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NORTHERN ILLINOIS ACADEMY	998 CORPORATE BLVD AURORA, IL 60502

(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
N 000	Initial Comments A recertification survey was conducted on 12/16/19. The Immediate Jeopardy began on 12/10/19 due to the Facility's failure to ensure the appropriate use of emergency safety interventions during a physical hold and escort, resulting in an injury to a resident, and was identified on 12/12/19, at 42 CFR 483.350, Restraint and Seclusion. The IJ was announced on 12/16/19 at 12:20 PM, during a meeting with the Director of Risk (E #1), Executive Director (E #3), and Group Living Director (E #16). The IJ was not removed by the survey exit date of 12/16/19.	N 000		
N 100	USE OF RESTRAINT AND SECLUSION CFR(s): 483.354 Subpart G: Condition of Participation for the Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age Twenty One. This CONDITION is not met as evidenced by: Based on document review, observation, and interview, it was determined that the Facility failed to ensure that residents were safe from the improper use of emergency safety interventions by staff. This potentially places all current and future residents at risk for serious harm. As a result, the Condition of Participation, 42 CFR 483.350, Restraint and Seclusion, was not in compliance. Findings include: 1. The Facility failed to ensure that staff used the	N 100		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 100	Continued From page 1 appropriate emergency safety intervention techniques for physical holds and escorts. (N-132) An Immediate Jeopardy (IJ) began on 12/10/19, for the Facility's failure to ensure the appropriate use of emergency safety interventions during a physical hold and escort, resulting in an injury to a resident, thus, placing all of the residents at the Facility at risk for serious harm. The IJ was identified and announced on 12/16/19 at 12:20 PM, during a meeting with the Director of Risk (E #1), Executive Director (E #3), and Group Living Director (E #16). The IJ was not removed by the survey exit date of 12/16/19. In addition, the Condition, 42 CFR 483.350, was not met, as evidenced by: 2. The Facility failed to ensure that all direct care staff had current emergency safety intervention training, required annually (N-222 A). 3. The Facility failed to ensure that all direct care staff demonstrated their TCI (Therapeutic Crisis Intervention) competencies on a semiannual basis, as required. (N-222 B.)	N 100		
N 115	INDIVIDUAL PLAN OF CARE CFR(s): 441.155(c) The plan must be reviewed every 30 days by the team specified in §441.156 to- (1) Determine the services being provided are or were required on an inpatient basis, and (2) Recommend changes in the plan as indicated by the beneficiary's overall adjustment as an	N 115		

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N 115	Continued From page 2 inpatient. (d) The development and review of the plan of care as specified in this section satisfies the utilization control requirements for - [paragraph and subparagraphs (1) and (2) relevant for utilization control hospitals only] This ELEMENT is not met as evidenced by: Based on document review and interview, it was determined that for 1 of 10 (R #4) residents' treatment plans reviewed, the Facility failed to ensure that the treatment plan was reviewed every 30 days, as required. Findings include: 1. The Facility's policy titled, "Treatment Planning" (Reviewed by the Facility on 10/22/19) was reviewed on 12/10/19 and required, "... goals and objectives shall be reviewed at time frames specified by law, regulation, or contract." 2. The clinical record of R #4 was reviewed on 12/10/19. R #4 was admitted on 11/6/2009 with a diagnosis of intellectual developmental disability (difficulty thinking and understanding). The current treatment plan was dated 10/29/19 (due for review by 11/28/19). 2. During an interview on 12/10/19 at approximately 2:00 PM, the Director of Risk (E#1) stated, "The treatment plans need to be reviewed and updated every 30 days. The treatment plan [for R #4] is overdue."	N 115		
N 132	PROTECTION OF RESIDENTS CFR(s): 483.356(b)	N 132		

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N 132	Continued From page 3 Emergency safety intervention. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse). This ELEMENT is not met as evidenced by: Based on document review, observation, and interview, it was determined that for 1 of 1 (R #11) resident in a standing hold, the Facility failed to ensure the emergency safety interventions were performed in a manner that was safe and appropriate. Findings include: 1. The Facility's policy titled, "Restraint Policy" (revised 06/2019) was reviewed on 12/11/19 and required, "... The dignity and privacy of the residents will be preserved to the greatest extent during the implementation and monitoring of the restraint...Definitions: ...Physical hold (restraint): A physical hold means the application of physical force without the use of any device, for the purposes of restraining the free movement of a resident's body... Each restraint will:... Be monitored by trained [Facility] staff in the use of emergency safety interventions who continually assess and monitor the physical and psychological well-being of the resident and the safe use of the restraint throughout the duration of the emergency safety intervention... Staff must record the intervention which is placed in the resident's clinical record. That documentation	N 132		

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must be completed by the end of the shift in which the restraint occurred..."

