

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

PRINTED: 10/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROTHER JAMES COURT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2508 ST. JAMES ROAD SPRINGFIELD, IL 62707</b>		
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W 000	INITIAL COMMENTS  Annual Certification Survey-Fundamental  Inspection of Care  Incident Investigation of 8/27/16/IL88209 W103 W153 W154	W 000			
W 103	483.410(a) GOVERNING BODY  The facility must identify an individual or individuals to constitute the governing body of the facility.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a designee is assigned to fulfill required job duties during the Administrator absence.  Findings Include:  The Individual Program Plan, (IPP), dated 08/15/16, identifies R27 as individual who functions in the Mild level Intellectual Disabilities. This IPP for R1 listed: 'Guardianship Status' documents 'Own Guardian'.  On 09/01/16 the surveyor requested the completed final investigation which included all information related to this investigation of the incident of 08/27/16 for R27, from the facility.  On 09/01/16 at 11:33 AM, E4, Resident Service Director, (RSD), stated during an interview that the only employee who had the key to this	W 103		10/24/16	

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

TITLE

(X6) DATE

10/24/2016

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 103	Continued From page 1 information is unavailable today. Surveyor asked E4, RSD, if anyone else had access to this data, and E4, RSD, stated "No."	W 103			
W 104	<p>During an interview, on 09/01/16 at 4:07 PM, E3, Licensed Practical Nurse, (LPN), stated unable due to unforeseen circumstances this information was not available due to the Administrator being unavailable.</p> <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facilities governing body has failed to ensure: 1) policy governing Do Not Resuscitate Orders (DNR)/Practitioner Orders for Life-Sustaining Treatment (POLST) form for 3 of 3 individuals in the sample (R2, R3 and R5) from the 400 wing of the facility, 2) policy governing preventative treatment/screening for colon cancer for 4 of 4 (R3, R4, R7, and R9) individuals in the sample in need of colon cancer screening.</p> <p>Findings include:</p> <p>1) Record review for R2, R3 and R5 identifies DNR order forms signed by the individual's guardians. In the section marked "A" all three of the individual's guardians had indicated, "Do Not Attempt Resuscitation/DNR" if the individual is found to have no pulse and is not breathing.</p>	W 104		10/24/16	

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W 104	<p>Continued From page 2</p> <p>Section B entitled Medical Information is optional, but indicates what is to be done when the individual is not in full cardiopulmonary arrest or is found with a pulse and/or is breathing. Section B for R2, R3 and R5 are blank. The individual's guardians did not indicate under this section whether they preferred full treatment, selective treatment, comfort focus treatment, or optional additional orders for the individuals.</p> <p>R2's guardian signed his DNR form on 02/27/15; R3's guardian signed his DNR form on 02/27/15; and R5's guardian signed his DNR form on 03/14/15.</p> <p>E8 (Licensed Practical Nurse/LPN) was interviewed on 08/30/16 at 4:30 PM regarding the DNR forms for R2, R3 and R5. When E8 was asked what the facility would do R2, R3 or R5 were found with no pulse and/or not breathing, E8 stated, "I'm not sure".</p> <p>On 09/01/16 at 3:00 P.M., E8 confirmed that the facility does not have policy and procedures governing the DNR/POLST forms. E8 also confirmed that there is no policy dictating what the facility is to do when Section B of this form is not completed by the individual and/or their guardians.</p> <p>2) a) Review of the facility Resident Information sheet, dated (2014), documents R9 is a 65 year old male who functions at a Profound Level of Intellectual Disability. Review of R9 's Individualized Program Plan dated 11/9/2015 documents, "Colonoscopy could be attempted for screening purposes, however given his mental condition he is not likely to cooperate drinking enough volume of prep to</p>	W 104		

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W 104	<p>Continued From page 3</p> <p>result in good and acceptable colon exam. Spoke with (name of guardian) and she gave verbal consent not to proceed with the colonoscopy. " During interview on 8/25/16 at 10:30 AM E8 (Licensed Practical Nurse) stated R9 did not have a colonoscopy and the facility had not put other monitoring in place for R9.</p> <p>b) Based on file review it was determined R7 is a 67 year old male and has a diagnosis of Severe Intellectual disability, Downs Syndrome, Alzheimer's, Acid Reflux, Constipation &amp; GERD. R7 had his last IPP (Individual Program Plan) on 10/16/15.</p> <p>Review of R7's last annual physical, dated 12/2/15, it was noted that R7 had Mild Leukopenia, Anemia (which was chronic) &amp; R7's colon had distention. Report noted R7's family had refused a colonoscopy in the past and R7 requires Colace &amp; Miralax. Report noted residential facility was to conduct a family follow up to address the administration of a colonoscopy.</p> <p>Interview with E8 Registered Nurse (RN) on 8/25/16 @ 1:30 PM, E8 confirmed the physical of 12/2/15 for R7. E8 was unable to provide any evidence of medical follow up to the 12/2/15 report. E8 stated the facility was in the process of obtaining a consent for a colonoscopy for R8 however was unable to provide any reproducible evidence to address the medical concern for R8.</p> <p>c) Based on file review it was determined R4 is a 57 year old male with a diagnosis of Moderate Intellectual Disability &amp; Epilepsy. R4's last physical was dated 10/2/15 and noted requirement of an updated colonoscopy. Review of R4's medical record does not document evidence of a colonoscopy procedure for R4.</p>	W 104			

