

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

PRINTED: 07/30/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMMOND HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6701 SOUTH MORGAN CHICAGO, IL 60621</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 7 LICENSURE VIOLATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>350.620a) 350.700a)1)2) 350.3240a)b)e)</p> <p>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.</p> <p>Section 350.700 Serious Incidents and Accidents a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department. 1) Notification shall be made by a phone call to the Regional Office within 24 hours of each serious incident or accident. If the facility is unable to contact the Regional Office, notification shall be made by a phone call to the Department's toll-free complaint registry number. 2) A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven days of the occurrence.</p> <p>Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee</p>	W9999			

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

PRINTED: 07/30/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMMOND HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6701 SOUTH MORGAN CHICAGO, IL 60621</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 8</p> <p>or agent of a facility shall not abuse or neglect a resident.</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>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.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on record review and interviews the facility failed to implement their policy on resident abuse potentially impacting 15 of 15 residents: R1,R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14 and R15. Staff members failed to report two separate incidents of abuse involving R2 immediately after they occurred.</p> <p>Findings Include:</p> <p>R2, per the Physician's Orders Sheet dated 3/28/08, is a 39 year old female with diagnoses including Severe Mental Retardation, Impulse Control Disorder and Psychotic Disorder. R2 receives psychotropic medications and has a formal program to manage her behaviors. Per the Inspection of Care form information provided by the facility R2 has an I.Q. of 20 and has been adaptively assessed on 6/7/07 as functioning at a 3 year 2 month level.</p>	W9999			

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

PRINTED: 07/30/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMMOND HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6701 SOUTH MORGAN CHICAGO, IL 60621</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 9  During review of the facility's incident reports surveyor reviewed an incident report that was completed on 01/14/08 by E1, RSD (Resident Services Director). The report notes that on 01/13/08 at approximately 3:00 PM, E1 received a phone call from E3, P.A. (Program Aide). E3 had worked the midnight shift the night before along with E4, (P.A.). E3 reported that during change of shift with the afternoon staff, E5 and E6 (both P.A.s), she heard E6 talking about an incident that occurred. E3 heard E6 state that she did not tell on E7( P.A.) for abusing R2 on 12/31/07. After receiving this information from E3, E1 initiated an investigation including interviews of facility staff.  E6 was interviewed and told E1 that on 12/31/07, as she was leaving the copy room she heard E7 call R2 a "bitch." E6 further stated that she saw R2 on the floor by the laundry room and E7 was standing over her saying "get up bitch." As R2 attempted to get up E7 kicked her and said once again, "get up." E6 stated that she escorted R2 to her room and checked her. There were not any visible marks, bruises or bleeding and R2 did not appear to need any medical attention. In E6's written statement dated 01/13/08 she wrote she asked E7 if she was going to "write it up" (the incident) and E7 said yes. "I took her word for it and didn't follow up."  E1 interviewed E4 on 01/13/08 and learned of another recent incident involving E7 but E4 was unsure exactly when the incident occurred. E4 stated that she had been working the night shift with E7 and in the morning the residents were sitting at the table eating breakfast. R2 began hitting her peers and E7 grabbed R2 by	W9999			

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

PRINTED: 07/30/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMMOND HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6701 SOUTH MORGAN CHICAGO, IL 60621</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 10</p> <p>her clothes from the back and took her to the living room. E7 then told R2 to go to her room and that she was not getting any breakfast. E4 asked E7 why she was handling R2 so rough and E7 replied, "that's what you are supposed to do." E4 intervened and returned R2 to the table to finish her breakfast. E4 did not report this incident at the time it occurred.</p> <p>The facility's abuse policy dated 10/19/07 states that should an employee witness, is told of, or suspect what they believe may be resident abuse, neglect, or mistreatment they should report the incident immediately to their supervisor.</p> <p>In both of these incidents the witnesses to the abuse did not implement the facility's Abuse Protocol. Failure to implement the policy had the potential to affect not only R2 but also R1, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, and R15.</p> <p>(A)</p>	W9999			