

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

PRINTED: 04/01/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2009
NAME OF PROVIDER OR SUPPLIER OLSON TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103	
(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 149	<p>Annual Certification - Fundamental</p> <p>Annual Licensure</p> <p>Inspection of Care</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to implement policies to protect one of one client, R5, from verbal abuse.</p> <p>Findings include:</p> <p>According to the Inspection of Care information the facility supplied on 2-2-09, R5 is a 68 year old woman whose diagnoses include; Moderate Mental Retardation and Cerebral Palsy.</p> <p>During a review of the facility's investigation dated 3-3-08, it states that R5 said that "...on at least one occasion, (Direct Service Provider, DSP, E5), stated to (R5) that she 'smelled bad, and has one good hand to wash with.' " The investigation also notes that R5 has significant impairment in her left hand and moderate impairment in her right hand.</p> <p>The investigation also states that E5 recalls telling R5 that she needed a bath "because she doesn't smell so good." E5 said that she didn't</p>	W 149		

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 149	<p>Continued From page 1</p> <p>believe her comments to R5 were inappropriate.</p> <p>The investigation goes on to state that all staff were interviewed and stated that E5 presented as strong willed, abrasive and rude. On at least one occasion, Cook, E6, "stated that she overheard, (E5), say to (R5) 'you need to take a bath because you stink.' (E6) stated that she did not inform her supervisor of the comment. (E6) stated that she spoke to (E5) and told her that her comment was inappropriate.</p> <p>The investigation goes on to note that "DSP (E5) more likely (than) not, made inappropriate comments to (R5)." It goes on to recommend termination of E5's employment and all staff will continue to review abuse/neglect policies...on a regular basis.</p> <p>There is no further notation in the investigation to indicate that E6 received any retraining or disciplinary action due to E6 not reporting the situation to the Administrator per facility policy.</p> <p>During a review of the facility's policy regarding Abuse/Neglect/Mistreatment number 5.24 with a last revised date of 11/07, it states that "any employee who witnesses or suspects a violation of residents rights, abuse, mistreatment...shall immediately report the matter to facility management..."</p> <p>During an interview on 2-3-09 at 9:30am, Administrator E2 stated that E6 said that she thought it was a training situation for E5. E2 said she understood that if E6 had reported the situation to E2 as per facility policy, her follow up would have prevented R5 from further verbal abuse from E5.</p>	W 149			

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W 154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to thoroughly investigate one of one client's, R5, allegation of verbal abuse at the hands of a staff member.</p> <p>Findings include:</p> <p>According to the Inspection of Care information the facility supplied on 2-2-09, R5 is a 68 year old woman whose diagnoses include; Moderate Mental Retardation and Cerebral Palsy.</p> <p>During a review of the facility's investigation dated 3-3-08, it states that R5 said that "...on at least one occasion, (Direct Service Provider, DSP, E5), stated to (R5) that she 'smelled bad, and has one good hand to wash with.' " The investigation also notes that R5 has significant impairment in her left hand and moderate impairment in her right hand.</p> <p>The investigation also states that E5 recalls telling R5 that she needed a bath "because she doesn't smell so good." E5 said that she didn't believe her comments to R5 were inappropriate.</p> <p>The investigation goes on to state that all staff were interviewed and stated that E5 presented as strong willed, abrasive and rude. On at least one occasion, Cook, E6, "stated that she overheard, (E5), say to (R5) 'you need to take a bath because you stink.' (E6) stated that she did not</p>	W 154			

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W 154	Continued From page 3 inform her supervisor of the comment. (E6) stated that she spoke to (E5) and told her that her comment was inappropriate. The investigation goes on to note that "DSP (E5) more likely (than) not, made inappropriate comments to (R5)." It goes on to recommend termination of E5's employment and all staff will continue to review abuse/neglect policies...on a regular basis. There is no further notation in the investigation that would indicate that E6 received any retraining or disciplinary action due to E6 not reporting the situation to the Administrator per facility policy. During an interview on 2-3-09 at 9:30am, Administrator E2 stated that E6 said that she thought it was a training situation for E5. E2 said she understood that if E6 had reported the situation to E2, her thorough investigation would have prevented R5 from further verbal abuse from E5.	W 154			
W 352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of one in the sample R3 that an annual dental diagnostic services examination was performed. Findings include:	W 352			

