STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, '	LTIPLE CONSTRUCTION DING	CON	(X3) DATE SURVEY COMPLETED	
		14G314	B. WING		ı	R / <b>03/2014</b>	
NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CO 826 WEST LAFAYETTE JACKSONVILLE, IL 62650		700/2014		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
{W 331}	nurse trainer had m for R1, R2, R3 and medications were b was no documented.  The facility was una nurse trainer had be no BM's documented R3 and R4.  FINAL OBSERVATION	onitored BM tracking sheets R4 to ensure PRN eing administered when there d BM for three days.  ble to provide evidence the een notified when there were d for three days for R1, R2,	{W 3				
	350.1210b) 350.1230d)1)2 350.3240a) Section 350.1210 H The facility shall pro maintain each reside b) Nursing services supervision of the he	vide all services necessary to ent in good physical health. to provide immediate ealth needs of each resident essional nurse or a licensed ne equivalent.					
	are not limited to, the 1) Detecting signs of maladaptive behavior nursing or psychoso	f illness, dysfunction or or that warrant medical, cial intervention. ed to meet the health needs					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONST			E SURVEY MPLETED
		14G314	B. WING			1	R <b>/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE				826 WES	DDRESS, CITY, STATE, ZIP CODE T LAFAYETTE DNVILLE, IL 62650	1 00/	00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI ROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
W9999	a) An owner, licensiagent of a facility shresident. (Section 2) THESE REQUIRENT EVIDENCED BY:  Based on observation interview, the facility services according (R1, R2, R3 and R4 treatment for constitute and monitor stracking of bowel multiple and the stracking administered orders.  Findings include:  R1 is identified on 13 dated 11/6/13 as a stracking of bown's and Constipation will level of Constipation buring observation DSP (Direct Support encouraging R1 to gand E3 were discussive and E3 wer	buse and Neglect ee, administrator, employee or hall not abuse or neglect a -107 of the Act) MENTS WERE NOT MET AS on, record review and a failed to provide nursing to needs for 4 of 4 individuals by with a diagnosis and/or pation when they failed to: taff in the monitoring and ovements.  oversight of residents' plated to constipation needs. eded) treatment/medication is according to physician's  SP (Individual Service Plan) To year old male with a Syndrome, Hypothyroidism to functions in the Profound	W99	99			

NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE  STREET ADDRESS, CITY, STATE, ZIP CODE  826 WEST LAFAYETTE  JACKSONVILLE, IL 62650  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE  STREET ADDRESS, CITY, STATE, ZIP CODE  826 WEST LAFAYETTE  JACKSONVILLE, IL 62650   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE		14G314	B. WING	R 09/03/2014
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PLIER	826 WEST LAFAYETTE	1 03/03/2014
	PREFIX (EACH DE	CIENCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPI	ULD BE COMPLETION
Continued From page 13 eat." E3 then told E2, "It could be because R1 is full (of stool). He has not had a bowel movement in 10 days."  Review of R1's BM ( Bowel Movement) tracking form, titled, "Specialing, " dated May, 2014, there is no BM documented for dates of May 1, May 2 and May 3, for May 10, May 11 and May 12, for May 20, May 21 and May 32 and for May 28, May 29, May 30 and May 31.  Review of R1's BM tracking form dated June, 2014, there is no BM documented for June 20, June 21 and June 22.  Review of R1's BM tracking form dated July 2014, there is no BM documented for July 2, July 3 and July 4, for July 6, July 7 and July 8, and for July 24, July 25 and July 26.  Review of R1's BM tracking form dated August 2014, there is no BM documented for August 9, August 10, August 11, August 12, for August 14, and August 15, for August 12, for August 24, August 20, August 21, August 22, August 23, August 24, August 25, August 26, August 27 and August 28 (a notation was added by E1, CIDP (Quality Intellectual Disability Professional) during the survey noting a medium BM on August 23).  