifying offense, an incident of alleged sexual abuse on 7/22/06 affecting R3, an allegation of verbal and/or mental abuse by facility staff towards R6 and R9 on 9/22/06, and an allegation of verbal and/or mental abuse directed towards R1 by direct care staff, E6, on 10/18/06.</p> <p>Per Facility Policy Number 5.24 Investigative Committee, the facility did not follow the policy to identify, review and determine if alleged violations of any individual's rights, including abuse and neglect, have occurred; to investigate allegations in a professional and impartial manner; and to protect individuals from further harm.</p> <p>Per Facility Abuse/Neglect Reporting &amp; Investigation Procedure, the facility did not follow their policy of immediately reporting allegations to facility management in the following order: Administrator, Executive Director, and Director of Operations.</p> <p>(A)</p>		W9999				