

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

PRINTED: 12/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G236		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2013	
NAME OF PROVIDER OR SUPPLIER BEARDSTOWN TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 310 EAST EIGHTH STREET BEARDSTOWN, IL 62618			
(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						
	INSPECTION OF CARE						
	LICENSURE SURVEY						
W 368	483.460(k)(1) DRUG ADMINISTRATION			W 368			9/9/13
	The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.						
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that Medroxyprogesterone shots were administered as specified in the Physician's Orders for 2 of 2 individuals in the sample with orders for Medroxyprogesterone. (R1, R2)						
	Findings Include:						
	1) R1's Physician's Order Sheet (POS) for the month of 9/13 contains an order for Medroxyprogesterone 150mg. inject every 3 months for menses regulation. R1's clinical record contains a "Nursing Note" dated 5/20/13 which states, "received Depo (Medroxyprogesterone) injection today left deltoid." R1's "Medication Record" for the month of 5/13 contains initials in the box dated 5/20/13 recording the administration of Medroxyprogesterone on that date.						
	On R1's Medication Record for the month of 8/13, under the section for Medroxyprogesterone, there are no marks to indicate that the medication was						

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.

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

PRINTED: 12/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2013
NAME OF PROVIDER OR SUPPLIER BEARDSTOWN TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 310 EAST EIGHTH STREET BEARDSTOWN, IL 62618		
(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 368	<p>Continued From page 1</p> <p>administered. R1's Nursing Notes for the month of 8/13 does not contain any entry stating that R1 had received the Medroxyprogesterone shot for that month.</p> <p>E1 (Qualified Intellectual Disabilities Professional) was interviewed on 9/06/13 at 10:45am. When asked if there was any evidence that R1 received the Medroxyprogesterone in the month of 8/13, E1 stated no. E1 checked with E2 (Registered Nurse) to see if the Medroxyprogesterone injection had been given in 8/13. At 11:05am., E1, after speaking with E2, verified that the Medroxyprogesterone had not been given.</p> <p>2. R2 per the 8/1/13 Physician's Order Sheet (POS), functions in the moderate mental retardation and has an additional diagnosis of menses regulation.</p> <p>Per the 8/1/13 POS, R2 has a physician's order for Medroxyprogesterone 150mg; inject as directed every 3 months.</p> <p>In review of R2's May 2013 MAR (Medication Administration Record), R2 received her Medroxyprogesterone injection on 5/18/13. In review of the August 2013 MAR, there is no evidence of R2 receiving her Medroxyprogesterone injection.</p> <p>In an interview on 9/6/13 at 11:05 A.M., E1 (QIDP - Qualified Intellectual Disabilities Professional), verified that R2 did not receive her Medroxyprogesterone injection in August 2013.</p>	W 368			