Review of R1's POS (Physician Order Sheets) dated August, 2014, states, Sennexon-S Tablet, take one tablet my mouth faily. Diagnosis is listed as, "Constipation." Senna Laxative 8.6 milligram tablet, take one tablet by mouth twice daily. Diagnosis is listed as, "Constipation." Senna Laxative 8.6 milligram tablet, take one tablet by mouth twice double.	eat." E3 ther full (of stool) in 10 days."  Review of Riform, titled, "is no BM doo and May 3, f May 20, May May 29, May Review of Ri 2014, there i June 21 and Review of Ri 2014, there i 3 and July 4, July 24, July Review of Ri 2014, there i August 10, A and August 120, August 22, August 25, A (a notation will not a location	told E2, "It could be because R1 is He has not had a bowel movement is BM (Bowel Movement) tracking specialing, "dated May, 2014, there imented for dates of May 1, May 2 in May 10, May 11 and May 12, for 21 and May 22 and for May 28, 30 and May 31.  Is BM tracking form dated June, no BM documented for June 20, June 22.  Is BM tracking form dated July no BM documented for July 2, July for July 6, July 7 and July 8, and for 15 and July 26.  Is BM tracking form dated August no BM documented for August 9, 19 and July 26.  Is BM tracking form dated August no BM documented for August 9, 19 and July 26.  Is BM tracking form dated August no BM documented for August 9, 19 and July 26.  Is BM tracking form dated August no BM documented for August 29, 19 and July 29.  Is BM tracking form dated August 29 and July 29 and August 29 and August 29 and August 28 added by E1, QIDP (Quality stability Professional) during the a medium BM on August 23).  Is POS (Physician Order Sheets) 2014, states, Sennexon-S Tablet, 15 and 16 and 17 and 18 an	W9999	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		14G314	B. WING		09	R 9/03/2014
NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE			STREET ADDRESS, CITY, STATE, ZIF 826 WEST LAFAYETTE JACKSONVILLE, IL 62650			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	Review of R1's MARecord) dated May milligrams-Take ond days if no BM. Sen as administered on 5/21/14 at 4 PM. R change."  Review of R1's MARAUGUST 2014, there Laxative for constiper Review of R1's local Instructions" dated a "Constipation."  In addition, an order instructions to give or repeat in four hours.  R2 is identified in IS year old female with Disorder, Severe He Constipation who fur of Intellectual Disaborable Review of R2's POS Senna Laxative 8.6 tablet by mouth daily "Constipation.  Review of R2's BM to 2014, there is no BM documents June 10, June 11 arris no BM documents June 22 and for June Review of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constipers of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is no BM constitutions of R2's BM to 2014, there is 2	R (Medication Administration 2014, Senna Laxative 8.6 e tablet by mouth every three na Laxative was documented 5/16/14 at 8 PM and again on esults written state, "No R dated June, July and is no documentation of Senna ation being administered.  Il hospital "Discharge 8/28/14, diagnosis states, or for Magnesium Citrate with one half bottle by mouth then if needed."  P dated 9/12/13, as a 58 or diagnosis of Seizure earing Impairment and nctions in the Profound Level	W999	99		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		14G314	B. WING			R 09/03/2014	
NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE				STREET ADDRESS, CITY, STATE, ZIP 826 WEST LAFAYETTE JACKSONVILLE, IL 62650		09/03/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W9999	documented for Jul 22.  Review of R2's BM 2014, there is no BI August 3, August 4, addition, there is no 11, August 12, August 18, August 26, August 27 and A R3 is identified in IS old female with diag Constipation who fur of Intellectual Disab Review of R3's POS Docusate 100 millig capsule by mouth dispensive work of R3's BM 2014, there is no do 8 and May 9. In additional Review of R3's BM 2014, there is no do 8 and May 9. In additional Review of R3's BM 2014, there is no do 3 July 15 and July 16.  Review of R3's MAF August, 2014, there Laxative administered R4 is identified on M	tracking sheets dated August M documented for August 2, August 5 and August 6. In BM documented for August 13 and August 14, for 19, August 20, August 21 and August 24, August 25, August August 28.  EP dated 9/12/13, as a 64 year mosis Anxiety, Bipolar and nctions in the Profound Level ility.  E dated August, 2014, states rams capsule, take one aily. Diagnosis is listed as, ma Laxative 8.6 milligram et by mouth once daily as tion. "  Itracking sheets dated May, cumented BM on May 7, May dition, there is no BM (12, May 13 and May 14.)  Etracking sheets dated July cumented BM on July 14,  Etracking sheets dated Senna	W99	99			

