

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

PRINTED: 02/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G168		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2015	
NAME OF PROVIDER OR SUPPLIER BELLEFONTAINE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298			
(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						
	Annual Licensure						
W 263	Inspection of Car 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE			W 263			
	The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.						
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain guardian consent for 1 of 2 (R4) who received a pre-medication for dental work.						
	Findings Include:						
	Review of R4's ISP (Individual Service Plan) of 5/28/14, R4 is an ambulatory individual with limited verbal skills who functions in the Severe Range of Intellectual Disabilities with additional Diagnosis of Intermittent Explosive Disorder. R4's mother is her guardian to make all legal consent for R4.						
	The ISP states that R4 is uncooperative during dental appointments and a premed has been recommended.						
	Review of R4's MAR (Medication Administration Record) for 1/1/15-1/31/15, R4 received Xanax 2mg on 1/6/15 prior to her dental appointment.						
	Interview with E2 (Qualified Intellectual						

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 263	Continued From page 1	W 263			
W 356	<p>Disabilities Professional) on 1/21/15 at 2:00pm, E2 stated that the facility could not produced evidence that R4's guardian consented to the premed prior to R4's dental appointment.</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide dental services for 1 of 4 (R4) in the sample who needed specialist services.</p> <p>Findings Include:</p> <p>Review of R4's ISP (Individual Service Plan) of 5/28/14, R4 is an ambulatory individual with limited verbal skills who functions in the Severe Range of Intellectual Disabilities with additional diagnosis of Intermittent Explosive Behavior.</p> <p>Review of the last 3 years of R4's Dental Consultation Reports; 8/27/12- R4 has very limited opening and unable to take radiographs and clean posterior teeth well. Large visible decay present on teeth Referral to specialist for sedation and full restore/clean would be in her best interest.</p> <p>5/9/13-Several areas of decay present. Needs sedation dentistry to have treatment completed.</p>	W 356			

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W 356	<p>Continued From page 2</p> <p>1/15/14-Large decay through out. Unable to restore or extract in our office.</p> <p>1/6/15- Condition of teeth poor. Condition of gums poor. Tooth #28 and #29 needs to filled.</p> <p>Per interview with E1 (Administrator) on 1/21/15 at 1:00pm, E1 stated that she was unaware of R4's Dental Consultation Report of R4 needing sedation dentistry.</p>	W 356			