

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBA CARE CENTER OF TOLUCA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 EAST VIA GHIGLIERI TOLUCA, IL 61369</b>
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(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) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure violations</p> <p>Section 300.4060 Discharge Plans for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S</p> <p>a) As part of the ITP, a discharge plan shall be considered by the interdisciplinary team as a component of the individual's comprehensive program plan. This plan shall address the reduction of symptoms and the acquisition of behaviors and prioritized skill deficits that inhibit the individual from moving to a more independent environment.</p> <p>Based on interview, observation and record review, the facility failed to develop discharge plans for two residents of 16 residents reviewed for care plans (R9 and R16), in a sample of 16 residents.</p> <p>Findings include:</p> <p>On 04/27/15 at 10:35 A.M., R9 was lying in bed in R9's room.</p> <p>R9's Admission Face Sheet documents that R9 was originally admitted on 10/14/11 and recently re-admitted on 04/21/15 from a hospitalization while still a resident within the facility (according to local hospital's discharge/transfer form of the same date).</p> <p>On 04/27/15 at 11 A.M., R16 was in the dining room area participating in a scheduled activity.</p> <p>R16's Admission Face Sheet indicates that R16 was admitted to the facility on 12/03/14.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>05/13/15</b>
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S9999	<p>Continued From page 1</p> <p>R9's and R16's care plans, both most recently dated 02/15/15, indicate that neither R9 nor R16 had any discharge care plan in place.</p> <p>E1, Administrator, stated on 04/28/15 at 9:05 A.M. that E4, Social Services, developed any discharge care plans.</p> <p>E4, Social Services Director, on 04/28/15 at 9:10 A.M., stated that discharge care plans were not written on residents identified as significantly mentally ill (SMI), unless those residents were evaluated as ready to transition to another level of care outside of the facility. E4 stated E4 was not aware of the state regulation requiring discharge care plans to be developed for all residents identified as SMI.</p> <p>(B)</p>	S9999		