

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

PRINTED: 04/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G140</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/21/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HIGHVIEW TERRACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 NORTH HIGH STREET PARIS, IL 61944</b>			
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W 000	INITIAL COMMENTS			W 000			
W 189	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that nursing services provided education and training to staff in regards to 1 of 4 individuals in the sample (R3) who is diagnosed with Pulmonary Hypertension and requires use of an oxygen concentrator continuously.</p> <p>Findings Include:</p> <p>In review of an Individual Service Plan (ISP), dated 4/24/13, R3 is a 46 year old female who is diagnosed with Mild Intellectual Disabilities and Pulmonary Hypertension. The same document also states that R3 uses an oxygen concentrator for continuous oxygen supply set at 2 liters.</p> <p>Per a document titled In-Service Education/Meeting Report, dated 3/20/13, a representative from the pharmacy "reviewed care and use of R3's oxygen machine". Same document has 11 signatures of staff that were present.</p> <p>Per a document titled In-Service</p>			W 189			

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 189	<p>Continued From page 1</p> <p>Education/Meeting Report, dated 2/19/14, objectives being taught include R3's "tubing on oxygen concentrator should be changed monthly and oxygen concentrator should also be cleaned, free of dust monthly". There is no Instructor listed and no Instructor Signature on document.</p> <p>During an interview on 2/19/14, at 1:00 PM, when asked if there was any training offered to staff regarding R3's oxygen concentrator maintenance or use, E5 (Direct Service Person - DSP) stated no, that she did not know anything about it and thinks R3 just takes care of it by herself. E5 later found some oxygen tubing in the medication room and stated she had never seen it before and would not know how to ensure R3 changed it as directed or changed it correctly.</p> <p>During an interview on 2/19/14, at 1:55 PM, when asked if she had ever had training on how often R3's oxygen tubing was supposed to be changed or how to work the oxygen concentrator, E6 (DSP) stated no she did not.</p> <p>During an interview on 2/20/14, at 3:30 PM, when asked if there was specific documentation for what staff were trained on in regards to R3's respiratory disease and oxygen concentrator, E2 (Qualified Intellectual Disabilities Professional) stated no. When asked if there was a protocol developed for staff to follow in order to ensure R3 is maintaining and using her oxygen concentrator correctly, E2 stated no. When asked if there had been any continuing and ongoing training for staff and new staff in regards to R3's oxygen concentrator, E2 stated no there had not been except for what was taught on 2/19/14.</p>	W 189			
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN	W 227			

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W 227	Continued From page 2  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 pertinent personal health care abilities were addressed in the Individual Service Plan (ISP) for 1 of 4 individuals in the sample (R3) who requires continuous oxygen.  Findings Include:  In review of an ISP, dated 4/24/13, R3 is a 46 year old female who is diagnosed with Diabetes Mellitus, Mild Intellectual Disabilities, and Pulmonary Hypertension. The ISP also states that R3 uses an oxygen concentrator for continuous oxygen supply set at 2 liters.  There is no evidence of an assessment to evaluate R3's skills and/or ability to operate her oxygen concentrator or her blood glucose monitoring equipment.  During an interview on 2/20/14 at 3:30 PM, when asked if R3 is able to operate her oxygen concentrator, E2 (Qualified Intellectual Disabilities Professional) stated yes. When asked if R3 is able to operate her blood glucose monitoring equipment, E2 stated yes. When asked if these abilities are assessed and addressed in R3's ISP, E2 stated no.	W 227			
W 322	483.460(a)(3) PHYSICIAN SERVICES	W 322			

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W 322	<p>Continued From page 3</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure physician ordered laboratory (Lab) work was completed as ordered for 1 of 4 individuals in the sample (R4) who's lab work was not completed.</p> <p>Findings include:</p> <p>R4 per the 2/14 Physician's Order Sheet (POS) has diagnoses of Hormone Imbalance, Bipolar Disorder, and Mood Disorder.</p> <p>In further review of the 2/14 POS, R4 has a physician's order for the following Lab work: TSH, Glucose, LFT (Liver Function Test), and Lipid every 12 months.</p> <p>In review of R4's record, the last Lab work completed for a TSH, Glucose, LFT, and Lipid levels were completed on 1/15/13.</p> <p>There is no evidence that R4's Lab work was completed in 1/14.</p> <p>In an interview on 2/21/14 at 9:45 am, E2 (Qualified Intellectual Disabilities Professional), stated that the Lab did not have a record of R4's Lab work being completed in 1/14. E2 also stated that R4 had her Lab work drawn this morning.</p>			W 322			
W 323	483.460(a)(3)(i) PHYSICIAN SERVICES			W 323			