2. On 12/12/19, the "TCI [Therapeutic Crisis Intervention] Standing Restraint" (Therapeutic Crisis Intervention Student Workbook, Sixth Edition, Cornell University, 2009 - therapeutic crisis intervention technique used by the Facility) was reviewed and included that staff should have, "slid their own inside arms (arms nearest child) under the child's armpits, being careful not to grasp the child's upper arms. Both adults gently bring the child's arms across the plane of their bodies, securing the child's arms against their chests, the child's hand at the adult's waist ...The workers stand hip to hip to the child, staying as close to the child as possible ... If the child continues to be violent, the adults continue with the standing restraint. 2. Pivot and hold: ...both workers pivot and step behind the young person ... standing hip to hip, they grab their own upper arms with their inside hands ... Once in position, workers make sure that their heads are away from the young person's head, to avoid getting hit in the face ... They should maintain a balanced stance, and assess the young person's level of aggression ... CAUTION: The worker's arm should not be jammed into the young person's axilla (armpit) ... risking shoulder subluxation (dislocation). Keep the young person's arm in a natural or neutral position ..."

3. The clinical record of R #11 was reviewed on 12/12/19 at approximately 10:20 AM. R #11 was admitted on 8/20/19 with diagnoses of disruptive mood dysregulation disorder DMDD (frequent severe temper outbursts), ADHD (attention deficit hyperactivity disorder - impulsiveness), and high-level autism (disorder that impairs ability to

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communicate and interact). R #11's clinical record included a "Physical Hold/Seclusion Form", dated 12/11/19, which indicated that, on 12/10/19, R #11 was being provoked by peers in the classroom; began to kick chairs and tables over; and began to kick at staff and peers around him. R #11 was placed in a standing hold against the wall in the hallway outside of the classroom at approximately 12:55 PM on 12/10/19.
- The Nurse's note, dated 12/11/19 at 9:19 PM (the day after the physical hold), included, " ...Youth had many abrasions and bruising to the left upper side of back and a few scratches towards center upper back area as well ... Youth reports this injury occurred while he was being held against the wall after being removed from classroom for being aggressive and after hitting a peer. Youth also expresses that one of three staff intentionally was gripping and scratching him ..."

4. On 12/12/19 at approximately 11:00 AM, the video surveillance of R #11's physical hold was reviewed in the presence of the Director of Risk (E #1).
- The standing hold showed that there were three Resident Counselors (RCs - E #11, E #12, E #13)) and the A.M. Supervisor (Supervisor from 7:00 AM - 3:00 PM - E #14) physically holding R #11 against the wall with R #11's back to the wall for approximately 5 minutes.
- During the hold, the 4 staff were facing R #11, who had his back against the wall.
- E #11 was holding R #11's left arm with his right hand (E #11's left arm was holding R #11's left side but exact placement of E #11's arm was not visible on camera.)
- E #12 was in front of and facing R #11 with both of E #12's arms holding R #11 (exact hand placement not visible).

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N 132	Continued From page 6 - E #13 was holding R #11's right arm and side (exact hand placement not visible). - E #14 was standing between E #13 and E #12 to the front and facing R #11. - E #14 intermittently reached his arm into the hold to grab R #11's chest/shoulder area (exact hand placement not visible). - Video surveillance review of the escort of R #11 from the hallway to his room after the hold included the 3 RCs (E #11, E #12, and E #13) and the A.M. Supervisor (E #14) physically carrying R #11 (E #11 and E #12 holding R #11's arms, and E #12 and E #14 holding R #11's legs) down the hallway and into his room. - The hold and the escort were not in accordance with the TCI technique. A physical escort should be the use of a light grip to escort the resident to the desired location. Five RC's were visible in the video witnessing R #11's standing hold. 5. On 12/12/19 at approximately 1:00 PM, an interview was conducted with the Director of Risk (E #1). E #1 stated that the hold and escort technique used in R #11's hold on 12/10/19 was not proper TCI technique. E #1 stated that E #11, E #12, E #13, and E #14 were placed on administrative leave, pending termination, as soon as this incident was identified (12/12/19 on arrival to the Facility). 6. On 12/12/19 at approximately 1:20 PM, an interview was conducted with the Executive Director (E #3). E #3 stated that an improper hold and escort was done during R #11's physical hold and escort on 12/10/19. E #3 stated that this should have been reported by staff who witnessed the improper hold as soon as it occurred. E #3 stated that R #11 was sent out to the hospital for X-rays (radiologic test to check for	N 132		