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W 352	<p>Continued From page 4</p> <p>According to the Individual Service Plan (ISP) of 3-21-08, R3 is a 41 year old male who is ambulatory and non verbal. R3 functions in the Severe Range of Mental Retardation. R3's lists of diagnoses includes Down Syndrome, Obsessive Compulsive Disorder, and Atlantoaxial Deviation.</p> <p>According to the Resident Permanent Dental Record the last exam date was 7-13-06, stating annual exam all tissues clear 1 year continue. There was no documentation of a dental exam in 2007 or 2008.</p> <p>According to the ISP of 3-21-08 it states under Last Exams Dental 3-12-08 E4 (Primary Medical Doctor): R3 is edentulous; E4 will monitor his gums. The ISP also states Concurrent Services ongoing nutritional classes, lab services, annual physical, dental, and eye examinations.</p> <p>According to the Physician Order Sheet of 1-1-09 thru 1-31-09 it states Screening/ Annual exams as Physical, Dental, and Eye exam yearly.</p> <p>The record review of the Resident Physical Exam of 3-12-08 states Head and Neck: mouth edentulous; gums and mucosa clear and healthy. This assessment was completed by E4 (PMD).</p> <p>The record review of the Health History and Assessment of 2-28-08 states Dental Exam (due Annually) July 2006 Edentulous oral care per Medical Doctor. There is no documentation of a licensed dental diagnostic services including a periodic examination for 2007 and 2008.</p> <p>Per interview on 2-3-09 at 2:50 P.M. with E3 (Resident Service Director) stated that everyone</p>	W 352			

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W 352	Continued From page 5 should get a yearly dental exam and stated that she will look for the results for R3. E3 was asked when was R3 last dental exam and stated that she was sure that the July 2006 was not the last exam. No documentation was presented or provided to this surveyor in regards to an annual dental examination from a licensed dental service provider for the years of 2007 and 2008 for R3.	W 352			
W 382	483.460(I)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one outside of the sample R6, when his subcutaneous injectable medication was accessible and not locked in the refrigerator. Findings include: According to the Individual Service Plan (ISP) of 8-11-08 R6, is a 42 year old male who is ambulatory and verbal. R6 functions in the Moderate range of Mental Retardation. R6's list of diagnoses includes Down Syndrome, Psoriasis, Acne, and Generalized Anxiety Disorder. According to the ISP of 2-8-08 R7 is a 41 year old female who is verbal and ambulatory. R7 functions in the Moderate range of Mental Retardation. R7's list of diagnoses includes Severe Myopia, Asthma, Eczema, and Generalized Anxiety Disorder.	W 382			

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W 382	<p>Continued From page 6</p> <p>R7 was observed on 2-3-09 from 8:30 A.M. to 12:00 P.M. at the facility since she did not go to day training. R7 was observed ambulatory at her residence.</p> <p>According to the ISP of 8-11-08 for R6 it states Humira 40mg/0.8ml syringe: for psoriasis. According to the Physician Order Sheet dated 1-1-09 thru 1-31-09 it states Humira 40mg/0.8 ml syringe inject 0.8ml (40mg) subcutaneous every 2 weeks given by nurse only.</p> <p>During the observation of each area serving the individuals in the facility on 2-3-09 at 2:30 P.M. the boiler room door was unlocked and accessible. This surveyor observed an unlocked pad lock on top of the refrigerator in the boiler room with a note stating medication for R6. A surveyor than proceeded to open the refrigerator and was able to obtain the Humira 40mg medication in a zip lock bag. This medication was not locked in the refrigerator and was accessible.</p> <p>Per interview with E3 (Resident Service Director) on 2-3-09 at 2:40 P.M., she stated that she was uncertain about the lock on the refrigerator and proceeded to call on E2 (Administrator) for clarification. E2 observed the refrigerator unlocked with R6's medication in surveyors hand. E2 proceeded to state that it was not supposed to be like that and proceeded to lock the refrigerator door with the pad lock. E2 acknowledged that the refrigerator should not have been left open and that it should have been locked due to the use of keeping the injectable medication for R6.</p>	W 382			