

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

PRINTED: 10/24/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>HICKORY STREET PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3905 EAST HICKORY STREET DECATUR, IL 62521</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 189	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that staff demonstrated competencies in: 1) Sanitary measures for 1 of 5 individuals in the facility during the medication administration (R4); 2) Sanitary measures for 5 of 6 individuals in the facility during the evening meal (R2, R3, R4, R5, R6); 3) Implementing R3's eating program at the evening meal.</p> <p>Findings include:</p> <p>1. During medication observations on 10/16/12 at 4:30 pm, E2 (Direct Service Personal- DSP) administered Artificial Tears, one drop to each eye, to R4 without using gloves or sanitizing her hands. E2 then administered R4's Benefiber Powder.</p> <p>In review of the 10/01/12 physician order sheet R4 is to receive Artifical Tears, 1 drop to each eye, three times per day.</p>	W 189		

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 189	<p>Continued From page 1</p> <p>In an interview on 10/17/12 at 2:00p.m E1 (Residential Services Director- RSD) stated that gloves should have been worn when administering the eye drops.</p> <p>2. On 10/16/12 at 5:15 pm E2, (DSP), was noted to tear up R5's bread at the supper table with her bare hands. E2 then went into the kitchen and came back out into the dining room with a pair of gloves on. E2 cut up R3's bread with a fork and knife, and then preceded to use the same fork and knife to cut up R6, R4, and R2's meat and R5's potatoes after they had started eating.</p> <p>In an interview on 10/17/12 at 2:00 pm, E1 (RSD) stated staff should not have used their hands when tearing up bread. E1 further stated that each individual had their own fork and knife, and staff should not have used the same fork and knife for all of the individuals.</p> <p>3. Per the 10/13/11 Interdisciplinary Team Evaluation (IDT), R3 function in the severe range of mental retardation.</p> <p>On 10/16/12 from 5:10 pm to 5:19 pm, R3 was noted to be taking bites of food while staff were assisting other individuals with serving themselves supper. At 5:19 pm E3 (DSP) sat down next to R3 and was prompting him to put his spoon down after each bite, chew food, and take a drink.</p> <p>R3 has a eating program plan which states as follows: "At meal time, R3 will wait until all food has been passed out and all others are at the table, before he begins to eat. R3 will complete</p>	W 189			

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W 189	Continued From page 2 the following eating sequence during meals with staff prompts as needed. Staff will assure R3 is sitting with feet on the floor and staff will prompt R3 to take drinks after every few bites".	W 189			
W 257	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.  This STANDARD is not met as evidenced by: Based on file review and interview, the facility facility failed to revise objectives when an individual is failing to make progression toward identified goals for 1 of 1 individuals in the sample (R3).  Findings include:  1. R3 per the 10/13/11 Interdisciplinary Team Evaluation (IDT), functions in the severe range of mental retardation.  The monthly QIDP (Qualified Intellectual Disability Professional) reviews for R3, for June 2012, July 2012, August 2012, and September 2012 were reviewed.  R3's formal objectives and results for his programs are as follows: - Will be able to say the color of his Aspirin with 2 or less visual/verbal cues when asked the color and shape of his Aspirin at AM med pass for 3	W 257			

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W 257	<p>Continued From page 3 consecutive months. Results: June 2012 - continue; July 2012 - continue; August 2012 - continue; September 2012 - continue.</p> <p>- Will have complete exercise steps 1-3 with 10 reps for 3 consecutive months. Results: June 2012 - continue; July 2012 - continue; August 2012 - continue; September 2012 - continue.</p> <p>- Will say and point to the correct number (1-10) when asked with 2 or less verbal prompts for 2 consecutive months. Results: June 2012 - continue; July 2012 - continue; August 2012 - continue; September 2012 - continue.</p> <p>- (Clothing) - Will complete steps 1-3 with 3 or less verbal prompts for 3 months. Results: June 2012 - continue; July 2012 - continue; August 2012 - continue; September 2012 - continue.</p> <p>- Will correctly name 5 items from his Item Box with 2 or less verbal prompts for 25/30 trials per month for 3 consecutive months. Results: June 2012 - continue; July 2012 - continue; August 2012 - continue; September 2012 - continue.</p> <p>There is no documented evidence that these above program objectives were revised for R3.</p> <p>In an interview on 10/17/12 at 1:25 P.M., E1 (Residential Services Director), confirmed that R3's program goal objectives have not been revised.</p>	W 257			

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W 369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, facility staff failed to ensure medications were given as physician ordered for 1 of 5 individuals in the facility who received medications (R4).</p> <p>Findings include:</p> <p>During observations of the evening medication pass on 10/16/12 at 4:30 pm , by E2 (Direct service Person), R4 received Benefiber Powder 1 tablespoon mixed in 8 ounces of water.</p> <p>In review of the physician orders dated 10/01/12, R4 is to receive Benfiber Powder, 1 teaspoon mixed with 8 ounces of liquid three times per day.</p>	W 369			