

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

PRINTED: 04/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2010
NAME OF PROVIDER OR SUPPLIER DIAMONDVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 338 COUNTRY CLUB ROAD CENTRALIA, IL 62801	
(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 249	<p>ANNUAL CERTIFICATION--FUNDAMENTAL SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure all programs are implemented as written when the facility staff failed to implement self medications programs at the 4 P.M. medication pass for 1 of 2 individuals in the sample (R3), who received medications at this pass and for 2 individuals outside the sample (R5, R6).</p> <p>Findings include:</p> <p>1. According to the facility roster dated 3/08/10, R3 functions in a Severe Level of Mental Retardation.</p> <p>On 3/08/10 the surveyor observed the 4 P.M. medication pass that was conducted by E2, Direct Support Person (DSP) from 3:55 P.M. until 4:30 P.M..</p>	W 249		
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 249	<p>Continued From page 1</p> <p>During this medication pass, E2 was observed at 4:15 P.M. to find and pull two medication cards from a rack holding several medication cards. She then handed them to R3 and prompted him to push a medication from each of the cards into a medicine cup. R3 pushed one Keppra 500 Milligram (mg.) tablet into a medicine cup and then one Risperdal 0.25 mg. tablet into the cup. He then swallowed the medications with a glass of water. After this R3 left the medication room.</p> <p>According to R3's Medication Administration program dated 3/01/10, he is to "state name of medication (Keppra), indicate dosage (250 mg.), identify time of day medications is taken (7 A.M., 4 P.M., and 9 P.M.), state the purpose of medication (control seizures), and pop pill from card into the medicine cup." He is to complete all the steps to his program for 90 consecutive days with 3 verbal prompts.</p> <p>On 3/09/10 at approximately 9:30 A.M., an interview was conducted with E1, Qualified Mental Retardation Professional (QMRP). She said that the staff should have given R3 the opportunity to locate his 4 P.M. medication cards as well as implement his medication program regarding Keppra.</p> <p>2. According to the facility roster dated 3/08/10, R5 and R6 function in a Severe Level of Mental Retardation.</p> <p>R5 and R6 were observed during the 4 P.M. medication pass on 3/08/10.</p> <p>E2, Direct Support Person (DSP) was observed to conduct the medication pass. At 3:55 P.M. E2</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>found R5's 4 P.M. medication cards and handed the cards to R5. E2 prompted R5 to push one of each of the medications into a medicine cup. R5 was able to do this without difficulty. One of the medications R5 took was Oyster Shell 500 mg. with D 200 iu. one tablet by mouth. No medication information was given during the medication pass by the staff nor did the staff ask R5 for any information.</p> <p>R5's Medication Administration Program dated 11/01/09 states that R5 is to "Identify name of medication (Oyster Calcium), indicate color of pill (green), indicate size of pill (large), and state purpose (dietary supplement). The program indicates R5 has met the steps of identifying the medicine, indicating the color and the size of Oyster Shell Calcium and is currently working on learning the purpose of it.</p> <p>R6 was observed on 3/08/10 at 3:55 P.M. to take one Oyster Shell 500 mg. w/D 200 iu., 125 mg. (one teaspoon) of Calcium Carbonate Suspension, and Lorazepam 0.25 mg. one tablet by mouth. E2 found R6's medication cards for 4 P.M. Then E2 found the Calcium Carbonate Suspension and poured one teaspoon into a plastic medicine cup. R6 then pushed the tablets into a medicine cup without difficulty.</p> <p>R6's Medication Administration Program dated 3/03/10 states that she "will come to the medicine room when asked by staff, identify her medication card by her picture, will respond yes when asked if her medication is kept in a locked cabinet, will respond no when asked if she shares this medication with others, will respond no when asked if she should take other's medications and will punch the Lorazepam medication from</p>	W 249			

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W 249	Continued From page 3 medicine card."	W 249			
W 331	<p>Confirmed with E1, Qualified Mental Retardation Professional on 3/09/10 at 9:30 P.M. that R3's, R5's and R6's medication programs were not implemented during the 4 P.M. medication pass on 3/08/10.</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility's nurse failed to ensure that the facility staff document when medications ordered by the physician on a prn (as needed) basis are given and that the response to the medication is documented for 2 of 2 individuals outside the sample (R6, R7) who receive aerosol medications.</p> <p>Findings include:</p> <p>1. According to the facility roster dated 3/08/10, R6 functions in a Severe Level of Mental Retardation.</p> <p>Per review of R6's record the physician ordered R6 to receive ProAire Inhaler 2 puffs every 3-4 hours prn for wheezing on 2/11/10.</p> <p>According to R6's Medication Administration Record (MAR) dated 2/16/10 thru 3/15/10 documents that R6 received this medication 24 times between 2/16/10 to 3/04/10. The staff did not document the time the ProAire Inhaler 2 puffs was administered not did they document her</p>	W 331			

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W 331	<p>Continued From page 4 response to the medication.</p> <p>2. According to the facility roster dated 3/08/10, R7 functions in a Moderate Level of Mental Retardation.</p> <p>According to R7's Medication Administration Record (MAR) dated 2/16/10 thru 3/15/10, R7 has a diagnosis of Asthma.</p> <p>According to his physician orders dated 2/18/10, R7 is to receive Albuterol 2.5 mg./one vial per nebulizer every 3 - 4 hours prn (as needed).</p> <p>R7's current MAR dated 2/16/10 thru 3/15/10 documents that R7 received Albuterol 2.5 mg. per nebulizer 36 times. Fourteen of the 36 times the direct support persons (DSPs) initialed the medication was given do not document the time R7 received the medication. Nor did the staff document R7's response to the medication or the reason it was given to him.</p> <p>E1, Qualified Mental Retardation Professional (QMRP) said on 3/09/10 at approximately 4:30 P.M. that the staff should document on the back of the MAR sheet the reason a prn medications is given and the response the client has to the medication. She said they should also indicate the time it was given.</p>	W 331			