

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

PRINTED: 01/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G140		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2015	
NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944			
(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			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL						
	LICENSURE SURVEY						
W 153	INSPECTION OF CARE 483.420(d)(2) STAFF TREATMENT OF CLIENTS			W 153			
	The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.						
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify the Illinois Department of Public Health (IDPH) of an Emergency Room (ER) visit for 1 of 1 individuals who required the services of the ER, (R5).						
	Findings include:						
	The facilities Incident Reports from 8/2014 to present were reviewed.						
	On 8/18/14, R5 was transported to the ER from the day training site after she cut her thumb on a broken light bulb for treatment.						
	There is no evidence that IDPH was notified of R5's 8/18/14 ER visit for treatment of her thumb injury.						
	In an interview on 1/7/15 at 12:40 PM, when						
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 153	Continued From page 1		W 153				
W 322	<p>asked if this 8/18/14 ER visit for R5 was reported to IDPH, E1 (Administrator), stated no, must have been overlooked.</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: Based on record review and interview; the facility failed to provided a follow-up for Audiology services for 1 of 4 in the sample who required Audiology Services (R3).</p> <p>Findings included:</p> <p>According to the Physician Order Sheet (POS), dated 11/24/14, R3 is a 57 year old male with mild intellectual disabilities.</p> <p>During record review, R3's Annual Hearing Screening dated 3/13/14, showed he failed the left ear call frequencies and recommendations was to follow up with Audiology to consider aided hearing in Left ear.</p> <p>There is no evidence of an Audiologist Consult in R3 records.</p> <p>In an interview with E3, Assistant Administrator, on 1-8-15 at 2:25 PM, stated "we do not have a follow up with an Audiologist".</p>		W 322				