

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

PRINTED: 03/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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 316	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.450(e)(4)(ii) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to identify and ensure a gradual withdraw of drugs used for behavior control at least annually for 1 of 3 clients (R3) in the sample.</p> <p>Findings include:</p> <p>1) The 8/23/15 Individual Service Plan (ISP) states that R3 is a 64 year old male whose diagnoses is stated as Moderate Intellectual Disabilities, Depression and Anxiety. The ISP further states that R3 receives the medication Zoloft 50mg daily for maladaptive behaviors related to anxiety that disrupt his daily life/routine.</p> <p>According to R3's ISP and Human Rights Committee(HRC) minutes from 1/21/16; R3 began receiving Zoloft 50mg on 1/31/15. In addition it was reviewed that R3's current ISP, Medication Administration Record(MAR)of 3/1/16-3/31/16 and Behavior Management Minutes of 1/21/16 do not specify any medication reduction or attempted reduction of the behavior modifying medications.</p>	W 316			

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 316	Continued From page 1 E2(QIDP) confirmed on 3/23/16 @2:30PM that R3 did not have a medication reduction since 1/15 and the team has planned to reduce the medications when R3's new physician reviews's current criteria, however there was no reproducible evidence to support the holding of an annual reduction or attempted reduction.	W 316			
W 323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to identify and ensure an annual vision examination for 1 of 4 clients (R3) in the sample. Findings include: 1) The 8/23/15 Individual Service Plan (ISP) states that R3 is a 64 year old male whose diagnoses is stated as Moderate Intellectual Disabilities, Depression and Anxiety. The ISP further states that R3 received his last vision examination on 8/27/14. According to R3's ISP and annual vision evaluation dated 8/27/14; R3 has no other evidence of any vision evaluation/examination.	W 323			
W 441	E2(QIDP) confirmed on 3/23/16 @2:30PM that R3 did not have a vision examination since 8/14 and the team has planned to schedule a new evaluation for R3. 483.470(i)(1) EVACUATION DRILLS	W 441			

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W 441	<p>Continued From page 2</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure evacuation drills were conducted on the day, evening or midnight shift under varying conditions of disaster for 16 of 16 individuals who reside at the facility (R1- R16).</p> <p>Findings Include:</p> <p>Resident Roster (dated 2016/ provided to surveyor on 3/22/16 by E2/ Qualified Intellectual Disability Professional) notes that R1- R16 reside at the facility. The Resident Roster identifies that: R1 and R5 function at the mild level of intellectual disability. The roster also notes that R2, R3, R6- R16 function at the moderate level of intelectual disabilities.</p> <p>Fire or Disaster Report Forms (facility's emergency disaster drill reports/dated March 2015- March 2016) the facility conducted 7 tornado disaster drills outside of fire drills.</p> <p>In an interview with E2/ Qualified Mental Retardation Professional on 3/22/16 at 3:30 PM, E2 confirmed that the facility had not conducted any other type of disaster drills outside of the tornado and fire drills.</p>	W 441			