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W 104	Continued From page 4  Interview with E8 (RN) on 8/25/16 @ 1:30 PM. E8 confirmed the physical of 10/2/15 for R4. E8 was unable to provide any evidence of medical follow up to the 10/2/15 report. E8 stated the facility was in the process of obtaining a consent for a colonoscopy for R4 and stated R4 had a colonoscopy in 2/12; however was unable to provide any reproducible evidence to address the medical concern for R4.  d) Review of the physician orders, dated 09/01/16, R3 is a 57-year-old male functioning at a Moderate level of Intellectual Disability with diagnosis of Cerebral Palsy, Epilepsy, Stage IV B-Cell Lymphoma and Colostomy 3/27/13.  General orders contained on the Physician Order Sheet states, Colonoscopy every 10 years for individuals 50 years or older and less family history of colon cancer then more often or unless contraindicated from guardian.  Record review for R3 does not identify that a colonoscopy has been completed after the colostomy or prior to 03/27/13 or prior to this date.  E8 (Licensed Practical Nurse/LPN) was interviewed on 08/30/16 at 4:00 P.M. and initially stated that R3 has a colostomy and would not require a colonoscopy. Subsequent interview with E8 confirmed that R3 has not had a colonoscopy since his colostomy nor is one on file at the facility. During this interview E8 confirmed that the facility does not have specific orders or protocols governing the frequency of colonoscopies for individuals with colostomies.	W 104			

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W 104	Continued From page 5 During interview, on 8/24/16 at 10:00 AM, E1 (Administrator) stated the facility did not have a policy in place to monitor for colon cancer.	W 104			
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.  This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to develop money management programs for 1 of 1 individual, R3, inside sample, who use simulated money for their money programs.  Findings Include:  The 'Individual Program Plan' (IPP), dated 03/01/16, identifies R3 as an individual who functions the Moderate level of Intellectual Disabilities. The IPP for R3 documents 'When presented with an item to purchase and simulated money, R3 ...'  During observation at the day training site on 08/23/16 at 4:00 PM, simulated money was seen for money programing.  During an interview on 08/26/16 at 3:20 PM, E13, Qualified Intellectual Disabilities Professional, (QIDP), confirmed simulated money is currently being used in three separate areas at this day training for money programing.	W 126		10/24/16	
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS	W 153		10/24/16	

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W 153	<p>Continued From page 6</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure all allegations of mistreatment, neglect or abuse are reported immediately to the administration or to other officials in accordance with State law through established procedures for 1 of 1 individual, R27, outside the sample, when staff failed to report verbal abuse immediately.</p> <p>Findings Include:</p> <p>The Individual Program Plan (IPP), dated 08/15/16, identifies R27 as individual who functions in the Mild level Intellectual Disabilities.</p> <p>Based on record review, on 08/27/16, approximately between 6:00 PM and 6:30 PM, E5, Direct Staff Person, (DSP), did state she made the statement "Bitch ass nigga" to R27 in R27's bedroom.</p> <p>During an interview with E1, Administrator (Adm), On 09/06/16 at 10:21 AM, E1 was asked to define verbal abuse, per Brother James Policy, E1 stated "Verbal Abuse refers to the use by an employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their</p>	W 153			

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W 153	Continued From page 7 age, ability to comprehend or disability." When surveyor asked E1, Adm, when R27 was told by E5, DSP, that he was acting like a Bitch ass nigger, was this not verbal abuse. E1, Adm, stated "Verbal Abuse." Surveyor asked E1, Adm, how she was informed of this incident, E1, Adm, replied "E7, Licensed Practical Nurse (LPN)."  During an interview with E1, Administrator (Adm), on 09/06/16 at 3:48 PM, E1, Adm, was asked if E5, DSP, reported the incident regarding R27 on 08/27/16 to Administration immediately after the incident occurred, E1, Adm, stated "No,"  The facility 'Policy and Procedure Regarding Abuse and Neglect', Reviewed Date 1-29-13, documents under: 'Abuse And Neglect Shall Be Reported Immediately 1. Any Employee or Agent of Brother James Court who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Administrator.'	W 153			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility has failed to have reproducible evidence that all allegations are thoroughly investigated, for possible allegation of abuse and/or neglect for 4 of 4 individuals (R16,R17, R18, and R27) in the facility.	W 154		10/24/16	



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W 154	<p>Continued From page 8</p> <p>Findings include:</p> <p>1) Review of the Facility Investigation Report of 12/6/15, An Allegation of Abuse was made against E9 (Licensed Practical Nurse) concerning physical abuse against R18. R18 is a male with limited verbal skills who functions in the Profound range of Intellectual Disabilities. The investigation indicates E10 (Direct Support Person) alleged that E9 hit R18 after R18 hit E9.</p> <p>Interview With E1 (Administrator) on 8/24/16, E 1 stated she was responsible for completing the investigation. E1 interviewed all staff that worked on the unit on 12/6/15. E1 verified she did not interview any of the individuals on the unit.</p> <p>2) Review of the Facility's Investigation Report concerning Possible Verbal Abuse on 12/9/15. The allegation indicated that E11 (Licensed Practical Nurse) used inappropriate language to R16 after R16 scratched E11 while receiving his medication.</p> <p>The investigation does not include possible witness by other staff or residents on the unit. The facility failed to provide a conclusion to the investigation to determine whether the allegation was substantiate.</p> <p>3) Review of the Facility's Investigation Report concerning an Allegation of Physical Abuse on 4/3/16. The investigation between R17 (who functions in the Severe Range Of Intellectual Disabilities) and E12 (Licensed Practical Nurse). E12 allegedly shoved R17 into the substation on the unit.</p>	W 154			

