

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

PRINTED: 08/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2014
NAME OF PROVIDER OR SUPPLIER CARTHAGE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321		
(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 126	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that individuals receive training in managing their money for 1 of 4 individuals in the sample. (R1)</p> <p>Findings Include:</p> <p>R1, per Individual Service Plan (ISP) of 2/20/14, is a 70 year old male who functions in the Mild range of Intellectual Disability. R1's current ISP of 2/20/14 on page 4 under the section titled "Communication" states that R1 "can write legibly in cursive and can read quite well."</p> <p>R1's ISP on page 5 under the section titled "Cognitive Skills" states that R1 "knows numbers and is able to do simple math but is insecure about doing more. He does use a calculator when he needs to do math. When shopping he does not know if he is receiving the correct change without a calculator. [R1] is participating in a budgeting program a Day Training. [R1] is able to budget his weekly allowance but this is</p>	W 126			

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 126	Continued From page 1 more a result of not wanting to spend money." Under the section titled "Primary Priorities" on page 7, R1's ISP of 2/20/14 does not include a training program objective for any type of money skill development. Under the section titled "Previously Attained Goals" it lists "Money Skills - Making Change." R1's undated adaptive behavior assessment was reviewed. E1 (Qualified Intellectual Disabilities Professional) was interviewed on 6/19/14 at 9:37am. When asked if she was the individual who completed the adaptive behavior assessment, E1 stated yes. When asked when it was completed, E1 provided a copy of the scoring sheet which was dated 2/18/14 and stated that was the date the assessment was completed. Under the section titled "Community Living Skills" the adaptive behavior assessment of 2/18/14 states, "Balances a checkbook monthly" and scores him "Never Or Rarely-even if asked." E1 was asked if R1 is unable to balance a checkbook. E1 stated that she wasn't sure but knew that the facility is representative payee for R1. E1 was interviewed on 6/18/14 at 12:15pm. When asked if R1 is currently on a money program, E1 stated that it did not look like it. E1 stated that the ISP states that he had attained his previous money program. When asked if R1 writes his own checks, E1 stated, "No, I don't believe so."	W 126			
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a	W 336			

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W 336	<p>Continued From page 2</p> <p>review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the individual review of health status is done on a quarterly basis for 3 of 4 individuals in the sample. (R1, R2, and R4)</p> <p>Findings Include:</p> <p>1) R1, per Individual Service Plan (ISP) of 2/20/14, is a 70 year old male who functions in the Mild range of Intellectual Disability. R1's ISP on page 2 under the section titled "Diagnosis" states, "Post Encephalopathy, Epilepsy, Right Foot Varus, Hyperglyceridism, Glaucoma, Hypertension, Seasonal Allergies, Hypokalemia, Osteoporosis."</p> <p>R1's clinical record was reviewed. The most recent nursing review of health status in R1's clinical record was dated 11/06/13. R1 had a physical exam done on 4/17/14. E1 (Qualified Intellectual Disabilities Professional) was interviewed on 6/18/14 at 12:15pm. When asked if R1 has had any nursing review of health status since 11/06/13, E1 stated that she would have to check.</p> <p>E1 provided a "Quarterly Health Status Review" form dated 6/17/14. E1 was interviewed on 6/19/14 at 9:37am. When asked if she was able to locate any other nursing quarterlies, E1 stated no. There was no evidence of a review of R1's health status between 11/06/13 and his physical exam on 4/17/14.</p>	W 336			

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W 336	<p>Continued From page 3</p> <p>2) R2, per Physicians Order Sheet for 6/14, is a 50 year old male with a diagnosis of Moderate Intellectual Disability. R2's physical exam visit summary of 6/13/14 under the section titled "Problem List" states, Irritable bowel syndrome, Candidal intertrigo, Hypercholesterolemia, Type 2 diabetes, Hypertension, Intermittent explosive disorder, and Generalized anxiety disorder.</p> <p>R2's clinical record was reviewed. The most recent nursing review of health status in R2's clinical record was dated 12/14/13. R2 had his physical exam done on 6/13/14. E1 was interviewed on 6/18/14 at 12:25pm. When asked if R2 has had any nursing review of health status since 12/14/13, E1 stated she would have to check.</p> <p>E1 provided a Quarterly Health Status Review form dated 6/17/14. E1 was interviewed on 6/19/14 at 9:35am. When asked if she was able to locate any other nursing quarterlies, E1 stated that was the only one she could find. There was no evidence of a review of R2's health status between 12/14/13 and his physical exam on 6/13/14.</p> <p>3) R4, per facility roster dated 3/01/13, is a 33 year old female who functions in the Profound range of Intellectual Disability. R4's clinical record was reviewed.</p> <p>The most recent nursing review of health status in R4's clinical record was dated 1/07/14. The most recent physical exam for R4 was dated 6/20/13. E1 was interviewed on 6/19/14 at 9:10am. When asked if there were any additional nursing reviews of health status since 1/07/14, E1</p>	W 336			

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W 336	Continued From page 4 stated that she would look for R4's. E1 was interviewed on 6/19/14 at 12:20pm. When asked if R4 had any more recent nursing quarterlies, E1 stated no. When asked if R4 had a more recent physical, E1 stated it was scheduled for next week.	W 336			