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N 132	Continued From page 7 broken bones) the morning of 12/12/19. 7. On 12/16/19 between approximately 9:35 AM and 9:45 AM, interviews were conducted with 2 (E #17 and E #18) of the RC's who witnessed R #11's hold on 12/10/19. E #17 and E #18 were not able to identify that improper hold techniques were used during R #11's hold.	N 132		
N 144	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(e) Each order for restraint or seclusion must: (1) Be limited to no longer than the duration of the emergency safety situation; and (2) Under no circumstances exceed 4 hours for residents ages 18 to 21; 2 hours for residents ages 9 to 17; or 1 hour for residents under age 9. This ELEMENT is not met as evidenced by: Based on document review and interview, it was determined that for 1 of 7 (R #1) records reviewed for residents in physical holds, the Facility failed to ensure the resident was kept in a physical hold for no longer than 1 hour, per policy. Findings include: 1. The Facility's policy titled, "Use of Physical Holds with Children and Youth" (reviewed by the Facility 10/13/19) was reviewed on 12/10/19 and included, "[The Facility] prohibits the use of ... physical holds for more than one hour in duration." 2. The clinical record of R #1 was reviewed on	N 144		

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N 144	Continued From page 8 12/10/19. R #1 was admitted on 6/5/18 with a diagnosis of post traumatic stress disorder (PTSD - mental and emotional stress as a result of injury or severe psychological shock). R #1's clinical record included an "Unusual Incident Report", dated 11/12/19 at 9:25 PM, included, "Resident was in an extended restraint. Due to her continued escalation and because the demonstrated behaviors were different from her regular reactions, Medical Director and EMS [emergency medical services] called. Resident was transported by ambulance to the local ED [emergency department] for psychiatric assessment. Resident was admitted to [Hospital's Behavioral Unit]. No injuries to resident or staff." Documentation included that R #1's physical hold was initiated on 11/12/19 at 7:25 PM and discontinued on 11/12/19 at 9:25 PM (2 hours). R #1's clinical record included physician's (MD #1's) orders for physical hold for 15 minutes every 15 minutes from 7:25 PM to 9:25 PM. 3. During an interview on 12/11/19 at approximately 3:00 PM, the Executive Director (E#3) stated, "At no time should a physical hold be continued for more than an hour." E#3 stated that, after one hour of using a physical hold, the Psychiatrist, Executive Director and Program Director should be notified to discuss the best course of treatment to stop the physical hold. Usually sending the resident to the hospital for evaluation is what is recommended. E#3 stated, "The facility is trying to get away from using any kind of restraint at all."	N 144		
N 148	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(g)(3)	N 148		

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N 148	Continued From page 9 [Each order for restraint or seclusion must include] the emergency safety intervention ordered, including the length of time for which the physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion authorized its use. This ELEMENT is not met as evidenced by: Based on document review and interview, it was determined that for 4 of 7 (R #1, R #5, R #6 and R #8) clinical records reviewed for restraint application, the Facility failed to ensure that each order for restraints included the length of time the Physician authorized its use. Finding include: 1. The Facility's policy titled, "Use of Physical Holds [restraints] with Children and Youth (reviewed 10//13/19)" was reviewed on 12/10/19 and required, "Each physical hold will be limited to 15 minutes per order ... Each order will contain: ... The emergency safety intervention ordered, including the length of time the Physician authorized its use." 2. The clinical record of R #1 was reviewed on 12/10/19. R #1 was admitted on 6/5/18 with a diagnosis of post traumatic stress disorder (PTSD - mental and emotional stress as a result of injury or severe psychological shock). The following Physician's physical hold restraint orders lacked an authorized time frame for its use: 11/11/19 at 4:44 PM, 11/11/19 at 4:59 PM, 11/11/19 at 5:14 PM, and 11/11/19 at 5:29 PM. 3. The clinical record of R #5 was reviewed on 12/10/19. R #5 was admitted on 3/13/19 with a diagnosis of PTSD. A Physician's physical hold	N 148		

