

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

PRINTED: 01/28/2015
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 11/20/2014 |
|---|--|---|---|----------------------|---|
| 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 Survey Annual Licensure | W 000 | | | |
| W 154 | 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to thoroughly investigate all alleged violations for 1 of 4 sample clients, R1, who made statements that were not fully investigated. Findings include: According to the Inspection of Care form dated April 2014, it states that R1 is a 35 year old woman who has a mild intellectual disability. During a review of an Incident Report investigation dated 10-24-14, it states that R5 made an allegation that DSP E7 "hollered at her." As a part of this investigation R1 was interviewed regarding the incident. In R1's statement R1 was asked if E7 was loud. R1 said that E7 was loud. R1 went on to say, "I can tell you the way she sounds to some people I am surprised that a lot more haven't broke down. That is why I hide from her when she is here. I don't want any more conflicts with her...." The investigation summary of the initial allegation | W 154 | | | |

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 154 | Continued From page 1 goes on to note that the allegation against E7 by R5 ultimately was unfounded. It also notes that due to E7's inappropriate approach with residents it was determined that E7 would be terminated. There is no documentation that would address the allegations made in R1's statements. During an interview on 11-19-14 at 2:30pm Administrator E3 reviewed the details of the investigation and said that they did follow up on R1's statements. However the investigation does not contain reproducible documentation specifically addressing the allegations made in R1's statement. | W 154 | | | |
| 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 record review and interview the facility failed to ensure for one of four in the sample (R2) that data relative to the accomplishment of the criteria specified in the client individual program plan objectives is to be documented in measurable terms. Findings include: Per record review of the Individual Service Plan dated 4-18-14, R2 is a 50 year old female who functions in the Moderate Range of Intellectual Disability. R2's diagnoses includes Graves Disease and History of Acid Reflux. | W 252 | | | |

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| W 252 | Continued From page 2 Per record review of the Program Services dated November 2014 the data for the Oral Hygiene program is written to record 2 times daily. The data is present for only one recording from 11-6-14 to 11-18-14. R2's self medication program is to be recorded daily at the 7:00 A.M. medication pass. The documentation for this program was done only once on 11-16-14. Per interview with E2 (Resident Service Director) on 11-19-14 at 11:40 A.M. when asked if her program should be documented twice daily, E2 replied that she would have to add an additional space so that it can be documented. When asked if R2's self medication program should have been documented, E2 stated that it should have been documented. E2 acknowledged that the documentation for R2's oral hygiene program was documented only once daily and that documentation of R2's self medication program was only done once on the date of 11-16-14 for the month of November 2014. | 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, record review, and interview the facility failed to ensure for one of one in the sample (R3) observed during a medication administration that all medications are administered without error. Findings include: | W 369 | | | |

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| W 369 | Continued From page 3 Per record review of the Physician Order Sheet dated 11-1-14 to 11-30-14, R3 is a 42 year old male who functions in the Severe Range of Intellectual Disability. R3's diagnoses includes History of Ulcer and Down Syndrome. During observations on 11-19-14 at 7:00 A.M. E5 (Direct Support Person) was observed to pass medications to R3. R3 was observed to get the medication omeprazole. At 7:05 A.M. R3 was observed to be dining on his breakfast meal. Per record review of the Physician Order Sheet dated 11-1-14 to 11-30-14 is written Omeprazole DR 20 mg capsule, generic for prilosec 20 mg take one capsule by mouth twice daily 30-60 minutes before meals. Per interview with E5 (Direct Support Person) on 11-19-14 at 7:05 A.M. when asked if R3 was to take his omeprazole 30-60 minutes before meals, E5 replied we will have to ask E4 (Registered Nurse) about that. Upon review of the medication administration record with E5 stated this is what it says to do to take the capsule 30-60 minutes before meals. E5 stated we usually give all the medications at once and maybe that is something that we should put aside and give earlier. | W 369 | | | |
| W 440 | 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for 4 of 4 in the sample (R1, R2, | W 440 | | | |

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| W 440 | <p>Continued From page 4</p> <p>R3, and R4) and 11 of 11 outside the sample R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, and R15) that the facility hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>Per record review of the Facility Roster dated 11-18-14, R1 functions in the Mild range of Intellectual disability, R2, R6, R7, R8, R9, and R10 function in the Moderate range of Intellectual Disability. R3, R5, R11, R12, R13, and R14 function in the Severe range of Intellectual disability. R4 and R15 function in the Profound range of Intellectual Disability.</p> <p>Per record review of the Facility Fire Evacuation Drills is as follows for first shift 6-4-14 at 10:15 A.M. The facility did not have a first shift fire drill for the months of July, August, September, October, and November of 2014.</p> <p>Per interview with E3 (Administrator) on 11-18-14 at 1:58 P.M. when asked if there were any additional fire drills for October or November of 2014, E3 replied that they did not do a November drill yet and that October did not get done. E3 acknowledged that they were missing a first shift drill.</p> | W 440 | | | |