

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/05/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEVERLY FARM FOUNDATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 HUMBERT ROAD</b> <b>GODFREY, IL 62035</b>		
(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	
{W 000}	INITIAL COMMENTS  FIRST CERTIFICATION FOLLOW UP TO THE SURVEY OF 06/21/16 W331 REPEATED  COMPLAINT INVESTIGATION SURVEY COMPLAINT#1645118 ==> IL88312 NO DEFICIENCIES  INCIDENT REPORT INVESTIGATION SURVEY INCIDENT OF 09/223/16 ==>IL88870 NO DEFICIENCIES	{W 000}			
{W 331}	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop and implement a comprehensive plan of care for 1 of 1 individual in the sample (R12) who requires the as needed use of an Epinephrine injection pen (Epi-Pen) due to his allergies to bee stings as evidenced by their failure to develop and include: 1) Provisions within the IHP (Individual Habilitation Plan) identifying the number of pens that R12 is to take on an outing which is further than 15 - 20 minutes (estimated duration of the first injection) from the facility as physician ordered (two pack) and as based on the manufacturer's recommendations; and 2) Protocols within the IHP as to what staff are to do for R12 after the first injection is administered when a nurse is not available and/or when he in	{W 331}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/07/2016

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 331}	<p>Continued From page 1</p> <p>the community as based on the manufacturer's recommendations to seek immediate emergency medical or hospital care.</p> <p>Findings include:</p> <p>R12's Physician's Order sheet dated 09/15/16 states, Epi Pen 0.3 mg (milligrams) Auto Inj (injection) (2 p/k) (pack) - (as confirmed per telephone interview with E2 (DON - Director of Nursing) on 09/30/16 at 12:48 P.M.) Inject 1 pen injection as needed for Bee Stings with Anaphylaxis..."</p> <p>During this telephone conversation, E2 (DON) stated that the Epi Pen comes in a 2 pack and one of the pens are placed in R12's back pack and the other one is kept in the medication cart at Day Training.</p> <p>On 09/22/16 at 2:20 P.M. R12's Epi Pen was observed in his backpack the facility's day training site with Z1 (Administrative Assistant). Only one yellow labeled pen with an expiration date of 1/17 was observed in the backpack.</p> <p>Per Epi Pen's web site (<a href="https://www.epipen.com/en/hcp/about-epipen/dosage-and-administration">https://www.epipen.com/en/hcp/about-epipen/dosage-and-administration</a>) the NAIAD (National Institute of Allergy and Infectious Diseases) Expert Panel recommends at-risk patients have access to two epinephrine auto-injectors... Epi Pen® (epinephrine injection, USP) 0.3 mg and EpiPen Jr® (epinephrine injection, USP) 0.15 mg Auto-Injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. More than two sequential doses of epinephrine should only be administered under direct medical supervision".</p>	{W 331}			

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{W 331}	<p>Continued From page 2</p> <p>During the Daily Status Meeting of 09/27/16 at 5:30 P.M., E2 (Director of Nursing) stated that there was no reason for R12 to carry two Epi Pens because there is always one in his back pack and one in the medication cart at the facility's day training site. E1( Assistant Executive Director) and E2 both stated that the facility follows R12's physician's orders and the Epi Pen need is addressed within his (R12's) IHP. R12's Individual Habilitation Plan dated 05/09/16 identifies a Service Need which states; "Staff will ensure that R12 retrieves his Epi-Pen bag prior to leaving the building. Procedure: R12 has an allergy to Bee Stings. Staff will ensure that R12 retrieves his Epi Pen bag prior to leaving the building. These opportunities include but are not limited to DT, doctor appointments, community outings, family visits, etc. If stung by a bee, R12 may exhibit the following symptoms: Difficulty breathing, wheezing, shortness of breath, tight feeling in chest or throat, swelling of face, throat, or tongue, weakness, dizziness or confusion, rash or hives, low blood pressure, shock".</p> <p>There are no provisions within this IHP stating the number of pens that R12 is to have in his back pack (as per his physician's orders he is to have two) or how many pens are to be available on an outing which is further than 15 - 20 minutes (estimated duration of the first injection) from the facility. Further review of R12's IHP does not identify that staff are to seek immediate emergency medical or hospital care for R12 after the first injection is administered when a nurse is not available and/or during times when he is out in the community with staff.</p>	{W 331}			