

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

PRINTED: 10/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G166</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/18/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY POINT TERRACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>260 EAST LUCILLE AVENUE FORSYTH, IL 62535</b>			
(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 370	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.460(k)(3) DRUG ADMINISTRATION</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. 116.40e), for 16 of 16 individuals living in the facility who require medications (R1 - R16).</p> <p>Findings include:</p> <p>In review of the facility submitted roster that validates level of functioning, there are 16 individuals living in the facility, 5 individuals function in the mild range of Intellectual Disabilities (R1, R7, R8, R12, R15); 5 individuals function in the moderate range of Intellectual Disabilities R13, R16); 4 individuals function in the severe range of Intellectual disabilities (R3, R5, R9, R11); and 2 individuals function in the profound range of Intellectual Disabilities ( R4, R14).</p> <p>In review of the " 59 ILLINOIS ADMINISTRATIVE CODE CH. I, SEC. 116.40e"; it states, "Authorized direct care staff shall be re-evaluated by a nurse-trainer at least annually or more</p>			W 370			
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 370	<p>Continued From page 1 frequently at the discretion of the registered professional nurse....."</p> <p>The "Competency Based Training Assessment (CBTA) for Medication Administration by Non-Licensed Direct Care Staff (DSP) in the Community for those with A Developmental Disability" were reviewed for the DSP's.</p> <p>During review of the DSP's "CBTA's for Medication Administration by Non Licensed Direct Care Staff", E2 (DSP), CBTA for Medication Administration is dated 8/12/13; E3 (DSP) and E5 (DSP), CBTA for Medication Administration is dated 7/19/13; E4 (DSP) CBTA for Medication Administration is dated 11/26/12; and E6 (DSP) CBTA for Medication Administration is dated 10/21/11.</p> <p>In an interview on 9/16/14 at 2:40 PM, when asked if these CBTA's are the most current, E1 (Administrator) stated, yes.</p>	W 370			