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W 323	<p>Continued From page 4</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that an annual vision evaluation was completed for 1 of 4 individuals in the sample (R3) who requires a vision examination yearly.</p> <p>Findings Include:</p> <p>In review of an Individual Service Plan (ISP), dated 4/24/13, R3 is a 46 year old female who functions in the mild range of Intellectual Disabilities. The same document states that R3 wears glasses.</p> <p>In review of R3's medical record, the only vision evaluation found was dated 12/27/2013. There was no evidence of a prior vision evaluation.</p> <p>During an interview on 2/20/14 at 3:30 PM, when asked if there was record of R3's vision evaluation prior to 12/27/13, E2 (Qualified Intellectual Disabilities Professional), stated that R3 was admitted to the facility in March of 2013 and he had requested her last vision evaluation from her previous place of residence but had never received it. When asked if 12/27/13 was the first time R3's vision was evaluated since admission in March of 2013, E2 stated yes.</p>			W 323			
W 351	<p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services</p>			W 351			

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W 351	<p>Continued From page 5</p> <p>include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a dental examination was completed within one month of admission for 1 of 4 individuals in the sample (R3) who was admitted with in the last year.</p> <p>Findings Include:</p> <p>In review of an Individual Service Plan (ISP), dated 4/24/13, R3 is a 46 year old female who is diagnosed with Diabetes Mellitus, Mild Intellectual Disabilities, and Pulmonary Hypertension.</p> <p>Per a document titled Nursing Notes, dated 9/11/13, R3 had a dental examination completed on 9/13/13.</p> <p>During an interview on 2/20/14 at 3:30 PM, when asked if the dental examination on 9/13/13 was the only one R3 had since admission, E2 (Qualified Intellectual Disabilities Professional), stated yes. E2 also stated that he had requested R3's last dental examination from her previous place of residence, but had never received it and he was not sure when her last exam was prior to the one completed on 9/13/13.</p>	W 351			
W 370	483.460(k)(3) DRUG ADMINISTRATION	W 370			

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W 370	<p>Continued From page 6</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 medication administration in accordance with State Law, pertaining to the "59 ILLINOIS ADMINISTRATIVE CODE CH.I, SEC. 116.20 and 116.40a)c)6), for 16 of 16 individuals in the facility who requires medications (R1-R16).</p> <p>Findings include:</p> <p>In review of the facility submitted roster, undated, there are 16 individuals living in the facility.</p> <p>In review of the " 59 ILLINOIS ADMINISTRATIVE CODE CH. I, SEC. 116.40a)"; it states, "Only a nurse-trainer may delegate and supervise the task of medication administration to direct care staff."</p> <p>"59 ILLINOIS ADMINISTRATIVE CODE CH. I, SEC. 116.40c)6)"; it states, "Non-licensed direct care staff who are to be authorized to administer medications under the delegation of the registered professional nurse shall meet the following criteria: 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>In further review of the "59 ILLINOIS ADMINISTRATIVE CODE CH. I, SEC. 116.20", it</p>	W 370			

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W 370	<p>Continued From page 7</p> <p>states "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."</p> <p>In review of the Medication Administration Records for 2/14, all the individuals living in the facility take medications.</p> <p>In an interview on 2/20/14 at 8:45 a.m., E2 (Qualified Intellectual Disabilities Professional - QIDP) stated that E3 (Registered Nurse ( RN) - Consultant) left on vacation at the end of 11/13, first part of 12/13. E2 also stated that E3 will be returning sometime in 4/14. When asked who was covering for the nursing duties, E2 stated, E4 (RN Consultant). When asked if E4 (RN) was a Certified as a Nurse-Trainer, E2 (QIDP), stated, No. When asked how the direct care staff are trained on new medications, E2 (QIDP), stated that E4 (RN) comes to the facility, fills out an Inservice Sheet and trains the staff on duty. E4 leaves the Inservice Sheet for the other staff to read and sign. E4 also puts a note on the board in the medication room to alert staff of a new medication.</p>			W 370			