

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

PRINTED: 10/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G233</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOUGLAS TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>324 EAST DOUGLAS AVENUE JACKSONVILLE, IL 62650</b>		
(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 249	<p>Annual Certification Survey-Fundamental Inspection of Care 483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to informally implemented self medication programs all opportunities for 2 of 2 (R1 and R3) in the sample.</p> <p>Findings Include:</p> <p>1) Review of R1's ISP (Individual Service Plan) of 3/1/16, R1 is an ambulatory verbal male who function in the Mild Range of Intellectual Disabilities. Review of the MAR (Medication Administration Record), R1 receives Gabapentin 400mg 3x daily (6:00am, 4:00pm and 9:00pm) for Anxiety.</p> <p>R1's self medication states: R1 will identify his medication Gabapentin by name independently for all session. Medication is given more than once daily, program will be run each time but documented only at the 9:00pm med pass.</p>	W 249			10/5/16

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

TITLE

(X6) DATE

09/30/2016

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 249	Continued From page 1  On 9/19/16 at 4:00pm, R1 was observed receiving his Gabapentin. E3 (Direct Support Person) was not observed to implemented his medication during the pass.  2) Review of R3's ISP (Individual Service Plan) of 3/1/16, R3 is an ambulatory verbal male who functions in the Severe Range of Intellectual Disabilities. Review of the MAR (Medication Administration Record), R3 receives Lithium Carbonate ER 450mg 2x daily (7:00am and 5:00pm) for his Bi-Polar Disorder.  Review of R3's self-medication program: R3 will state the color of Lithium with 3 verbal prompts for all sessions.  On 9/19/16 at 5:00pm, R3 was observed receiving his Lithium. E3 was not observed to implemented R3's program during the pass.  The facility failed to implemented medication programs at all opportunities.	W 249			
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 that medications to control maladaptive behaviors have written consent by	W 263			10/5/16

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W 263	<p>Continued From page 2 the guardian for 1 of 4 (R2) in the sample.</p> <p>Findings Include:</p> <p>Review of R2's ISP (individual Service Plan) of 6/7/16, R2 is an ambulatory verbal female who functions in the Moderate Range Of Intellectual Disabilities. R2 has additional diagnosis of Depression and Impulse Control Disorder.</p> <p>R2 receives the following medication to control her disorder of outburst: Clonazepam 0.5mg,daily, Sertraline/Zoloft 100mg daily, Abilify 5mg and Trazodone 50mg.</p> <p>Review of R2's written consent on 9/20/16, R2 did not have current consents for the Sertraline, Abilify and Cloonzepam. The last consent was dated on 6/17/15.</p> <p>Interview with E2 (Qualified Intellectual Disability Professional) on 9/20/16, E2 stated, the guardian is aware of R2's medication but unable to produce the current consents at this time.</p>			W 263			