

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

PRINTED: 09/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2015
NAME OF PROVIDER OR SUPPLIER COLONIAL APARTMENTS			STREET ADDRESS, CITY, STATE, ZIP CODE 920 WEST FOURTH CENTRALIA, IL 62801		
(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	W 000			
W 455	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL</p> <p>LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.470(I)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that proper infection control measures were utilized during administration of medication which affected 2 individuals. 1 individual in the sample (R2), and 1 individual outside sample (R5) by:</p> <p>1. Not placing the cap of the eye drop bottle correctly during administration of eye drops.</p> <p>Findings Include:</p> <p>R2 is identified by the Resident Roster undated as as an individual who functions at the Moderate Level of Individuals with Intellectual Disabilities.</p> <p>R5 is identified by the Resident Roster undated as an individual who functions at the Mild Level of Individuals with Intellectual Disabilities.</p> <p>On 9/1/15 at 3:15 PM during medication administration R2 was administered eye ointment by E1 Direct Staff Person, (DSP), removed the</p>	W 455			

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

TITLE

(X6) DATE

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 455	<p>Continued From page 1</p> <p>cap from the tube of eye ointment and placed the cap of the eye ointment on countertop. The cap of the eye ointment was in an upright position with the area which would be returned to bottle for closure was directly on the counter top, not placing it on a clean area on its side.</p> <p>On 9/1/15 at 3:50 PM during medication administration R5 was administered eye drops by E1 Direct Staff Person, (DSP), removed the cap from the bottle of eye drops and placed the cap of the eye drop bottle on countertop. The cap of the eye drops was in an upright position with the area which would be returned to bottle for closure was directly on the counter top, not placing it on a clean area on its side.</p> <p>On 9/1/15 at 4:16 PM during interview with E1 Direct Staff Person, (DSP). E1 DSP was asked how E1 DSP was taught to place the medication cap on eye drops and eye ointment. E1 DSP stated, "I don't know, not the way that I did it. I should have kept the cap in my hand."</p> <p>Record review from the Clinical Center Nation Institutes of Health dated 6/08 http://www.cc.nih.gov/ page 1 #3. "Remove the cap of the eye drop bottle. Place the dropper cap on its side, and rest it on a clean tissue."</p>	W 455			