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W 154	<p>Continued From page 9</p> <p>Interview with E1 on 8/24/16, E1 confirmed she has no evidence that other staff or residents were interviewed concerning the allegations from 12/6/15 and 12/9/15.</p> <p>4) The Individual Program Plan (IPP), dated 08/15/16, identifies R27 as an individual who functions in the Mild level Intellectual Disabilities.</p> <p>During the record review of R27's nursing notes, no evidence was present of a nursing note regarding the incident regarding R27 for 08/27/16.</p> <p>During an interview with E3, LPN, on 09/02/16 at 1:09 PM, E3 confirmed no nursing note was present on 08/27/16.</p> <p>During an interview with E1, Administrator (Adm), On 09/06/16 at 10:21 AM, E1, Adm, when surveyor asked if E1 had evidence of a nursing note, per policy, E1 said Yeah, I think so. Yes." Surveyor asked why E7, LPN, statement was not in the conclusion of investigation? E1 said, "I have no answer to it, but I have a statement from E7." E1 then stated "I was unable to due my husband passing 08/27/16 at 7:05 AM, to put all the documents/data together. Today (09/06/16) is my first day back to work."</p> <p>The facility 'Policy and Procedure Regarding Abuse and Neglect', Reviewed Date 1-29-13, documents under: 'When Abuse or Neglect is Suspected or Observed Steps To Take 10. Forms to be used: (B) Resident nursing notes'</p>	W 154			

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W 154	Continued From page 10  During record review, the facility had no reproducible evidence that E5, DSP, completed any documentation regarding the allegation of verbal abuse towards R27 immediately after the event it occurred.  During a telephone interview on 09/07/16 at 1:34 PM, E5, DSP, when asked if she completed any documentation regarding the incident cursing towards R27 immediately after the occurrence, E5 stated "No, I did not."  The facility 'Policy and Procedure Regarding Abuse and Neglect', Reviewed Date 1-29-13, documents under: 'When Abuse or Neglect is Suspected or Observed Steps To Take 10. Forms to be used: (B) Brother James Court Incident Report	W 154			
W 155	483.420(d)(3) STAFF TREATMENT OF CLIENTS  The facility must prevent further potential abuse while the investigation is in progress.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to remove identified staff from direct care who were alleged to have abused 2 of 2 individuals (R16 and R17) until investigation was completed.  Findings include:  1) Review of the Facility's Investigation Report concerning Possible Verbal Abuse on 12/9/15.	W 155		10/24/16	

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W 155	Continued From page 11 The allegation indicated that E11 (Licensed Practical Nurse) used inappropriate language to R16 after R16 scratched E11 while receiving his medication.  The investigation does not indicate that E11 was removed while the investigation was being completed.  2) Review of the Facility's Investigation Report concerning an Allegation of Physical Abuse on 4/3/16. The investigation between R17 (who functions in the Severe Range Of Intellectual Disabilities) and E12 (Licensed Practical Nurse). E12 allegedly shoved R17 into the substation on the unit.  Interview with E1 on 8/24/16, E1 confirmed she has no reproducible evidence that E11 and E12 were removed from the facility until the investigation was completed.	W 155			
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that object is were developed as based on the comprehensive assessment for 3 of 3 individuals in the sample (R2, R3 and R5) on the 400 wing of the facility as evidenced by:	W 227		10/24/16	

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

PRINTED: 10/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/08/2016</b>
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W 227	<p>Continued From page 12</p> <p>A) Objectives have not been developed to reduce and/or fade out the need for adaptive eating equipment for R3 and R5; and</p> <p>B) Objectives have not been developed to reduce the need for locks on the activity cabinet and/or to train the individual to learn how to unlock these locks for R2, R3 and R5.</p> <p>Findings include:</p> <p>A) The Physicians Orders Sheet (POS), dated 9/1/16, identifies that R5 is a 63-year-old male functioning at a severe level of intellectual disability. Diet orders on the POS states that he is to receive a mechanical soft diet with thin liquids, weighted spoon, fork and knife and an adaptive cup with meals.</p> <p>R5 was observed on 08/23/16 at the 5:30 PM meal to receive mechanically altered chicken, potatoes and a vegetable medley. Weighted utensils were observed as with an adaptive cup.</p> <p>R3 was also observed at 5:45 PM in the dining room of the facility. R3 used a scoop plate and a in the built up spoon to complete his meal.</p> <p>Review of R5's individual program plan (IPP), dated 2/22/16, R5 does not have an eating objective, nor is there a plan to reduce the need for his adaptive eating equipment.</p> <p>Review of R3's IPP, dated 03/01/16, also does not identify his adaptive eating equipment needed for independence.</p>	W 227			

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

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FORM APPROVED  
OMB NO. 0938-0391

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W 227	Continued From page 13 E16 (Qualified Intellectual Disability Professional - QIDP) was interviewed on 8/30/16 at 4:30 PM and confirmed that neither R3 nor R5 have an objective or an objective to reduce the need for the adaptive eating equipment during meals.  B) Record review for R2, R3 and R5 reveals consents signed by their guardians respectively giving consent for the activity cabinet to be locked on the wing due to theft.  R2's, R3's nor R5's IPPs identify how these individuals will regain access to the locked cabinet or how they are to be trained to access the cabinets Independently.  E16 (Qualified Intellectual Disability Professional -QIDP) was interviewed on 8/30/16 at 4:30 PM and stated no when asked fade out objectives were in place to fade out the lock on the activity cabinet. E16 went on to say that the activity cabinets have combination locks and that neither of R2, R3 nor R5 have training objectives to learn how access the activity cabinet.	W 227			
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility has failed to assure that individuals on the 400 wing hall are provided with opportunities for choice and self management when structuring their leisure time and to participate in training towards independence in meal preparation and laundry skills for 3 of 3 individuals in the sample from the 400 hall, (R2,	W 247		10/24/16	