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		14G314	B. WING_		ı	R (03/2014	
NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 826 WEST LAFAYETTE JACKSONVILLE, IL 62650	09/03/2014		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Facility roster state Level of Intellectua  R4's MAR dated Au 100 milligrams is of tablet is ordered tw medications is liste  Review of R4's BM 2014, there is no do 3 and May 4, for Ma May 13, May 14 an 27 and May 28.  Review of R4's BM 2014, there is no do June 14 and June 13 and June 22.  Review of R4's BM 2014, there is no do 4, July 5, July 6, July 123 and July 24  Review of R4's BM 2014, there is no do 4, July 5, July 6, July 23 and July 24  Review of R4's BM 2014, there is no do August 2 and August 24  Review of R4's BM 2014, there is no do August 2 and August 25  Review of R4's BM 2014, there is no do August 2 and August August 2 and August August 14, for August August 28.  Review of form title covers Period of Ma documentations of related to BM issue  Interview with E5(Au	s R4 functions in the Profound I Disability.  Jugust, 2014 states, Docusate redered daily and Sennexon-Sice daily. Diagnosis for both das, "Constipation."  Tracking sheets dated May, occumented BM for May 2, May ay 6, May 7 and May 8, for d May 15 and for May 26, May  Tracking sheets dated June, occumented BM for June 13, 15, and for June 20, June 21  Tracking sheets dated July, occumented BM for July 4, July ly 7 and July 8 and for July 22,	W999	99			

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		14G314	B. WING		na	R 1/03/2014	
	NAME OF PROVIDER OR SUPPLIER  LAFAYETTE TERRACE			STREET ADDRESS, CITY, STATE, ZIP ( 826 WEST LAFAYETTE  JACKSONVILLE, IL 62650		09/03/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	had a policy/protod reporting of bowel in there was no specinagency had a track contact the nurse at three days.  Interview with E3(D August 28, 2014 at she was aware of a report if an individuresponded, "No." E notify the nurse if so three days. E3 responded to do that."  Interview with E4(R August 28, 2014 at she had been notificatince August 17. Ealso stated she was August 23, although was asked if she was documented BM Auresponded, "No." Enotified when R2 had August 6, August 18 through August 28. E4 responded in charge of BM training was provided requiring PRN (as in constipation. E4 responded, "E4 was expect staff to notify BM. E4 responded,"  BM. E4 responded, "BM. E4 responded,"  BM. E4 responded,"	col related to the tracking and movements. E5 responded fic policy. E5 did state the ing form which specified to nd/or supervisor if no BM for virect Support Person) on 11:37 AM, E3 was asked if a policy for reporting or when to all had not had BM. E3 3 was then asked if she would omeone had not had a BM for bonded, "No. I'm not aware of virect Support Person) on 12:04 PM. E4 was asked if ed that R1 had not had a BM on it was not documented. E4 as aware R1 had a BM on it was not documented. E4 as notified R1 had no gust 9 through August 15. E4 4 was asked if she was ad no BM for August 3 through I through August 14, August 22 and August 24 through wonded, "No." E4 added, "I'm tracking." E4 was asked what ad to staff for those individuals beeded) medications for sponded, "Notify nurse 48 the treatment of PRN s asked when she would or her if an individual had no	W99	199			

AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	LTIPLE CONSTRUCTION DING	3) DATE SURVEY COMPLETED	
		14G314	B. WING			R <b>09/03/2014</b>
	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, 826 WEST LAFAYETTE JACKSONVILLE, IL 62650	, ZIP CODE	09/03/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W9999	specific training relamonitoring and report The facility was unanurse trainer had medications were by was no documented.  The facility was unanurse trainer had be	ated to BM tracking, orting.  able to provide evidence the nonitored BM tracking sheets	W99	)99		