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

PRINTED: 10/27/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G167	B. WING _		 	10,	/20/2016	
NAME OF PROVIDER OR SUPPLIER GAINES MILL PLACE			,	331	REET ADDRESS, CITY, STATE, ZIP CODE O GAINES MILL ROAD RINGFIELD, IL 62704			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	3	w c	000				
	ANNUAL CERTIFIC FUNDAMENTAL	ATION SURVEY -						
	INSPECTION OF CA	ARE						
W 262	LICENSURE SURVE 483.440(f)(3)(i) PRO CHANGE	EY GRAM MONITORING &	W 2	262				
	monitor individual pro inappropriate behavi	Id review, approve, and ograms designed to manage or and other programs that, committee, involve risks to rights.						
	Based on record rev failed to ensure writte constituted committe medications used to	control behaviors for 2 of 2 nple who take psychotropic						
	Findings include:							
	2016 shows he is a 5 diagnoses which incl Disability, Atypical Ps							
	Lithium Carb 600 mil Lithium Carb 900 mil Consultation Report	s his physician has ordered ligrams every morning and ligrams at bedtime. A has this medication dosage n 3/31/16. This medication						
LABORATORY	 DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATU	JRE		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.

Facility ID: IL6010235

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		14G167	B. WING			10/	20/2016
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 262	Continued From page 1 was increased from a previously prescribed dosage of 600 milligrams in the morning and 600 milligrams in the evening. During an interview with E1, Qualified Intellectual Disability Professional (QIDP) on 10/19/16 at 11:57am, E1 confirmed R1's Lithium Carb dosage as written on the October 2016 POS. E1 was asked if he could provide a consent signed by the specially consitituted committee to approve this medication increase. E1 stated no. 2) R4's Physician Order Sheet (POS) for October 2016 shows he is a 64 year old male who has diagnoses which include Profound Intellectual Disability, Blindness, and Agitation with Self Injurious Behavior. An October 2016 POS for R4 shows he is prescribed 1.5 milligrams of Risperidone for Bipolar Disorder. During an interview with E1 on 10/19/16 at		W	262			
W 263	2:35pm, E1 confirmed milligrams of Risperiod E1 was asked if he co signed by the speciall 1.5 milligrams of Risp bedtime. E1 stated not 483.440(f)(3)(ii) PRO CHANGE The committee should are conducted only w	d R4 currently takes 1.5 one each day at bedtime. buld provide a consent by consitituted committee for eridone to be given daily at b. GRAM MONITORING & d insure that these programs ith the written informed parents (if the client is a	W	263			

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		14G167	B. WING			0/20/2016	
NAME OF PROVIDER OR SUPPLIER GAINES MILL PLACE		•	STREET ADDRESS, CITY, STATE, ZIP CO 3310 GAINES MILL ROAD SPRINGFIELD, IL 62704				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 263	Continued From pag	e 2	W	263			
	Based on record revisited to ensure guar for medications used 2 individuals in the samedications (R1, R4). Findings include: 1) R1's Physician On 2016 shows he is a 8 diagnoses which included bisability, Atypical Psyndrome and Probact R1's POS also show Lithium Carb 600 mil Lithium Carb 900 mil Consultation Report written and signed or was increased from a dosage of 600 milligr milligrams in the every During an interview we Disability Professions.	der Sheet (POS) for October 62 year old male who has ude Mild Intellectual sychosis, Asperger's able Bipolar Disorder. Is his physician has ordered ligrams every morning and ligrams at bedtime. A has this medication dosage in 3/31/16. This medication a previously prescribed ams in the morning and 600 ning. In the morning and 600 ning.					
	signed by R1, who is	ould provide a consent his own guardian, to ion increase. E1 stated no.					
	2016 shows he is a 6 diagnoses which incl	der Sheet (POS) for October 34 year old male who has ude Profound Intellectual and Agitation with Self					

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NAME OF PROVIDER OR SUPPLIER GAINES MILL PLACE				STREET ADDRESS, CITY, STATE, ZIP COL 3310 GAINES MILL ROAD SPRINGFIELD, IL 62704)E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 263	Bipolar Disorder. During an interview was 2:35pm, E1 confirmed milligrams of Risperio E1 was asked if he configuration consent for Risperidone to be givestated no. 483.470(i)(1) EVACU The facility must hold quarterly for each ship	S for R4 shows he is ams of Risperidone for with E1 on 10/19/16 at d R4 currently takes 1.5 done each day at bedtime. Sould provide a signed 1.5 milligrams of en daily at bedtime. E1 ATION DRILLS evacuation drills at least ft of personnel.	W 26	63		
	Based on record revialled to ensure evacuaterly for each shi 15 of 15 individuals with (R1-R15). Findings include: An undated facility robeginning of the surving R6, R11, R12, R13, Filevel of Mild Intellecture R8 function at the levial Disability; R3 function Intellectual Disability	ster provided at the ey on 10/18/16 shows R1, R14 and R15 function at the lal Disability; R2, R5, R7 & el of Moderate Intellectual is at the level of Severe				

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W 440	drills for the past year evacuation drill for firs quarter or for third shi E2, Administrator was 10:30am and E1, Qua Professional confirme	disaster and evacuation did not include any type of st shift during the first fft during the fourth quarter. sinterviewed on 10/19/16 at alified Intellectual Disability do n 10/19/16 at 12pm ne time periods requested	W 4-	40		