

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEBER HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2520 ST JAMES ROAD SPRINGFIELD, IL 62707</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
Z 000	COMMENTS  ANNUAL LICENSURE SURVEY	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations</p> <p>Illinois Administrative Code 370.400 e) ADMINISTRATION: The licensee, program coordinator and house manager shall be familiar with all applicable statues and regulations. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities.</p> <p>This requirement is NOT met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to follow Illinois Administrative Code Part 116, Administration of Medication in Community Settings as required for 3 of 4 individuals in the sample (R1, R3 and R4).</p> <p>Findings include:</p> <p>Illinois Administrative Code 370.400 e) ADMINISTRATION states, "The licensee, program coordinator and house manager shall be familiar with all applicable statues and regulations. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities."</p> <p>Illinois Administrative Code Part 116, Administration of Medications in Community</p>	Z9999		

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

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Z9999	<p>Continued From page 1</p> <p>Settings states, "The purpose of this Part is to ensure the safety of individuals in program funded by the Department of Human Services (DHS) by regulating the storage, distribution, and administration of medications. This applies exclusively to all programs for individuals with a developmental disability in settings of 16 persons or fewer that are funded or licensed by the Department of Human Services and that distribute or administer medications and all intermediate care facilities for the developmentally disabled with 16 beds or fewer that are licensed by the Illinois Department of Public Health."</p> <p>1) 2 of 4 individuals in the sample (R1 and R3) had incomplete Self-Administration of Medication Assessments(SAMA):</p> <p>Part 116.60 a)2 states, "Individuals shall be evaluated to determine their self-administration of medications capabilities by a Nurse-Trainer through the use of DHS required, standardized screening and assessment instrument.</p> <p>R1 is identified on his Medication Administration Record (MAR) as a 50 year old male with diagnosis of Strabismus and Allergic Rhinitis who functions at the mild level of Intellectual Disability.</p> <p>Review of R1's SAMA dated 11/22/13, page 3 of 3 is incomplete.</p> <p>R3 is identified on his MAR as a 49 year old male with diagnosis of Down Syndrome, Heart Murmur, Hypothyroidism and Allergies who functions in the Moderate level of Intellectual Disability.</p> <p>Review of R3's SAMA dated 3/17/07, page 2 of 3 is incomplete.</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>Interview with E1 (Registered Nurse Trainer) on 5/8/14, E1 confirmed R1 and R3's SAMA were incomplete.</p> <p>2) 1 of 1 individuals in the sample (R1) with handwritten changes on the MAR were made by unlicensed staff.</p> <p>Part 116.70 b)4) states, "All changes in medication shall be noted on the medication administration record by a licensed practical nurse, registered professional nurse, advanced practice nurse, pharmacist, physician, physician assistant, dentist, podiatrist, or certified optometrist."</p> <p>R1 is identified on his MAR as a 50 year old male with diagnosis of Strabismus and Allergic Rhiinitis who functions at the mild level of Intellectual Disability.</p> <p>Review of R1's MAR, Fluticasone Spray and Loratadine Tab has the letters "PRN" (as needed) handwritten.</p> <p>Interview with E1 on 5/8/14, E1 states the handwritten letters "PRN" are not written by E1.</p> <p>3) 1 of 1 individuals in the sample (R1) had a Medication label that did not match the physician's order.</p> <p>Part 116.100 a) 2) states, "A registered professional nurse, advanced practice nurse, licensed practical nurse, pharmacist or physician shall review the following for all individuals: medication labels and medications listed on the medication administration record to ensure that they match physician orders."</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>R1 is identified on his MAR as a 50 year old male with a diagnosis of Strabismus and Allergic Rhinitis who functions at the mild level of Intellectual Disability.</p> <p>Observation of Medications on 5/7/14, R1 had a medication label on medication which read, "Loratadine tab 10 mg (milligrams), One tablet by mouth once daily."</p> <p>R1's Physician order sheet dated 3/25/14 R1's states, Loratadine tab 10 mg- one tab by mouth once daily as needed."</p> <p>Interview with E1 on 5/8/14, E1 confirmed R1's medication label for Loratadine 10 mg does not match the physician orders.</p> <p>4) 3 of 4 individuals in the sample (R1, R3 and R4) have PRN medications without required protocols.</p> <p>Part 116.50d) states, "Authorized direct care staff shall not administer PRN medications unless there is a written protocol approved by a nurse-trainer and prescribing practitioner for each individual and for each mediation. A written protocol shall include the following information:</p> <ol style="list-style-type: none"> <li>1) the name of the individual</li> <li>2) the name, route, and dosage form of the medications;</li> <li>3) the dosage or quantity to be taken;</li> <li>4) frequency or times of administration;</li> <li>5) conditions for which the medication may be given;</li> <li>6) contraindications for the medications;</li> <li>7) a maximum or stop dosage;</li> <li>8) any necessary special directions and precautions for the medication's preparation and</li> </ol>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>administration;</p> <p>9) common severe side or adverse effects or interactions and the action required if they occur; and</p> <p>10) proper storage</p> <p>R1 is identified on his MAR as a 50 year old male who functions in the Mild level of intellectual disability</p> <p>R3 is identified on his MAR as a 49 year old male who functions in the Moderate level of intellectual disability.</p> <p>R4 is identified on his MAR as 38 year old male who functions in the Moderate level of intellectual disability.</p> <p>R1's MAR has an order for Ibuprofen which states, "May take up to three tablets three times a day as needed, " without required protocol information.</p> <p>R3's MAR has an order for Acetamin tab 500 mg (milligrams) which states, "1 tablet by mouth every 4 hours as needed, " without required protocol information.</p> <p>R4's MAR has an order for Acetamin tab 500mg which states, "1 tablet by mouth every 4 hours as needed," without required protocol information.</p> <p>Interview with E1 on 5/9/14, E1 states the information on the MAR is what is used for protocol for the PRN (as needed) medications. E1 confirms there is no other written protocols for PRN medications.</p> <p>(NLV)</p>	Z9999		