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

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W 247	<p>Continued From page 14 R3 and R5).</p> <p>Findings include:</p> <p>At 4:15 P.M. R5 was observed standing in the atrium area of the facility talking to himself and holding onto a picture. R5 attempted to inform the surveyor who the persons were in the picture with no avail. R5 continued to pace the atrium area without intervention and redirection to an alternative activity until 4:45 P.M. R5 then left the area to take a shower.</p> <p>R2 was observed on 08/23/16 at 4:45 P.M. assisted by a staff to the atrium of the facility. R2 was assisted to sit on a bench and sat there until he was called for the 5:30 P.M. meal. No activities were offered during this 45 minute observation.</p> <p>R3 was observed in the television area of the 400 hall. The television room was devoid of any magazines and/or other activity items. R3 stated that he was watching television because there wasn't anything else to do. R3 proceeded to ask the surveyor what was scheduled for the 5:30 P.M. meal when he overheard the surveyor talking to his peers. When R3 was asked if he helps cook or set up for the evening meal, R3 shook his head. R3 sat in the television area of the 400 hall until he walked to the dining room at 5:25 P.M.</p> <p>R2's IPP (Individual Program Plan) dated 01/18/16 identifies that he functions at a Moderate level of Intellectual Disabilities with diagnosis of Down's Syndrome. Review of his consent forms dated 12/03/15 identifies that the activity cabinets are locked to prevent theft by</p>	W 247			

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

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W 247	Continued From page 15 others Further review of his IPP does not identify how R2 will regain access to the activity cabinet and/or training to teach him to independently access the locked cabinet.	W 247			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 2 of 2 individuals on unit 200 (R21 and R22) received continuous active treatment services.  Findings Include:  1) Review of the Individualized Program Plan (IPP) dated 10/08/15 documents R21 is a 58 year old male who functions at a Moderate Level of Intellectual Disability. Continued review of R21's IPP, dated 10/8/15, documents, " I attend (name of day training site) for day training services. However, I do not attend daily, often refusing to go and staying back in my room and resting in my bed during day training hours. " R21 's IPP documents, " Current Program Goals 3. Work Skill I will attend (name of day training) for a portion of the day, 1 time per week, with any	W 249		10/24/16	



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

PRINTED: 10/13/2016  
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W 249	<p>Continued From page 16</p> <p>assistance necessary for 4 sessions a month for 3-4 consecutive months. "</p> <p>During observation on 8/23/16 and 8/24/16 R21 was not observed attending day training. During interview on 8/24/16 at 10:50 AM E5 (Qualified Intellectual Disability Professional) stated, R21 does not attend day training and has been discharged from day training related to his refusal to go. E5 stated, " R21 does not have a schedule for the day. He comes to us or if we are doing something we offer to let him help. "</p> <p>2) Review of the Individualized Program Plan (IPP) dated 12/3/15 documents R22 is a 36 year old male who functions at a Profound Level of Intellectual Disability.</p> <p>During observation on 8/23/16 beginning at 1:45 PM R22 was observed in the television room in a recliner. R22 was observed in the same recliner in the television room until 4:28 PM on 8/23/16. During interview on 8/24/16 at 11:06 AM E5 (Qualified Intellectual Disability Professional) stated, R22 did not have orders for repositioning. E5 stated R22 did have a schedule that the staff was to follow.</p> <p>Review of R22 ' s daily schedule documents, at 12:30 PM R22 is to be taken to the wing after lunch and sit in the recliner in the television room. At 2:00 PM R22 is to be laid down. At 5:00 PM R22 is to be assisted into his wheelchair to go to dinner.</p> <p>Review of staff documentation on 8/23/16 R22 was documented in bed at 5:00 AM with no further documentation until 3:00 PM when R22 is documented to be in the recliner until 5:00 PM. When asked why the staff did not document or follow R22 ' s daily schedule, E5 stated, " There were new staff on that had to be trained. "</p>	W 249			

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W 316 W 316	Continued From page 17 483.450(e)(4)(ii) DRUG USAGE  Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a specific dosage amount of medication reduction used for behavior control, for 3 of 6 individuals, inside the sample, R3, R8 & R10.  Findings Include:  1. Review of the Physician's Orders sheet dated 09/01/16, R3 is a 57-year-old male functioning at a Moderate level of Intellectual Disability with diagnosis of Cerebral Palsy, Epilepsy, Stage IV B-Cell Lymphoma, Colostomy 03/27/13 and Depression. R3's Physician's Orders identifies that he receives Bupropion XL 300 mg (milligrams) once daily and Zoloft 150 mg for Depression. Review of the individual program plan (IPP), dated 03/01/16, R3 has an active treatment program to reduce incidents of defined behaviors associated with his diagnosis of depression. This plan states that staff are to watch for tearfulness, change in appetite, decrease in activities, increased irritability, fatigue, poor concentration and raising his fist. Further review of this program plan does not identify that the Bupropion medication is included within this plan. Additionally no medication reduction plan is included within the plan for either the Zoloft or the Bupropion. E16 (Qualified Intellectual Disability Professional -QIDP) was interviewed on 8/30/16 at 4:30 PM	W 316 W 316		10/24/16	