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N 148	Continued From page 10 restraint order, dated 11/5/19 at 7:02 PM, lacked an authorized time frame for its use. 4. The clinical record of R #6 was reviewed on 12/10/19. R #6 was admitted on 10/17/16 with a diagnosis of bipolar I disorder (periods of severe mood episodes from mania to depression). The following Physician's physical hold restraint orders lacked inclusion of an authorized time frame for its use: 9/20/19 at 1:45 PM, 10/1/19 at 4:45 PM, and 10/1/19 at 5:00 PM. 5. The clinical record of R #8 was reviewed on 12/10/19. R #8 was admitted on 6/20/17 with a diagnosis of reactive attachment disorder (unable to form a secure healthy emotional bond with primary caregivers). The following Physician's physical hold restraint orders lacked inclusion of an authorized time frame for it use: 10/17/19 at 6:28 PM, 10/17/19 at 6:43 PM, 10/17/19 at 6:58 PM, 10/17/19 at 7:55 PM, and 10/17/19 at 8:10 PM. 6. During an interview on 12/10/19 at approximately 2:00 PM, the Director of Risk (E#1) stated that all orders for physical holds are required to have a length of time for its use, and the physical hold orders for R #5, R #6, and R #8 should have included the length of time for the holds.	N 148		
N 218	EDUCATION AND TRAINING CFR(s): 483.376(b) Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.	N 218		

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N 218	Continued From page 11 This ELEMENT is not met as evidenced by: A. Based on document review and interview, it was determined that for 4 of 15 Resident Counselors (RC's - E #10, E #15, E #18, and E #20), the Facility failed to ensure direct care staff were CPR (cardiopulmonary resuscitation) certified. Findings include: 1. On 12/12/19, the Job Description for the Resident Counselor was reviewed. There was no requirement for CPR certification in the job description. 2. On 12/12/19, E #10, E #15, E #18 and E #20's employee files were reviewed. E #10, E #15, E #18 and E #20's employee files lacked documentation of current CPR certification. 3. On 12/12/19 at 3:00 PM, an interview was conducted with E #1 (Director of Risk). E #1 stated that she was not aware that all staff need to be CPR certified.	N 218		
N 222	EDUCATION AND TRAINING CFR(s): 483.376(f) Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an annual basis. This ELEMENT is not met as evidenced by: A. Based on document review and interview, it was determined that for 6 of 24 (E #6, E #7, E #9, E #10, E #11, and E #19) direct care staff personnel files reviewed, the Facility failed to	N 222		

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ensure TCI (Therapeutic Crisis Intervention) training was completed annually, as required. This has the potential to affect all current (86 residents) and future residents at the Facility.

Findings include:

1. On 12/12/19, the Facility's Job Description for Residential Counselor, Registered Nurse, Shift Supervisor and Team Lead lists the following as an essential duty "...Utilizes Therapeutic Crisis Intervention (TCI) skills and physical restraining techniques according to training guidelines..."

2. The Facility's policy titled, "Restraint Policy" (revised 06/2019) was reviewed on 12/12/19 and required, "...Education and training: a. [Facility] requires staff to have ongoing education, training, and demonstrated knowledge of:... The use of non-physical intervention skills... The safe use of restraint... Competency is assessed..." The policy lacked the frequency of TCI training.

3. The personnel files for 6 direct care staff were reviewed on 12/12/19 and lacked current, annual TCI training. E #6, E #7, E #10, and E #11 were Resident Counselors (RC's). E #9 was a Shift Supervisor. And E #19 was a Team Leader.

4. On 12/12/19 at 3:00 PM, an interview was conducted with the Director of Risk (E #1). E #1 stated that employees should receive TCI training upon hire and annually. E #1 did not know why these employees had not had the annual training.

B. Based on document review and interview, it was determined that the Facility failed to ensure that all direct care staff demonstrated their TCI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14L016	A. BUILDING _____ B. WING _____	12/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN ILLINOIS ACADEMY	998 CORPORATE BLVD AURORA, IL 60502

(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
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(Therapeutic Crisis Intervention) competencies on a semiannual basis, as required. This has the potential to affect all current (86 residents) and future residents at the Facility.

Findings include:

1. On 12/12/19, the Facility's Job Description for Residential Counselor, Registered Nurse, Shift Supervisor and Team Lead lists the following as an essential duty "...Utilizes Therapeutic Crisis Intervention (TCI) skills and physical restraing techniques according to training guidelines..."

2. The Facility's policy titled, "Restraint Policy" (revised 06/2019) was reviewed on 12/12/19 and required, "...Education and training: a. [Facility] requires staff to have ongoing education, training, and demonstrated knowledge of:... The use of non-physical intervention skills... The safe use of restraint... Competency is assessed..." The policy lacked the frequency of demonstration of competencies.

3. On 12/12/19, a sample of all direct care staff's (15 Resident Counselors, 5 Registered Nurses, 2 Shift Supervisors, 1 Team Lead, and 1 teacher) peronnel files were reviewed for TCI training. The files lacked documentation of semiannual TCI competency.

4. On 12/12/19 at 3:00 PM, an interview was conducted with the Director of Risk (E #1). E #1 stated that employees receive TCI training upon hire and as a refresher TCI class every year. E #1 stated that there was no semiannual demonstration by direct care staff required by the Facility.