

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

PRINTED: 07/05/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>EFFINGHAM TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 SOUTH THIRD STREET EFFINGHAM, IL 62401</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	W 000		
W 104	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE 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 observation, interview and record review, the facility failed to ensure a system that provides for safe transport of individuals to and from the day training site, for 14 of 14 individuals of the facility (R's 1-14).</p> <p>Findings include:</p> <p>1. In review of an undated facility roster that validates level of functioning, There are 14 individuals who reside in the facility. R's 1, 6, 7, 12 and 14 function in the mild range of mental retardation. R's 2, 5, 8, 9, 10 and 13 function in the moderate range of mental retardation. R's 3 and 11 function in the severe range of mental retardation. R4 functions in the profound range of mental retardation.</p> <p>Per observations at the facility on 6/21/2012 between 3:30 -6:00 p.m., R5 requires a walker and gait belt or wheelchair for safe ambulation. R14 requires a walker for safe ambulation, and R10 requires a walker and gait belt for safe ambulation. R10 also has an oxygen</p>	W 104		
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 104	<p>Continued From page 1</p> <p>concentrator that accompanies her to the day training site (per E1 - 6/26/2012, at 3:51 p.m.).</p> <p>Per the Inspection of Care form completed by the facility on 6/21/12, R's 3 and 14 have Seizure diagnoses.</p> <p>R's 1, 2, 4, 5, 7, 11 and 13 are on behavior management programs and require psychotropic medications (undated facility roster that validates level of functioning/behavior programs and psychotropic medication/s). A review of R2 (8/5/11), and R4's (3/22/12) behavior management programs document the maladaptive behavior of physical aggression. R2's physical aggression is defined as slamming doors and throwing. R4's physical aggression is defined as hitting, punching with a closed fist, pushing, headbutting and scratching others. R4 also has self injurious behaviors defined as biting, punching self with closed fist, scratching self on chest and hitting arm with fist. R4 also has behaviors regarding environmental disruption, defined as property destruction, throwing things, upending, throwing or shoving her plate at mealtimes and slamming doors.</p> <p>In a 6/21/12, 12:30 p.m. interview with E1 (Administrator), E1 stated that the individuals are transported to the day training sites on the mass transit vehicle. E1 further confirmed that no staff from the facility or day training site accompany the individuals during transport.</p> <p>In a 6/26/12, 10:00 a.m. interview with E1, E1 confirmed that the facility does not have a transportation policy.</p>	W 104			
W 460	483.480(a)(1) FOOD AND NUTRITION	W 460			

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W 460	<p>Continued From page 2 <b>SERVICES</b></p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure thickened liquids were provided as per physician orders for 1 of 2 individuals who have physician orders for thickened liquids (R5).</p> <p>Findings include:</p> <p>1. In review of R5's 10/6/11 Individual Service Plan (ISP), R5 functions in the moderate range of mental retardation. Her 9/9/11 Scales of Independent Behavior- Revised (SIB-R), documents her overall age equivalent at 4 years and 2 months. Additional medical diagnoses (10/6/11 ISP), includes Gastroesophageal Reflux Disease (GERD) and stroke.</p> <p>Per an addendum to the 10/6/11 ISP, R5 had a bed side swallow evaluation on 5/9/12. From this evaluation, it was determined that R5 would need thickened liquids, nectar consistency. The physician was notified and the order was given to begin the thickened liquids the same day. This same note states that R5 is monitored during all meals times for signs of choking.</p> <p>On 6/21/12, the p.m. meal was observed to begin at 5:30 p.m. R5 received two liquids, milk and water. The water glass was clear and did not appear to have been thickened. A staff person</p>	W 460			

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W 460	Continued From page 3 was observed to pour milk from a container directly into R5's other glass, and use this container to pour milk into other individual's glasses. There was no thickener in R5's glass prior to the milk being poured for her.  Surveyor notified E1 (Administrator) that R5's liquids had not been thickened. E1 checked both if R5's liquids (5:45 p.m., 6/21/12), and agreed that the liquids had not been thickened. E1 then removed both glasses, took them to the kitchen where R5's liquids were thickened and returned to her.	W 460			