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W 316	Continued From page 18 and stated, "No" when asked if R3's active treatment program for behaviors associated with his depression included a medication reduction plan as appropriate.  2. The facility 'Behavior Management Plan', dated 12/17/15, identifies R8 as an individual who functions in the Moderate level of Intellectual Disabilities. The Behavior Management Plan additionally includes diagnoses of Bipolar Disorder and Generalized Anxiety Disorder.  During record review, R8 does not have evidence of a specific medication amount for his 'Reduction Plan.'  3. The facility 'Behavior Management Plan', dated 02/25/16, identifies R10 as an individual who functions in the Severe level of Intellectual Disabilities. The Behavior Management Plan additionally includes diagnosis of Intermittent Explosive Behavior / Aggression.  During record review, R10 does not have evidence of a specific medication amount in his 'Reduction Plan.'  During an interview with E6, Qualified Intellectual Disabilities Professional (QIDP), on 08/26/16 at 3:22 PM, E6 confirmed R8 & R10 did not have specific medication amount(s) documented in their 'Behavior Management Plan'.	W 316			
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.	W 322		10/24/16	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 322	Continued From page 19  This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure colon cancer screenings were completed for 4 of 4 (R3, R4, R7, and R9) individuals in the sample in need of colon cancer screenings.  Findings Include:  Review of the facility Resident Information sheet dated (2014) documents R9 is a 65 year old male who functions at a Profound Level of Intellectual Disability. Review of R9 ' s Individualized Program Plan, dated 11/9/2015, documents, " Colonoscopy could be attempted for screening purposes, however given his mental condition he is not likely to cooperate drinking enough volume of prep to result in good and acceptable colon exam. Spoke with (name of guardian) and she gave verbal consent not to proceed with the colonoscopy. " The CDC.gov website regarding Colorectal (Colon) Cancer states, "... Colorectal cancer affects men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older... Colorectal cancer screening saves lives. Screening can find precancerous polyps-abnormal growths in the colon or rectum-so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure...The U.S. Preventative Services Task Force recommends colorectal cancer screening for men and women ages 50 -75 using high sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or a	W 322			

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

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FORM APPROVED  
OMB NO. 0938-0391

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W 322	<p>Continued From page 20</p> <p>colonoscopy". This website goes on to state that, "Each screening test (for colorectal cancer) has advantages and disadvantages and each individual should talk with their doctor about the pros and cons of each test and how often to be tested. "</p> <p>During interview on 8/25/16 at 10:30 AM E8 (Licensed Practical Nurse) stated R9 did not have a colonoscopy and the facility had not put other monitoring in place for R9.</p> <p>During interview on 8/24/16 at 10:00 AM E1 (Administrator) stated the facility did not have a policy in place to monitor for colon cancer.</p> <p>2) Based on file review it was determined that R7 is a 67 year old male and has a diagnosis of Severe Intellectual disability, Downs Syndrome, Alzheimer's, Acid Reflux, Constipation &amp; GERD. R7 had his last IPP (Individual Program Plan) on 10/16/15.</p> <p>Review of R7's last annual physical dated 12/2/15; it was noted that R7 had Mild Leukopenia, Anemia (which was chronic) &amp; R7's colon had distention. Report noted R7's family had refused a colonoscopy in the past and R7 requires Colace &amp; Mirlax. Report noted residential facility was to conduct a family follow up to address the administration of a colonoscopy.</p> <p>Interview with E8 (RN) on 8/25/16 @ 1:30 PM. E8 confirmed the physical of 12/2/15 for R7. E8 was unable to provide any evidence of medical follow up to the 12/2/15 report. E8 stated the facility was in the process of obtaining a consent for a colonoscopy for R8 however was unable to provide any reproducible evidence to address the medical concern for R8.</p>	W 322			

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

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W 322	Continued From page 21  3) Based on file review it was determined R4 is a 57 year old male with a diagnosis of Moderate Intellectual Disability & Epilepsy. R4's last physical was dated 10/2/15 and noted requirement of an updated colonoscopy. Review of R4's medical record does not document evidence of a colonoscopy procedure for R4.  Interview with E8 (RN) on 8/25/16 @ 1:30 PM. E8 confirmed the physical of 10/2/15 for R4. E8 was unable to provide any evidence of medical follow up to the 10/2/15 report. E8 stated the facility was in the process of obtaining a consent for a colonoscopy for R4 and stated R4 had a colonoscopy in 2/12; however was unable to provide any reproducible evidence to address the medical concern for R4.  4) Review of the Physician Orders dated 09/01/16, R3 is a 57-year-old male functioning at a moderate level of intellectual disability with diagnosis of Cerebral Palsy, Epilepsy, Stage IV B-Cell Lymphoma and Colostomy 3/27/13.  General orders contained on the Physician Order Sheet states, Colonoscopy every 10 years for individuals 50 years or older and unless family history of colon cancer then more often or unless contraindicated from guardian.  Record review for R3 does not identify that a colonoscopy has been completed after the colostomy or prior to 03/27/13, or prior to this date.  E8 (Licensed Practical Nurse/LPN) was interviewed on 08/30/16 at 4:00 P.M. and initially	W 322			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 322	Continued From page 22 stated that R3 has a colostomy and would not require a colonoscopy. Subsequent interview with E8 at 4:30 PM - confirmed that R3 has not had a colonoscopy since his colostomy nor is one on file at the facility. During this interview E8 confirmed that the facility does not have specific orders or protocols governing the frequency of colonoscopies for individuals with colostomies.	W 322			
W 325	483.460(a)(3)(iii) PHYSICIAN SERVICES  The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.  This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure 3 of 10 (R1, R6, and R9) individuals in the sample had laboratory values drawn as ordered by the physician.  Findings Include:  1) Review of the Physician ' s Order Sheet, dated 8/1/16 to 8/31/16, documents R1 is a 60 year old male who functions at a Mild Level of Intellectual Disability and whose diagnoses include Seizure Disorder. Continued review of the Physician ' s Order Sheet documents an order for Keppra 500 milligrams take one tablet by mouth twice daily as well as an order for the Keppra level to be drawn every 6 months. Review of R1 ' s record documents a Keppra level was drawn in January of 2016. There is no evidence documenting another Keppra level.	W 325		10/24/16	

