

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

PRINTED: 04/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G171		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2013	
NAME OF PROVIDER OR SUPPLIER SEBORG TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 3024 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			
	Annual Licensure - Fundamental Survey						
	Annual Certification						
W 194	Inspection of Care 483.430(e)(4) STAFF TRAINING PROGRAM			W 194			
	Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.						
	This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 2 of 3 in the sample (R3 and R4) that received medications that staff demonstrate skills and techniques necessary for each client whom they are responsible.						
	Findings include:						
	Per record review of the Medication Administration Record dated 4-1-13 to 4-30-13, R3 is a 49 year old female who functions in the Severe Range. R3's diagnoses includes Down Syndrome and Osteopenia.						
	Per record review of the Individual Service Plan dated 11-8-12, R4 is a 48 year old male who functions in the Profound range. R4's diagnoses includes Diabetes Type II and Anxiety.						
	During observations of the Medication Administration Pass on 4-1-13 from 4:01 P.M. to 5:07 P.M. this surveyor observed E4 (Direct						
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 194	<p>Continued From page 1</p> <p>Support Person) administer medications to R3 and R4. At 4:01 P.M. R4 was in the medication room and received one medication and left the room. E4 (Direct Support Person) stated that they would have to bring R4 back into the room later in order for him to complete taking all of his medications. At 4:30 P.M. R3 was observed to get her medications and as she punched out her Oyster shell medication it fell to the ground. E4 picked up the medication and threw it into the garbage. R3 was observed to take another medication. At 5:00 P.M. R4 was observed back into the medication room to take his medications. R4 would take one medication and then would want to leave. E4 stated to R4 that he would get a pop at dinner if he finished taking his medication. R4 kept wanting to leave after each medication but E4 kept telling R4 that he would get a pop at dinner and therefore stayed to take his medication. At 5:34 P.M. R4 was observed at dinner time without a pop at his meal.</p> <p>Per interview with E4 (Direct Support Person) on 4-1-13 at 5:10 P.M. when asked what happens with dropped medications, E4 stated that it is put in the garbage since it was not a controlled medication. E4 stated that in order to get R4 to take his medication she has to tell him that he will get a pop at dinner time otherwise he would leave the medication room without taking all of his medications.</p> <p>Per record review of the Policy 7.05 Nursing revised 01/10 is written that wasted medication will be disposed of in accordance with the rules and regulations of the Federal Drug Enforcement Administration to render them non-retrievable contained in a non-palatable substance.</p>			W 194			

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W 194	Continued From page 2 Per record review of the Individual Service Plan dated 11-8-12 is written that R4 is overly focused on soda as a food item, and enjoys drinking diet soda. Per interview with E1 (Facility Representative) on 4-2-13 at 9:40 A.M. stated that medication wasted should be placed with coffee grounds and that E4 did not do that initially by throwing it into the garbage.	W 194			