DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	COMPLE	
		14G201	B. WIN	IG _		07/0 ⁻	1/2008
	ROVIDER OR SUPPLIER DA LUTHERAN-MON	TGOMERY	•	12	REET ADDRESS, CITY, STATE, ZIP CODE 205 SOUTH SPENCER JURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 368	On 6/23/08 at 3:50 Personnel (DSP), version there was a wasp in was sprayed. On 6/23/08 at 10:20 Services Director, version to the control of the control o	ge 26 der to satisfy the workshop." p.m., E5, Direct support was interviewed. E5 said est outside of the facility that a.m., E1, Residential was interviewed. E1 said the he home so insects are	W	368			
W9999	everywhere. E1 sa over the weekend. Z4 reported on 6/2 bees and wasps in comes out to treat to the second	id she bought insect spray 3/08 at 11:55 a.m. there are the area and pest control he DT site. on 6/23/08 at 11:38 a.m. and pest come inside the DT a E1, E5, Z2 and Z4 indicate ar R2 to be stung by an insect is not have the emergency efor R2. IONS ATIONS	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		14G201	B. WIN	NG _		07/0	1/2008
	ROVIDER OR SUPPLIER DA LUTHERAN-MON	TGOMERY	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1205 SOUTH SPENCER AURORA, IL 60505	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH APPOPULATION OF THE	OULD BE	(X5) COMPLETION DATE
W9999	are not limited to, the control of t	ersonnel. connel shall be trained in, but the following: of illness, dysfunction or ior that warrant medical, ocial intervention. ired to meet the health needs the residents. resence of accident or illness. oriately qualified nursing staff which may include licensed d other supporting personnel, ious nursing service activities.	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14G201	B. WIN	IG _		07/0	1/2008
	PROVIDER OR SUPPLIER	TGOMERY	•	12	REET ADDRESS, CITY, STATE, ZIP CODE 205 SOUTH SPENCER LURORA, IL 60505		
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W9999	is a 39 year old ma Quotient (IQ) of 42 score of 2 years 5 rinclude Moderate M Depression, Scolios Treacher Collins Sy Pneumonia, Parkin Mandibulofacial Dy Impairment. R2 is Bee Stings on his 8 Physical. Review of 8/31/07 by E2, RN state: "(I workshop. Workshapeared to have t (R2) an Epi-pen (El njector used in emallergic reactions). and the secretary oworkshop to call 91 and the paramedics E.R. (R2's guardia (R2) did not have a and the redness received (R2's) left chin and work and a chest X showed an (elevated (R2) was admitted leukocytosis." The August 2007, I notes written by E1 also report the inforsting at workshop apen on 8/31/07.	Plan (IPP) dated 7/26/07, R2 le with an Intelligence and an adaptive behavior months. R2's diagnoses	W99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	
		14G201	B. WIN	۱G _		07/0	1/2008
	ROVIDER OR SUPPLIER DA LUTHERAN-MON	TGOMERY		1	REET ADDRESS, CITY, STATE, ZIP CODE 1205 SOUTH SPENCER AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	ambulatory. R2 is in home. He went our long periods of time given him by direct home. A. Surveyor review Consultation form of appointment specified "Follow up after hose Pneumonia and alled Plan of action section needed) use." The POS states "Eluse as directed as According to the Padated 6/18/08, "this emergencies to treat reactions to insect to other substances." On 6/24/08, Z13 was Z13 stated, "the ord continue indefinitely at both the home as bee stings. E1, Residential Serinterviewed on 6/18 follow up to R2's a 8/31/07. E1 said E	8. R2 is non verbal and independently mobile at his staide and sat on the porch for e. R2 responded to directions support personnel in the wed the Medical Appointment dated 9/25/07. The reason for ic concerns section states spitalization for Aspiration ergic reaction to a bee sting." on states "Epi pen for prn (as pi pen 0.3 mg Auto-injector	W98	999			
		red Nurse (RN) was 3/08 at 3:50 p.m. E2 said the					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVE COMPLETED	
		14G201	B. WIN	1G _		07/0 ⁻	1/2008
	PROVIDER OR SUPPLIER	TGOMERY	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1205 SOUTH SPENCER AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	No one knows why POS. R2's guardia having a reaction. supervisor wanted discontinued because cannot give injection nearby and they will inservice staff. The not know it is a confelt it was needed. 9/25/07 and Epi persaid "I did not get the season was over all expire." The DT wisconfirmed there is refacility. On 6/24/08, E2 was E2 said she sent a the Epi pen on 6/19 an oral antihistamin stings for the home on 6/23/08 for follow hospitalization. The appointment did no said she has not has Surveyor reviewed written by Z2. It staprogram director, (It to wasp sting on 8/3 membranes had resewell and he had be breathing. (R2) way in Epi-pen which in symptoms. (R2) way hospital via ambula	an Epi pen and never had one. allergy to bee stings is on the n does not recall R2 ever E2 said the facility nurse to know if the order could be use direct support personnel ins. The staff paramedics are I have to give it. I will have to a facility nurse supervisor does cern of DT. The nurse at DT R2 saw the doctor, Z13 on a since needed was ordered. E2 in Epi pen because bee and didn't want the Epi pen to II have it tomorrow. E2 in Epi pen for R2 at the sinterviewed at 11:10 a.m. facsimile (fax) to Z13 about 1/08. E2 said she requested in eand a procedure for bee in R2 was taken to Z13's office	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		14G201	B. WIN	NG _		07/0	1/2008
