

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013833</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TORRENCE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 223RD STREET SAUK VILLAGE, IL 60411</b>
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Z 000	<p><b>COMMENTS</b></p> <p>ANNUAL CERTIFICATION SURVEY - FULL FUNDAMENTAL</p> <p>LICENSURE SURVEY</p> <p>INSPECTION OF CARE ANNUAL CERTIFICATION SURVEY -EXTENDED</p>	Z 000		
Z9999	<p><b>FINDINGS</b></p> <p>Statement of Licensure Violation: 350.620a) 350.1080a) 350.1082a)1) 350.1082a)2) 350.1082a)3) 350.1082a) 4) 350.1082e) 350.1082h) 350.1082i) 350.1210b) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>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 350.1080 Restraints</p>	Z9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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> <p>a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.</p> <p>Section 350.1082 Nonemergency Use of Physical Restraints</p> <p>a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:</p> <p>1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;</p> <p>2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being;</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>3) consultation with appropriate health professionals, such as rehabilitative nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and</p> <p>4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act)</p> <p>e) A physical restraint may be applied only by staff trained in the application of the particular type of restraint. (Section 2-106(d) of the Act)</p> <p>h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well-being.</p> <p>i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>following:</p> <p>b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. 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>These regulations were not met as evidence by:</p> <p>Based on observation, record review and interview the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. To manage inappropriate behavior, prior to the use of more restrictive techniques for 1 of 1 individual (R1) in the sample who required a physical restraint.</li> <li>2. The procedures that govern the management of inappropriate client behavior must address the use of physical restraints for 1 of 1 individual in the sample (R1) that staff employed a physical restraint on.</li> <li>3. Interventions to manage inappropriate behavior is incorporated into the individual's ISP (Individual Service Plan), for 1 of 1 individual in the sample (R1).</li> <li>4 Physical restraints are an integral part of an Individual Service Plan (ISP) for 1 of 1 individual in the sample (R1) for the specific type of client behavior.</li> <li>5. Receive authorization to use restraints for 1 of 1 individual in the sample (R1) who required</li> </ol>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>physical restraints.</p> <p>6. A record was kept of restraints applied for 1 of 1 (R1) individual in the sample identified to have physical restraints.</p> <p>Findings include:</p> <p>During observation on 3/30/21, starting approximately 6AM, R1 was observed sitting in the living room dressed for the day in a chair with a gait belt around her and the back of the chair (with clip in back of chair) and feet up on a foot stool. R1 was walked to med room approximately 6:50 AM by E2, House Manager/Direct Support Personnel (DSP) and cook, and returned to same chair with gait belt around the back of chair (clip in the back) with feet placed on a foot stool. At approximately 8:00 AM, breakfast was served and R1 was walked to dinning room with E3 (DSP) gait belt placed around her abdomen and the back of the chair with the clip in the back. After Breakfast around 8:35 AM, R1 was walked back to living room area and placed in chair with gait belt around her and clipped in the back of chair.</p> <p>According to R1's Individual Service Plan (ISP) dated 06/10/19, documents R1 functions in the Severe/Profound Range of Intellectual Disability level with current diagnosis of Seizure Disorder, Hypertension, Anemia, Chronic Embolism and Thrombosis, Hypothyroidism. Under "Medical History" documents R1 was diagnosed with Bipolar Disorder and Impulse Control Disorder but R1 is no longer on psychotropic medications. R1 was previously on Seroquel but it was discontinued because it was inducing seizures. It</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>is noteworthy that the increase in targeted behaviors often correlates with seizure activity. R1 was admitted using a wheelchair but she participated in physical therapy and begun to walk on her own. Under "Risk Assessment Summary" dated 6/10/19, documents R1 as ambulatory without assistance and doing well. Under "Social Service/Guardianship" documents R1 is non-verbal and unable to fully indicate her specific needs and wants. Under "Discharge Prognosis" documents R1 has substantial limitations displayed in the life areas of self-care, learning, self-direction, and capacity for independent living. Documented under "Cognitive Skills" R1's psychological evaluation was conducted on 8/10/09 utilizing the Slosson Intelligence test. R1 achieved a mental age of 2 yrs and 1 month and her IQ was 14 thus functioning with the severe/profound range of intellectual functioning. Documented under "Behavior" R1 is not currently on any psychotropic medications. R1's "Priority Program Goals" are as followed:</p> <ol style="list-style-type: none"> <li>1. Increase her self-medication skills.</li> <li>2. Increase her personal care skills.</li> <li>3. Increase her dental desensitization skills.</li> <li>4. Increase her money management skills.</li> <li>5. Increase her water regulation skills.</li> <li>6. Complete exercise program.</li> </ol> <p>In an interview with E1, Administrator, on 3/30/21 at 11:01 AM, E1 was asked why does R1 have a gait belt around her and the back of the chair with the clip in the back? E1 stated "I didn't even notice that, I am not sure."</p> <p>In an interview with E3, DSP on 3/30/21 at 11:02 AM, E3 stated "she will get up and walk and she will fall if we didn't do this."</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>In an interview with E2, House Manager/DSP on 3/31/21 at 10:25 AM, E2 was asked when did you start placing a gait belt around her and the chair? E2 stated "We had a virtual call with an ortho doctor and she told us to get her out of the wheelchair and walk her. She is weak and she might forget and get up on her own and fall so that is why we use the gait belt to keep her in a chair."</p> <p>According to facilities Policy of "Behavior Program Development and Management" adopted 10/96, Revised 1/16, states "Procedure: H. The gathering and maintenance of appropriate data is essential to sound programming, monitoring and decision-making. Staff shall document behavior occurrences and interventions in a clear and consistent manner, under the direction of the QIDP."</p> <p>According to facilities Policy of "Hierarchy of Behavior Management Techniques" adopted 7/89, Revised 1/16. states "Each behavior program is to include the following information: Programming methods and instruction."</p> <p>There is no documented evidence of a behavior plan for R1 or any use of physical restraints to be used on R1.</p> <p>There is no evidence of documentation of restraint usage for R1.</p> <p>There is no documented evidence of an order for physical restraints to be used on R1.</p> <p style="text-align: center;">(B)</p>	Z9999		