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OMB NO. 0938-0391

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W 325	<p>Continued From page 23</p> <p>2) Review of the Physician ' s Order sheet dated 8/1/16 to 8/31/16 documents R6 is a 50 year old male who functions at a Severe Level of Intellectual Disability. R6 ' s Physician ' s Order sheet continues to document an order for urine microalbumin to be done yearly. Review of R6 ' s record did not document evidence of a urine microalbumin.</p> <p>3) Review of the Physician ' s Order sheet dated 8/1/16 to 8/31/16 documents R9 is a 65 year old male who functions at a Profound Level of Intellectual Disability and whose diagnoses include Epilepsy. The Physician ' s Order Sheet documents an order for Valproic Acid 750 milligrams by mouth twice daily as well as an order for the Valproic acid levels to be drawn every 6 months. The Physician ' s Order Sheet continues to document an order for T4 and Vitamin D levels to be drawn annually. Review of R9 ' s record documents a Valproic acid level was drawn in January of 2016. R9 ' s record does not document other Valproic levels drawn. R9 ' s record does not document a T4 or Vitamin D level was drawn.</p> <p>During interview on 8/29/16 at 12:25 PM E8 (Licensed Practical Nurse) stated R1 and R9 ' s anti- seizure medication lab values had not been drawn every 6 months because the physician had changed the order but it had not been updated on the physician ' s order sheet. R9 ' s T4 and Vitamin D levels had been missed with the annual lab draw and R6 ' s urinalysis had been changed from annual to as needed 2 to 3 years ago by the physician but had not been updated on the Physician ' s Order Sheets. When asked if the facility had documentation to show the orders had been changed by the physician E8 stated the</p>	W 325			



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

PRINTED: 10/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

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W 325	Continued From page 24 order would be in archives since it was so long ago.	W 325			
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 record review, observation, and interview, the facility failed to ensure the individuals medicals needs were met, for 4 of 4 individuals, 1 inside the sample, (R9), and 3 individuals outside sample, (R11, R12, & R14), :  1. Nursing failed to ensure a 'Rounds Tool Form' was completed. 2. Nursing failed to Pharmacy Guidelines for medication administration. 3. Nursing failed to dental examinations completed.  Findings Include:  1. The Physicians Order Sheet, (POS), identifies R14 as an individual who functions in the Profound level of Intellectual Disabilities. The POS for R14 additionally documents diagnosis of Peripheral Vascular Disease, Aortic Regurgitation, and Ataxia.  The Nursing Notes, dated 08/24/16 at 3:23 PM for R14 documents '... left buttocks circular open are 0.4 cm (centimeter) x < 0.1 cm ... right buttocks oval open area 0.6 cm x 0.4 cm x < 0.1 cm ... R14 repositioned q (every) 2 hours ...'  The 'Rounds Tool', for R14 does not have	W 331		10/24/16	

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

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FORM APPROVED  
OMB NO. 0938-0391

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W 331	<p>Continued From page 25</p> <p>evidence of the following repositioning completed: 07/01/16 - 7 AM, 9 AM, 11 AM, 1 PM, 07/10/16 - 3 PM, 5 PM, 7 PM, 9 PM, 07/11/16 - 3 PM, 07/12/16 - 1 PM, 07/27/16 - 5 AM, 7 AM, 9 AM, 11 AM, 1 PM, 3 PM, 5 PM, 7 PM, 9 PM, 07/30/16 - 7 AM, 9 AM, 11 AM, 1 PM, 07/31/16 - 7 AM, 9 AM, 11 AM, 1 PM, 08/05/16 - 7 AM, 9 AM, 11 AM, 1 PM.</p> <p>During an interview with E5, Qualified Intellectual Disabilities Professional (QIDP), on 08/24/16, at 3:56 PM, E5 confirmed the undocumented areas for R14 on his repositioning form (Rounds Tool). E5 further stated the it is the the Direct Staff Personal who perform and document this job duty.</p> <p>2. The Physicians Order Sheet (POS), dated 07/29/16, identifies R11 as an individual who functions in the Severe level of Intellectual Disabilities. The POS for R11 additionally documents the diagnosis of Diabetes Mellitus. Furthermore, R11's POS documents R11 is to receive 'Metformin 500 MG (milligram) tablet, Take 1 tablet by mouth twice daily with food. The medication container for R11's Metformin documents 'Take 1 tablet by mouth twice daily with meals.'</p> <p>During the observed medication administration on, 08/24/16 at the 4 PM, R11 received his Metformin medication at 4:20 PM from E4, Licensed Practical Nurse (LPN), without food or meal.</p> <p>The Physicians Order Sheet (POS), dated</p>	W 331			

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W 331	<p>Continued From page 26</p> <p>07/29/16, identifies R12 as an individual who functions in the Mild level of Intellectual Disabilities. The POS for R12 additionally documents the diagnosis of DM (Diabetes Mellitus) Type II, OCD (Obsessive Compulsive Disorder), and Depression. Furthermore, R12's POS documents R12 is to receive 'Metformin 500 MG (milligram) tablet, Take 1 tablet by mouth twice daily ... , Glipizide 10 MG (milligram), Take 2 tablets (20 MG) by mouth twice daily, Carbamazepine 200 MG tablet, Take 2 tabs (tablets) (400 MG) PO (by mouth) every evening.'</p> <p>The medication container for R12's Metformin documents 'Take 1 tablet by mouth twice daily. Take this med (mediation) with a meal.' The medication container for R12's Glipizide 10 MG documents 'Take 2 tablets by mouth twice daily. Take 1/2 hour before meal.' The medication container for R12's Carbamazepine 200 MG documents 'Take 2 tablets by mouth every evening. Take with food.'</p> <p>During the observed medication administration on, 08/24/16, R11 received his Metformin medication at 4:23 PM from E4, Licensed Practical Nurse (LPN), without food or meal, or over 1/2 hour before the scheduled PM meal at 5:30 PM.</p> <p>During an interview with E3, LPN, on 08/25/16 at 1:40 PM, E3 confirmed the documented guidelines on the medication containers should have been followed regarding administering medications regarding food/meal and time ordered prior to meal.</p> <p>3. Review of the Resident Information sheet dated (2014) documents R9 is a 65 year old male</p>	W 331			

