

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

PRINTED: 10/19/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLONIAL APARTMENTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 WEST FOURTH CENTRALIA, IL 62801</b>		
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W 000	INITIAL COMMENTS	W 000			
W 130	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that privacy was provided for 1 of 1 individuals in the sample (R4) who was observed changing his clothes.</p> <p>Findings Include:</p> <p>Resident Roster identifies R4 as a 52 year old individual who functions at the profound level of intellectual disabilities.</p> <p>Observation on 10/13/16 from 6:35 AM- 9:45 AM, E4/ Direct Support Person prompted R4 to brush his teeth at 7:47 AM. At 7:50 AM, R4 was in his room changing into his day clothes (that had been provided by staff) with his door open and window shade to his window raised. R4's window faces a busy road. R4's window has a locked non breakable clear covering over his window. The window shade is between the window and the locked locked cover.</p>	W 130			

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 130	Continued From page 1 In an interview with E2/Qualified Intellectual Disability Professional on 10/13/16 at 8:10 AM, surveyor reported the observation of R4 changing his clothes in his room with his door open and the window shade raised. E2 stated, "The blind should have been down and the door closed.	W 130			
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 interview and record review, the facility failed to ensure individual program plan with a specific objective and method, to address the current dental recommendations for 2 of 2 individuals, inside the sample, R1 & R3.  Findings Include:  1. The facility 'Resident Roster', undated identifies R1 as an individual who functions in the Mild level of Intellectual Disabilities.  During record review, R1 was seen by the dentist on 09/13/16. The dentist consult sheet documents 'R1 recommended ... brush (teeth) at least twice a day, floss daily, utilize a soft toothbrush...' During review of R1's record, there was no evidence present this recommendation by the dentist has been followed.	W 227			

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W 227	Continued From page 2 During an interview with E2, QIDP (Qualified Intellectual Disabilities Professional), on 10/13/16 at 11:47 AM, E2 confirmed R1's programing has not been changed to include this dental recommendation.  2. The facility 'Resident Roster', undated identifies R3 as an individual who functions in the Severe level of Intellectual Disabilities.  During record review, R3 was seen by the dentist on 08/22/16. The dentist consult sheet documents 'R1 recommended ... brush (teeth) at least twice a day, floss daily, soft toothbrush... plague and calculus, food trap...' During review of R3's record, there was no evidence present this recommendation by the dentist has been followed.  During an interview with E2, QIDP (Qualified Intellectual Disabilities Professional), on 10/13/16 at 11:47 AM, E2 confirmed R3's programing has not been changed to include this dental recommendation.	W 227			
W 336	483.460(c)(3)(iii) NURSING SERVICES  Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to complete quarterly nursing assessments for 4 of the 4 individuals in the sample, R1, R2,	W 336			

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W 336	<p>Continued From page 3 R3, &amp; R4.</p> <p>Findings Include:</p> <p>1. The facility 'Resident Roster', undated identifies R1 as an individual who functions in the Mild level of Intellectual Disabilities.</p> <p>During record review the facility had no evidence of a thorough Nursing Assessment completed for 06/16 for R1.</p> <p>2. The facility 'Resident Roster', undated identifies R2 as an individual who functions in the Moderate level of Intellectual Disabilities.</p> <p>During record review the facility had no evidence of a thorough Nursing Assessment completed for 06/16 for R2.</p> <p>3. The facility 'Resident Roster', undated identifies R3 as an individual who functions in the Severe level of Intellectual Disabilities.</p> <p>During record review the facility had no evidence of a thorough Nursing Assessment completed for 06/16 for R3.</p> <p>4. The facility 'Resident Roster', undated identifies R4 as an individual who functions in the Profound level of Intellectual Disabilities.</p> <p>During record review the facility had no evidence of a thorough Nursing Assessment completed for</p>	W 336			

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W 336	Continued From page 4 06/16 for R1.	W 336			
W 370	<p>During an interview with E2, QIDP (Qualified Intellectual Disabilities Professional), on 10/13/16 at 1:32 PM, E2 confirmed the nursing assessments for 06/16 for R1, R2, R3, &amp; R4 were not completed</p> <p>483.460(k)(3) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to follow the guidelines under state law as written in Section 116 ADMINISTRATION OF MEDICATIONS for 14 of 15 individuals (R1-R6 and R8-R15) by their failure to:</p> <ol style="list-style-type: none"> <li>1. Ensure Authorized Direct Support Staff documented the administration of medications immediately after they were administered to R1-R6 and R8- R15.</li> <li>2. Ensure Authorize direct care staff received training in the change of a medication for R3 by an Authorized Registered Nurse Trainer.</li> <li>3. Ensure R10's medications match the Medication Administration Record.</li> </ol> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>1. Resident Roster (no date) identifies the following: R1, R11, R12, R13 and R14 function at the mild</li> </ol>	W 370			

