

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

PRINTED: 10/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/05/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GORDON JONES TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>421 NORTH ROCHESTER STREET LANARK, IL 61046</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  Annual Certification - Fundamental  Annual Licensure	W 000			
W 268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT  These policies and procedures must promote the growth, development and independence of the client.  This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained his dignity when he went out in public sitting on a chucks absorbent pad.  Findings include:  According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year old man who has moderate intellectual disability and whose diagnosis includes seizure disorder.  During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 8:20am when he got on his bus to go to work for the day, R5 was sitting on a chucks absorbent pad that was visible. On 10-4 the pad was tucked in more than it was on the previous day, but it could still be seen at the corners of the cushion he was sitting on in his wheelchair.  During an interview on 10-4-16 at 3:30pm Facility Representative E2 acknowledged that R5's	W 268			

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 268	Continued From page 1 chucks absorbent pad should not have been visible and E2 said that she would fix this situation.	W 268			
W 352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE  Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample (R4) that a comprehensive dental diagnostic service included periodic examination and diagnosis performed at least annually.  Findings include:  Per record review of the Individual Service Plan dated 7-12-16, R4 functions in the Profound range of Intellectual Disability. R4's diagnosis includes Cerebral Palsy.  Per record review of the Individual Service Plan dated 7-12-16 is written dental exam was completed on 8-25-14. She was noted as having moderate plaque and calculus. The concurrent services for R4 is to have annual dental exams.  Per record review of the Physician Order Sheet dated 9-1-16 through 9-30-16 is written dental check up yearly.  Per record review of the General Notes dated 8-20-15 is written due to no dental consent her dental appointment was canceled.	W 352			

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W 352	Continued From page 2  Per interview with E3 (QIDP) on 10-4-16 at 11:50 A.M. acknowledged that the last dental exam for R4 was on 8-25-14.	W 352			