

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

PRINTED: 10/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GAINES MILL PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3310 GAINES MILL ROAD SPRINGFIELD, IL 62704</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  Annual Certification Survey-Fundamental  Annual Licensure	W 000			
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on record review and interview the facility has failed to provide preventative services by their failures to ensure:  1. Monitoring of Pap (Papanicolau smear) screening for 1 of 1 female individuals in the sample (R3).  2. Follow up to Urologist recommendations for 1 of 1 individuals in the sample (R3) who has history of Urinary Tract Infections.  Findings Include:  Physician's Orders/ POS (dated 9/1/14- 9/30/14) identifies R3 as a 42 year old individual who functions at the Moderate level of Intellectual Disabilities. The POS also states R3 has a history of Urinary Tract Infections.  1. In review of R3's consultations ( 9/13- 10/14) there was no written evidence that R3 has had a gynecological exam or a Pap smear. There was an untitled document (dated 9/26/12) signed by	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.

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W 322	<p>Continued From page 1</p> <p>Z1/ Primary Physician that states, "R3 is not sexually active, is a low risk for cervical cancer and is unable to tolerate a speculum exam due to developmental disabilities. Risk of procedure outweigh the benefits."</p> <p>In an interview with E1/ Administrator on 10/1/14 at 3:15 PM, when asked by surveyor when R3's last Pap smear had been done, E1 stated, "I don't know when her last Pap was done." E1 confirmed that R3 was admitted to the facility 1/30/1998. E1 confirmed she was unable to provide when R3's last Pap/ gynecological exam has been done.</p> <p>2. Urologist Consultation (dated 7/7/14) identifies a history of Urinary Tract Infections. has the following recommendations:</p> <p>Voiding Diary</p> <p>Timed voiding every 3 hours (need to tell her to go)</p> <p>Make sure she is emptying as much as possible</p> <p>Ensure drinking about 60 (ounces) of fluid a day</p> <p>Cranberry juice 8 (ounces) per day is good</p> <p>Minimize fluid intake in the last 2 hours before bed</p> <p>Try to wake up at night after 2- 3 hours of sleep to void</p> <p>Make sure she is able to void before bedtime</p> <p>Urologist Consultation (dated 8/19/14) has the following recommendations:</p>	W 322			

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W 322	Continued From page 2  1. Avoiding holding urine for long time  2. Try to void every 3 hours  3. Not to drink 3 hours before bedtime  4. Drink 60 - 70 (ounces) daily  In an interview with E3/ Direct Support Person and E1/ Administrator on 10/2/14 at 10:40 AM, when asked if R3 was on a schedule to void, E3 stated, " She's able to go on her own. " When asked if there was a formal program to prompt R3 to void every 3 hours and to wake her up 2- 3 hours after she falls asleep, E3 stated "We get her up at night." E3 confirmed she was unable to provide reproducible evidence that the facility is following all of the recommendations by the urologist.	W 322			
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT  The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed follow up on the dental recommendations for 1 of 1 individuals in the sample (R3) who is in need of dental work.  Findings Include:	W 356			

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W 356	Continued From page 3 Physician's Orders/ POS (dated 9/1/14- 9/30/14) identifies R3 as a 42 year old individual who functions at the Moderate level of Intellectual Disabilities.  Dental Consultation Report (dated 5/8/14) states, "Generalized caries (cavities) (patient) not able to complete dental work in office." The report also states, " Findings; Patient has multiple teeth that need restored. Recommendations: Outpatient hospital (local hospital)."  In an interview with E1/ Administrator on 10/1/14 at 10:10 AM, when asked if the facility has followed the dental recommendations, E1 stated, "We are working on it." E1 confirmed that R3 has not had the dental work completed and was unable to provide reproducible evidence that the facility has addressed the dental recommendations.	W 356			
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on record review and observation, the facility failed to provide nectar thick liquids for 1 of 2 (R5) individuals who are prescribed a specially prescribed diet.  Findings Include:  Review of R5's POS (Physician's Order Sheet) of 9/1/14 to 9/30/14, R5 is ambulatory verbal male	W 460			

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W 460	<p>Continued From page 4</p> <p>who functions in the Moderate Range of Intellectual Disabilities with additional diagnosis of Barret's Esophagus, Major Depression with Anxiety Psychosis and Gastroesophageal Reflux Disease (Gerd).</p> <p>Review of nursing note of 7/2/14, A swallow study was performed on R5, after episodes of coughing and choking. Findings were silent aspiration with thin liquids, no aspiration with nectar thick.</p> <p>Observation of the medication pass on 9/30/14 at 4:30pm, E2 (Direct Support Person) offered E5 a cup of water with his medication. E5 was observed to gag while drinking the water.</p> <p>R5 was observed at the 5:30pm meal on the same day. R5 received skim milk and water at the meal.</p> <p>Staff was not observed to thicken R5's liquids during the medication pass or the evening meal as recommended to avoid coughing or choking.</p>	W 460			