

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>14G210</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>03/21/2013</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAUNS TERRACE</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1115 EAST WASHINGTON STREET<br/>GREENVILLE, IL 62246</b>            |                      |   |
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| W 000   | INITIAL COMMENTS   | W 000   |   |                      |   |
| W 189   | <p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>LICENSURE SURVEY</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to ensure that staff were trained to perform their duties competently when staff failed to administer medications correctly for 2 of 2 individuals (R7 &amp; R8) who were required to receive food with their medications.</p> <p>Findings Include:</p> <p>The Physician's Order Sheet (POS), dated 02/28/13, identifies R7 as a individual who functions at a Moderate level of Mental Retardation. The POS for R7 states additionally that R7 is diagnosed with NIDDM (Non-Insulin Dependent Diabetes Mellitis) and is to receive Metformin tab (tablet) 500 MG (milligram), Take 1/2 tablet (250 MG) by mouth daily.</p> <p>The package containing R7's Metformin states 'Take with Food.'</p> | W 189   |   |                      |   |

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 189   | Continued From page 1<br>The Physician's Order Sheet (POS), dated 02/28/13, identifies R8 as a individual who functions at a Moderate level of Mental Retardation. The POS for R8 receives Metformin tab (tablet) 500 MG (milligram), Take 1 tablet (500 MG) by mouth daily.<br><br>The package containing R8's Metformin states 'Take with Food.'<br><br>During the medication administration on 03/20/13 E3, Direct Support Person (DSP), was observed to administer R7's Metformin 250 mg (milligram) at 6:50 AM and R8's Metformin 500 mg at 7:13 AM, both of these medications were administered without food.<br><br>During an interview with E3, DSP, on 03/20/13, E3 confirmed that when administering R7 & R8's medications food was not offered or given during this time. | W 189   |   |                      |   |
| W 249   | 483.440(d)(1) PROGRAM IMPLEMENTATION<br><br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure implementing of programs was completed for 5 of 7 individuals, 2 in the sample  | W 249   |   |                      |   |

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| W 249   | Continued From page 2<br>(R2, R3) and 3 outside the sample (R5, R6, & R9).<br><br>Findings Include:<br><br>The Individual Service Plan (ISP), dated 02/20/13, identifies R2 as a individual who functions at a Moderate level of Mental Retardation. The ISP for R2, under Self Medication "R2 will answer question 1-2 from the medication skills book.'<br><br>The Individual Service Plan (ISP), dated 03/13/13, identifies R3 as a individual who functions at a Moderate level of Mental Retardation. The ISP for R3, under Self Medication "R3 will answer question 37-38 from the medication skills book.'<br><br>The Individual Service Plan (ISP), dated 08/23/12, identifies R5 as a individual who functions at a Moderate level of Mental Retardation. The ISP for R5, under Self Medication area: "R5 is not able to indicate what he takes, what it is for, the dose, and what the side effect is. Programming with the aid of a picture prompt card will be initiated to meet this defect."<br><br>The Individual Service Plan (ISP), dated 11/20/12, identifies R6 as a individual who functions at a Moderate level of Mental Retardation. The ISP for R6, under Self Medication area states: 'Using the medication card as a visual prompt, R6 will name the medication, its size, does, color, shape, purpose, and side effect.' | W 249   |   |                      |   |

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| W 249   | Continued From page 3<br>The Individual Service Plan (ISP), dated 07/19/12, identifies R9 as a individual who functions at a Moderate level of Mental Retardation. The ISP for R9, under Self Medication 'R9 will answer question 35-37 from the medication skills book.'<br><br>During the observation of the medication administers on 03/20/13, E3 Direct Staff Person (DSP), did not run self medication programs for R2, R3, R5, R6, & R9.<br><br>During an interview with E3, Direct Staff Person (DSP), on 03/20/13, E3 confirmed that self medication programs were not completed for R2, R3, R5, R6, & R9 due to this not being the scheduled time for these self medication programs to be completed. | W 249   |   |                      |   |
| W 370   | 483.460(k)(3) DRUG ADMINISTRATION<br><br>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review, observation, and interview the facility failed to follow the guidelines under state law as written in Section 116 ADMINISTRATION OF MEDICATIONS by their failure to correctly administer injectable medicatoins for 1 of 1, (R5), outside sample who receives injectable medications<br><br>Findings Include:<br><br>The Physician's Order Sheet, dated 01/29/13, identifies R5 as an individual who functions at a                                    | W 370   |   |                      |   |

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| W 370   | <p>Continued From page 4</p> <p>Moderate level of Mental Retardation. The POS for R5 states under diagnosis that R5 has Diabetes. The POS for R5 further states that R5 is receive: Humulin N INJ (injection) U-100 (syringe type), 18 units daily in the morning at 6:00 AM, Humulin N INJ U-100, Inject 12 units in the evening at 5:30 PM, and Humulin R (regular), (accu check readings) INJ U-100, 0-150=0, 151-200=2 U (units), 201-250=4 U, 251-300=6 U, 301-350=8, 351-400=10 U, over 400 Call MD.</p> <p>The Individual Service Plan (ISP), dated 08/23/12, identifies R5 as a individual who functions at a Moderate level of Mental Retardation. The ISP for R5, under Self Medication area: "R5 is not able to indicate what he takes, what it is for, the dose, and what the side effect is. Programming with the aid of a picture prompt card will be initiated to meet this defect."</p> <p>During an interview with E2, Qualified Mental Retardation Professional (QMRP), on 03/20/13, E2 confirmed that the RN is filling the insulin syringes for R5.</p> <p>Joint Committee on Administrative Rules<br/>ADMINISTRATIVE CODE<br/>TITLE 59: MENTAL HEALTH<br/>CHAPTER 1: DEPARTMENT OF HUMAN SERVICES<br/>PART 116 ADMINISTRATION OF MEDICATION IN COMMUNITY SETTINGS<br/>SECTION 116.60 MEDICATION<br/>SELF-ADMINISTRATION<br/>b) Each individual shall be presumed to be competent to self administer medication if he or</p> | W 370   |   |                      |   |

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| W 370   | Continued From page 5<br>she has been determined to be:<br>1) capable by a registered professional nurse or advanced practice nurse:<br>2) approved to self-administer medication by the individual's Community Support Team (CST) or Interdisciplinary Team (IDT); and<br>3) authorized by a written order of a physician licescnd to practice medicine in all of its branches.   | W 370   |   |                      |   |
| W 455   | 483.470(l)(1) INFECTION CONTROL<br><br>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview the facility failed to ensure infection control measures are effective when staff failed to ensure medications were clean while administering oral medications, for 1 individual, outside sample, (R6).<br><br>Findings Include:<br><br>The Physician's Order Sheet (POS), dated 02/28/13, identifies R6 as a individual who functions at a Moderate level of Mental Retardation. The POS for R6 further states R6 is to receive 'Lansoprazole Cap (capsule) 30 MG (milligram), Take 1 capsule by mouth daily at 6:00 AM.'<br><br>During observation of medication administration on 03/20/13 at 6:40 AM, E3, Direct Support Person (DSP), E3 dropped R6's Lansoprazole Capsule on the floor and then proceeded to pick up this medication and administer that same | W 455   |   |                      |   |

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

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| W 455   | Continued From page 6 capsule to R6.<br><br>During an interview with E3, Direct Support Person (DSP), on 03/20/13, E3 confirmed that R6's medication was dropped to the floor and was administered to R6. | W 455   |   |                      |   |