

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

PRINTED: 06/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/27/2016
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242		
(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 352}	<p>FIRST CERTIFICATION FOLLOW UP TO THE SURVEY OF 02/16/16</p> <p>W352 - REPEAT</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>This STANDARD is not met as evidenced by: REPEAT</p> <p>Based on observation, interview and record review, the dental examinations for 2 of 2 individuals in the sample of 4 (R2 and R4) who are edentulous (having no teeth) does not specify within the report that an annual oral cancer screening examination has been completed.</p> <p>Findings include:</p> <p>a) Record review for R2 identifies that he is edentulous as per the dental examination - treatment notes report dated 08/28/15. This report states, "Annual ck (check) up". Further review of R2's dental report does not specify that a oral cancer screening examination was completed during this annual dental examination.</p> <p>b) Record review for R4 identifies that she is edentulous as per the dental examination report dated 07/15/15. This report states, "Annual Ok". Further review of R4's dental report does not specify that a oral cancer screening examination</p>	{W 352}		6/30/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/27/2016

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 352}	Continued From page 1 was completed during her annual dental examinations. E2 (QIDP - Qualified Intellectual Disabilities Professional) and E3 (Medical Coordinator) were interviewed on 05/26/16 at 11:00 A.M. regarding the oral cancer screening examination/documentation for R2 and R4. E3 stated that R4 was scheduled to be seen for her annual examination on 07/21/16. E3 then stated that R2's dental examination had not been rescheduled and that he has an appointment for his annual examination with the dentist 08/16/16. During this interview, E2 and E3 both confirmed that neither R2 nor R4 have been reseen by the dentist, nor has additional comments been made to their dental treatment records regarding an oral cancer screening examination since the survey of 02/16/16.	{W 352}			