	PROVIDER OR SUPPLIER DA LUTHERAN-MON	TGOMERY		1	REET ADDRESS, CITY, STATE, ZIP CODE 1205 SOUTH SPENCER AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	currently have one) episode. (E1) said follow up with resid from hospital before be sure (R2) has a against further aller. Service Report date states, "(R2) return time today after wa He had been out du Called (facility) RN reaction to insect sthe does not have a case of another stir (R2) has an MD ap she will request (R2 Epi-pen. She is coand training issues discussed our used workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I assalso on Public Aid, are covered." "Will appointment next workshop and I	for an Epi-pen (he does not in the event of another she would look into it." "Will ential when (R2) is released e returning to day program to dequate protection (epi-pen) gic response to bee stings." ed 9/17/07 written by Z2 ed to workshop for the first sp sting incident on 8/31/07. Let to attending day camp. (E2) to discuss (R2's) severe ting, and our concern here that in Epi-pen for treatment in ng." "(facility) RN reports that pointment next week, and that 20) have an order for an incerned regarding cost of pen for (facility) staff. We for Epi-pens here at the sured her that our clients are and that the cost of the pens follow up after (R2's) doctor's week regarding Epi-pen." gistered Nurse (RN) was atted she begged the facility for aid it took a long time but the	W99	999			

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		14G201	B. WIN	۱G _		07/0	1/2008
	PROVIDER OR SUPPLIER	TGOMERY		1	REET ADDRESS, CITY, STATE, ZIP CODE 1205 SOUTH SPENCER AURORA, IL 60505		
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W9999	was sprayed. On 6/23/08 at 10:20 Services Director, volume forest is right near the everywhere. E1 sature over the weekend. Z4 reported on 6/2 bees and wasps in comes out to treat the example of the	Diam., E1, Residential vas interviewed. E1 said the he home so insects are id she bought insect spray 3/08 at 11:55 a.m. there are the area and pest control he DT site. on 6/23/08 at 11:38 a.m. and pest come inside the building. E1, E5, Z2 and Z4 indicate r R2 to be stung by an insect so not have the emergency e for R2. E:05 p.m. E4, Lead Direct (DSP) was interviewed. E4 g by a bee he should go to the neediately. p.m. E5, DSP, was id if R2 is stung observe him. also him to the emergency he nurse.	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G201	B. WI	NG _		07/0	1/2008
	PROVIDER OR SUPPLIER	TGOMERY	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1205 SOUTH SPENCER AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	documented in the did not have formal allergy. E1 said the On 6/23/08, at 10:2 informal training ov doing formal training ov doing formal training. C. On 6/19/08, sur Surveyor interviewed said the Epi pen an DT on 6/19/08 by Epen prior to 6/19/08 of R2's MAR and P Z1, DT Director of Notes 11:30 a.m. on 6/19/08 responsible for brin an as needed order routine medications of R2's MAR and P During interview on said every month D said there had been which might have been ursing staff were responsible for brin and the end been which might have been ursing staff were responsible for brin and as needed order routine medications of R2's MAR and P Ouring interview on said every month D said there had been which might have been ursing staff were responsible for bring and the well and the world follow up to the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were where the MAR and she would follow up to the manual staff were the manual	Asaid the event was August QMRP notes but staff training about the bee sting ey received informal training. O a.m., E1 said she reinforced er the weekend. E2 would be g on 6/24/08. Veyor went to the DT site. ed Z8, nurse, at 11:45 a.m. Z8 d order were brought to the E2. Z8 said there was no Epi B. Z8 could not locate a copy OS. Nursing was interviewed at (08. Z1 stated the facility was ging the medication if there is E2. Z1 said R2 does not receive E3. Z1 could not locate a copy	W99	999			