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W 370	<p>Continued From page 5</p> <p>level of intellectual disabilities. R2, R6, R8, R9 and R10 function at the moderate level of intellectual disabilities. R3 and R5 function at the severe level. R4 and R15 function at the profound level of intellectual disabilities.</p> <p>On 10/13/16 surveyor arrived to the facility at 6:35 AM to observe the 7:00 AM medication administration and morning meal. In interview with E3/ Authorized Direct Support Person on 10/13/16 at 6:35 AM, E3 informed surveyor that she had completed the 7:00 AM medication administration. Surveyor requested the electronic Medication Administration Records and the time the medications had been administered.</p> <p>Review of R1- R15's Medication Administration Records (electronic/ dated 10/1/16- 10/31/16) R1-R6 and R8- R15 all have prescribed 7:00 AM oral medications. There was a total of 105 oral medications for the 7:00 AM medication pass.</p> <p>Activity Tracking (electronic record of the time the 10/13/16 (7:00 AM) administered medications had been administered) documented that R1-R6 and R8- R15 had received their 7:00 AM medications from 6:29 AM - 6:34 AM.</p> <p>In an interview with E3 on 10/13/16 at 10:30 AM, E3 stated, "I got here at 6:00 AM, they (night staff) had all the individual up and were bringing them in one after the other. I clicked on every med when I was giving. I didn't want to submit until after all the meds were given. I wanted to double check the meds before I submitted. E3 confirmed that she did not document that she had administered each individuals medications immediately after they were given.</p>	W 370			

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W 370	<p>Continued From page 6</p> <p>Part 116 Administration of Medication in Community Settings (undated) states the following:</p> <p>Section 116.70 Medication Administration Record and Required Documentation (no date) states the following:</p> <p>3) The medication administration record shall be completed and initialed immediately after the medication is administered by the authorized direct care staff.</p> <p>2. The facility 'Resident Roster', undated identifies R2 as an individual who functions in the Severe level of Intellectual Disabilities.</p> <p>During record review, R3 was order ed by the physician and received 'Acyclovir 800 mg (milligrams) from 07/06/16 thru 07/11/16 three times a day. Additionally during record review, no evidence was present for the ADSP (Authorized Direct Staff Person) being trained by the RN TR (Registered Nurse Trainer) for this medication.</p> <p>During an interview with E2, QIDP (Qualified Intellectual Disabilities Professional), on 10/13/16 at 11:47 AM, E2 confirmed the facility had no evidence of the the RN TR training the ADSP's for administration of this medication.</p> <p>Section 116.40 Training and Authorization on Non-licensed Staff by Nurse Trainers (no date) states the following:</p>	W 370			

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W 370	<p>Continued From page 7</p> <p>a) Only a nurse-trainer may delegate and supervise the task of medication administration to direct care staff.</p> <p>6)receive specific additional competency-based training and assessment by a nurse-trainer as deemed necessary by the nurse-trainer whenever a change of medication or dosage occurs or a new individual that requires medication enters the program.</p> <p>3. The facility 'Resident Roster', undated identifies R10 as an individual who functions in the Moderate level of Intellectual Disabilities.</p> <p>During the observed medication administration on 10/14/16 at 4:00 PM, R10 received two Divalprox , tab (tablets) each tablet being 250 mg.</p> <p>The Medication Administration Record Sheet (MARS) for R10 states that R10 is to receive one tablet of 500 mg of Divalprox.</p> <p>During an interview with E3, ADSP, on 10/13/16 at 12:52 PM, E3 confirmed that R10's MARS state to administer 1 tablet of 500 mg of Divalprox, but receives two 250 mg tablets of Divalprox.</p> <p>Section 116.100 Quality Assurance (no date) states:</p> <p>a) A registered professional nurse, advanced practice nurse, licensed practical nurse, pharmacist or physician shall review the following for all individuals:</p>	W 370			



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W 370	Continued From page 8 1) medication orders:  2) medication labels and medications listed on the medication administration record to ensure that they match physician orders; Section 116.20 Definitions (no date) states:  "Authorized direct care staff." Non-licensed persons who have successfully completed a medication administration training program specified by the Illinois Department of Human Services (DHS) and conducted by a nurse-trainer.  "Nurse-trainer." A registered professional nurse and/or advanced practice nurse who has successfully completed the DHS (Department of Human Services) nurse-trainer training program.	W 370			