

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

PRINTED: 07/19/2016
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 07/12/2016
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			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL				
	LICENSURE SURVEY				
W 262	INSPECTION OF CARE 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the facility Human Rights Committee approved medication changes which controlled undesired behaviors for 1 of 3 in the sample who took behavior medications. (R3) Findings include: Per a Physician Order Sheet (POS) dated 7/2016, R3 is a 68 year old female with diagnoses which include Severe Intellectual Disability, Bipolar Disorder and Depression. R3's POS shows she has medications of Lamotrigine 200 milligrams (prescribed for Bipolar Disorder) at bedtime and Paroxetine 20 milligrams (prescribed for Depression) by mouth at bedtime. E1, Qualified Intellectual Disability Professional	W 262			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/13/2016

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 262	Continued From page 1 (QIDP) was asked during interview on 7/12/16 at 1130am if she could provide documentation that their Human Rights Committee approved these two medications. E1 stated no.	W 262			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure written consent was obtained for medications which control behavior for 1 of 3 individuals in the sample who take medications to control behavior (R2). Findings include: Based on record review and interview the facility failed to obtain consent for medication changes which controlled undesired behaviors for 1 of 3 in the sample who took behavior medications. (R2) Findings include: Per a Physician Order Sheet (POS) dated 7/2016, R2 is a 51 year old male with diagnoses which include Moderate Intellectual Disability, Uncontrolled Agitation, Pervasive Developmental Disorder, Atypical Autism and Depression. A Medication Administration Form for 10/1/15 shows R2's nightly dose of Trazadone increased to 100 milligrams which began on 9/12/15.	W 263			

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W 263	Continued From page 2 E1, Qualified Intellectual Disability Professional (QIDP) was asked during interview on 7/12/16 at 1130am if she could provide documentation of written consent from R2, who is his own guardian to approve this medication increase. E1 stated no.	W 263			