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W 331	Continued From page 27 who functions at a Profound Level of Intellectual Disability. Review of R9's dental note dated 8/12/2015 documents, "Patient needs an anti-anxiety pre-medication per staff and did not get order filled today before appt." R9's dental notes continue to document, "09/30/15 Patient would not open mouth. Was able to brush some teeth but otherwise wouldn't cooperate." "10/28/15 Was unable to do much today. Patient let me polish bottom teeth but would not open much. Will try again at next visit." "11/11/15 Unable to clean teeth today. Tried and polished the bottom teeth and a few top teeth. Try again at the next visit to home." "1/21/16 Pt (patient) present for exam. Pt non verbal for today's appointment. Very limited exam. Dr. could see lower anterior teeth. Pt does not sit well for dental appointments ...Pt should have continued help brushing and flossing from staff. Could not see well enough to determine OCS, Tissue WNL (within normal limits) No lymphatic swelling. We will attempt a cleaning with hygiene at her (sic) next visit ... " "3/21/16 Unable to clean patient's teeth today due to not having an anti-anxiety premed. No note in our notes of needing one but perhaps home thinks will cooperate for the cleaning better with one." "4/22/16 Patient came for exam but would not sit in chair for long or open much. Looked at lower anterior. Will try again at our next visit to home. Unsure if patient will cooperate for a full cleaning." "5/16/16 Patient came in for exam but would not open for more than polishing lower anterior teeth. Will try again at our next visit to facility." "7/5/16 Pt. came into the room and would not	W 331			

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

PRINTED: 10/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/08/2016</b>
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W 331	Continued From page 28 allow the dentist to do exam. Would clench his mouth. Staff attempted to help with no success." Review of R9's record did not document R9 receiving an anti-anxiety pre medication prior to dentist appointments as indicated in R9's dental notes. During interview on 8/25/16 at 10:30 AM E8 (Licensed Practical Nurse) stated R9's anti-anxiety pre-medication was missed after the pharmacy told them they could not have a routine order for the medication.	W 331			
W 369	483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 2 of 8 (R23 and R24) individuals inside the sample, and 2 individuals, R11 & R12, outside the sample by: 1) Not Receiving their medications per pharmacy guidelines 2) Not receiving medications as ordered by the physician.  Findings Include:  1) The Physicians Order Sheet (POS), dated 07/29/16, identifies R11 as an individual who functions in the Severe level of Intellectual Disabilities. The POS for R11 additionally documents the diagnosis of Diabetes Mellitus. Furthermore, R11's POS documents R11 is to receive 'Metformin 500 MG (milligram) tablet,	W 369		10/24/16	

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

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W 369	<p>Continued From page 29</p> <p>Take 1 tablet by mouth twice daily with food. The medication container for R11's Metformin documents 'Take 1 tablet by mouth twice daily with meals.'</p> <p>During the observed medication administration on, 08/24/16, R11 received his Metformin medication at 4:20 PM from E4, Licensed Practical Nurse (LPN), without food or meal.</p> <p>The Physicians Order Sheet (POS), dated 07/29/16, identifies R12 as an individual who functions in the Mild level of Intellectual Disabilities. The POS for R12 additionally documents the diagnosis of DM (Diabetes Mellitus) Type II, OCD (Obsessive Compulsive Disorder), and Depression.</p> <p>Furthermore, R12's POS documents R12 is to receive 'Metformin 500 MG (milligram) tablet, Take 1 tablet by mouth twice daily with food/meal, Glipizide 10 MG (milligram), Take 2 tablets (20 MG) by mouth twice daily, Carbamazepine 200 MG tablet, Take 2 tabs (tablets) (400 MG) PO (by mouth) every evening.'</p> <p>The medication container for R12's Metformin documents 'Take 1 tablet by mouth twice daily. Take this med (mediation) with a meal.'</p> <p>The medication container for R12's Glipizide 10 MG documents 'Take 2 tablets by mouth twice daily. Take 1/2 hour before meal.'</p> <p>The medication container for R12's Carbamazepine 200 MG documents 'Take 2 tablets by mouth every evening. Take with food.'</p> <p>During the observed medication administration on, 08/24/16 at the 4 PM, R11 received his Metformin medication at 4:23 PM from E4, Licensed Practical Nurse (LPN), without food or</p>	W 369			

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

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FORM APPROVED  
OMB NO. 0938-0391

