

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

PRINTED: 12/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER GORDON JONES TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 421 NORTH ROCHESTER STREET LANARK, IL 61046		
(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 - Fundamental	W 000			
W 382	<p>Inspection of Care 483.460(I)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to keep all drugs locked for 15 of 15 clients who live in the facility, R's 1 to 15, during the 4pm medication, (med), pass on 10-28-13.</p> <p>Findings include:</p> <p>According to an undated roster of clients supplied by the facility; R's 1, 2, 5, 10, 11, 12, 13, 14 & 15 function in the Moderate range. R's 3, 6, 7 & 9 function in the Severe range and R's 4 & 8 function in the Profound range.</p> <p>During 4pm med pass on 10-28-13 DSP E4 set up the med pass and began med administration. At 4:11pm E4 grabbed 3 packs of crackers and left the med room. E4 went into the adjoining dining room and passed the crackers out to those clients who were to get them. E4 left the med room door open. The box with the med blister cards in it was sitting on the counter in the med room with its lid open and the meds unsecured. While E4 was out of the room R14 entered the med room. R14 exited the med room and he did not touch the meds while he was in there.</p>	W 382			

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 382	Continued From page 1 During an interview on 10-28-13 at 4:50pm after surveyor explained that it was problematic that she had left the meds in the med room unlocked, out of her line of vision, E4 nodded and said "OK."	W 382		