

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

PRINTED: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/05/2015
NAME OF PROVIDER OR SUPPLIER GAINES MILL PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3310 GAINES MILL ROAD SPRINGFIELD, IL 62704		
(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 322}	<p>M/PV - FIRST CERTIFICATION FOLLOW UP TO SURVEY OF 10/02/14.</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Repeat</p> <p>Based on record review and interview the facility has failed to provide preventative services, for 1 of 1,(R3) in the sample, by their failures to ensure:</p> <p>1. Monitoring of Pap (Papanicolau smear) screening for 1 of 1 female individuals in the sample (R3).</p> <p>2. Urologist Consultation (dated 7/7/14) identifies a history of Urinary Tract Infections. has the following recommendations:</p> <p>Findings Include:</p> <p>The Physician's Orders Sheet (POS), dated 1/29/15, identifies R3 as a 42 year old individual who functions at the Moderate level of Intellectual Disabilities. The POS also states R3 is to receive a PAP every two years ... The POS also states R3 has a history of Urinary Tract Infections.</p> <p>1. In review of R3's consultations (10/02/14 - 02/05/15) there was no written evidence that R3</p>	{W 322}			

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.

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

PRINTED: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/05/2015
NAME OF PROVIDER OR SUPPLIER GAINES MILL PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3310 GAINES MILL ROAD SPRINGFIELD, IL 62704		
(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 322}	Continued From page 1 has had a gynecological exam or a Pap smear. a Consult Report, dated 10/06/14, signed by Z1, Physician, states "PAP smear - unable to obtain due to pts (patients) mental condition. This is ok per mother's request. Pt (patient) does not want to have one at his time." A Consultation Report, dated 10/21/14, by Urological Physician, Z3, states R3 is to: 1. Avoiding holding urine for long time Try to void every 3 hours 2. Ensure adequate fluid intake daily 3. No fluid intake 2-3 hours before bedtime During an interview with E1, Direct Staff Person (DSP), on 02/05/15 at 2:10 PM, E1 confirmed that R3 has not received a PAP screening. During an interview with E1, Direct Staff Person (DSP), on 02/05/15 at 2:07 PM, E1 could not produce any evidence of the urologists recommendations being followed for R3. During a telephone interview on 02/05/15/ at 3:09 PM, with Z3's, (Urological Physician) Registered Nurse, Z2, Z2 confirmed the physician recommendations of 10/21/14 and stated these recommendations were still in effect for R3. Z2, Registered Nurse, further stated R3's record did not contain a discontinue order for these recommendations.	{W 322}			
{W 356}	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care	{W 356}			

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

PRINTED: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/05/2015
NAME OF PROVIDER OR SUPPLIER GAINES MILL PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3310 GAINES MILL ROAD SPRINGFIELD, IL 62704		
(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 356}	<p>Continued From page 2</p> <p>needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Repeat</p> <p>Based on record review and interview the facility failed follow up on the dental recommendations for 1 of 1 individuals, in the sample, (R1) who is in need of dental work.</p> <p>Findings Include:</p> <p>The Physician's Order Sheet (POS), dated 01/29/15, identifies R1 as a 24 year old individual who functions at the Profound level of Intellectual Disabilities.</p> <p>The Dental Consultation Report, dated 02/18/14) states, "Patient was not cooperative for exam - could not diagnose today. Oral sedation to complete exam + (and) diagnose so treatment can be accomplished"</p> <p>During an interview with E1, Direct Staff Person (DSP), on 02/05/15 at 2:19 PM, E1 confirmed that R1 has not been seen by the dentist since 02/18/14.</p>	{W 356}			