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W 369	<p>Continued From page 30</p> <p>meal, or over 1/2 hour before the scheduled PM meal at 5:30 PM.</p> <p>During an interview with E3, LPN, on 08/25/16 at 1:40 PM, E3 confirmed the documented guidelines on the POS and the medication containers should have been followed regarding administering medications regarding food/meal and time ordered prior to meal.</p> <p>2) Review of the Physician ' s Order sheet dated 8/1/16 to 8/31/16 documents R23 is a 57 year old male who functions at a Severe Level of Intellectual Disability.</p> <p>During observation of the medication pass on 8/24/16 beginning at 12:20 PM E7 (Licensed Practical Nurse) was observed administering a Multivitamin and Omeprazole 20 milligrams to R23 at 12:42 PM.</p> <p>Review of the Physician ' s Order Sheet dated 8/1/16 to 8/31/16 documents R23 has the following physician ' s orders; "Multivitamin take one tablet by mouth once daily at 8:00 AM and Omeprazole 20 milligrams one tablet by mouth twice daily at 8:00 AM and 8:00 PM."</p> <p>Review of the Physician ' s Order Sheet, dated 8/1/16 to 8/31/16, documents R24 is a 60 year old male who functions at a Profound Level of Intellectual Disability.</p> <p>During observation on 8/24/16 beginning at 12:20 PM E7 (Licensed Practical Nurse) was observed administering Baclofen 20 milligrams and Prosource 30 milliliters to R24.</p> <p>Review of R24 ' s Physician ' s Order Sheet documents orders for Baclofen 20 milligrams one tablet by mouth four times a day at 8:00 AM, 12:00 PM, 5:00 PM, and 8:00 PM and liquid protein 30 milliliters three times daily at 8:00 AM, 5:00 PM, and 8:00 PM.</p> <p>During interview on 8/24/16 at 4:00 PM E7</p>	W 369			

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

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W 369	Continued From page 31 (Licensed Practical Nurse) stated when asked why R23 and R24 had received medications that were not ordered at 12:00 PM, " When someone doesn ' t get their medications before leaving the facility for day training, an outing, or an appointment they they get them when they get back. " When asked what they did if the time for the next dose overlaps with the missed dose of medication, E7 stated, " Then we adjust the next dose. " When asked if there were physician orders to support this E7 stated, " Yes, it is a standing order. "  Review of the Physician ' s Order Sheets documents, " May receive medications upon return to the facility from activity. "  Review of the facility titled " Medication Administration Policy ", dated 7/28/15, documents under " Administration: 8. Regularly scheduled medications shall be administered within 60 minutes before and after the indicated time, except in unusual circumstances. "	W 369			
W 440	483.470(i)(1) EVACUATION DRILLS  The facility failed to ensure medications were administered within the allowed time frame when they administered 8:00 AM medications to R23 and R24 with the 12:00 PM medication pass.  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to complete quarterly fire drills for all shift for 89 of the individuals residing in the facility.	W 440		10/24/16	



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 440	Continued From page 32  Finding Includes:  Review of the Facility Roster (Dated 8/23/16), There are 89 male individuals residing in the facility. 12 functioning in the mild range, 22 moderate, 29 severe and 25 in the profound range of Intellectual Disability and 9 individuals utilizes a wheelchair for mobility.  Review of the fire drills, total evacuation were completed on the 1st on 7/20/16, 2nd shift on 6/29/16 and a 3rd shift on 7/26/16. There was no reproducible evidence that other drills were completed throughout the year.  Interview with E1 (Administrator) on 8/24/16 at 2:00 PM, E1 stated clients only participate in total evacuation drills. E15 (Maintenance Man) gives verbal instructions throughout the year to staff on conducting the drill. Training does not include client participation.	W 440			
W 441	483.470(i)(1) EVACUATION DRILLS  The facility must hold evacuation drills under varied conditions.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to complete disaster drills on all shifts for the 89 individuals (R1-R89) who resided in the facility.  Finding Includes:  Review of the Facility Roster (Dated 8/23/16),	W 441		10/24/16	

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

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W 441	Continued From page 33 There are 89 male individuals residing in the facility. 12 functioning in the Mild range, 22 Moderate, 29 Severe and 25 in the Profound range of Intellectual Disability. 9 individuals utilizes a wheelchair for mobility.	W 441			
W 463	Interview with E1 (Administrator) on 8/25/16, E1 was unable to produce any reproducible evidence that the facility completed disaster drills on each shift. The last disaster drill completed by the facility occurred on 3/20/15.  483.480(a)(4) FOOD AND NUTRITION SERVICES  The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets.  This STANDARD is not met as evidenced by: Based on file review, staff interview and observations the facility failed to ensure all modified diets are served during meals for 1 of 2 (R7) individuals in the sample on the 500 wing of the residential facility. Findings include:  1. Based on file review it was determined that R7 is a 67 year old male and has a diagnosis of Severe Intellectual Disability, Downs Syndrome, Alzheimer's & GERD. R7 had his last IPP (Individual Program Plan) on 10/16/15 and was noted to require a mechanical LCS diet for all meals. IPP noted R7 had a past choking episode (no date stated) that required a modification to his diet at that time. R7's last "Nutrition Recommendation" assessment dated 12/10/15 confirmed R7's	W 463		10/24/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>BROTHER JAMES COURT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2508 ST. JAMES ROAD SPRINGFIELD, IL 62707</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 463	<p>Continued From page 34 current diet order of LCS w/mechanical soft dietary items.</p> <p>Review of residential facility menu for 08/16-8/23/16 R7 was to receive grilled cheese sandwich (cut in quarters), tomato soup, wax beans, crackers, chilled pears &amp; milk for the noon meal.</p> <p>Observations on 8/23/16 from 11:45 AM-12:45 PM it was observed that R7 served himself a whole grilled cheese sandwich from a serving dish provided by residential staff. R7 was observed to attempt to take several bites of the served sandwich during various observations. Staff was noted to observe R7 with difficulty consuming the sandwich and later assisted R7 to cut the sandwich with his spoon.</p> <p>Interview with E14 (Dietary Manager) on 8/25/16 @ 1:00 PM. E14 confirmed R7's current diet order as stated in the IPP. E14 stated that R7's sandwich was to be quartered due to a past choking episode and staff should have quartered the sandwich prior to R7 consuming the sandwich.</p>	W 463			