

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

PRINTED: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER HUNT TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 SOUTH FOURTH STREET KANKAKEE, IL 60901		
(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 Annual Certification Survey - Fundamental Annual Licensure	W 000			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure data is collected to support increasing the dosage of behavioral medication for 1 of 2 individuals who use medication as part of a behavior plan, R2. Findings include: According to the July 16, 2013 Individual Service Plan (ISP) R2's diagnoses include Major Depression with Psychotic Features and Chronic Hyper Impulse Control. The behavior section of the ISP reads, "He demonstrates moderately serious internalized maladaptive behaviors, including withdrawal and inattentive behavior and unusual or repetitive habits. He demonstrates marginally serious externalized maladaptive behaviors, including destructiveness to property and hurting others." The Behavior Management/Resident Rights Committee dated 12/31/13 notes the behavior	W 252		2/15/14	

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: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER HUNT TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 SOUTH FOURTH STREET KANKAKEE, IL 60901		
(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 252	Continued From page 1 being collected is Isolation, Paranoia and Suicidal Statements. The minutes read, "(R2) has had a slight decrease in his behaviors for this quarter, as opposed to last quarter. Last quarter (R2) had 13 behaviors, and this quarter he had 2 behaviors.... (R2's) Geodon will be decreased by 10 mg when he exhibits 0 behavioral incidents for 3 consecutive months." A Community Support Team meeting was held on 12/4/13, R2's Geodon was increased from 60 mg. twice daily to 80 mg. twice daily. The reason given for the increase is "due to an increase in maladaptive behaviors. E4 (Psychiatrist) increased R2's Geodon." E1, Residential Services Director, was interviewed on 1/22/14. E1 said R2's medication was increased because he is very paranoid, he doubts himself and his self esteem goes down and he isolates more. The medication was increase based on testimonial evidence. E1 confirmed there is no evidence that the data supports the medication increase.	W 252			
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to administer medication in accord with the physician's order for 1 of 6 individual (R6) observed during medication administration. Findings include:	W 369		2/20/14	

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

PRINTED: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER HUNT TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 SOUTH FOURTH STREET KANKAKEE, IL 60901		
(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 369	Continued From page 2 E3, direct care, was observed during the medication administration on 1/21/2014 at approximately 4:12 p.m. in the medication room. E3 observed assisting R5 with her medications at approximately 4:30 p.m. E3 observed to hand R5 her medication inhaler QVAR 80 mcg with a Aerochamber. R5 assembled the inhaler to the Aerochamber and attempted to take her medication but it was empty. Review of the Medication Administration Record dated January 2014 documented that R5 missed 3 doses of QVAR 80 mcg on 1/20/2014, 1/21/2014 at 5:00 p.m. and 1/21/2014 at 7:00 a.m. because the medication was unavailable. E3 was interviewed on 1/21/2014 at approximately 4:40 p.m. and stated that R5's medication inhaler QVAR 80 mcg was re-ordered on 1/9/2014 but we have not received the medication yet. E3 showed the surveyor a document titled Medication Ordering and Receiving Log which validated that R5's medication was re-ordered on 1/9/2014.	W 369			