

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

PRINTED: 11/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G302</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/06/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>FORTY-FOURTH STREET PLACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1479 SOUTH 44TH STREET DECATUR, IL 62521</b>			
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W 000	INITIAL COMMENTS			W 000			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL						
	LICENSURE SURVEY						
W 104	INSPECTION OF CARE 483.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fingerprinting background check was completed within 10 days of hire for 1 of 1 new employee (E3).  Findings include:  Per record review of the Health Care Workers Background Checks, there is no evidence that 1 employee E3 (Direct Service Personnel - DSP) received fingerprinting within 10 days of hire date.  E3's (DSP) hire date is 2/5/15.  In review of the fingerprint background check, it is dated 9/24/15 as being completed.  In an interview on 11/5/15 at 1:00 PM, E1 (Administrator) verified they facility was late in fingerprinting E3.			W 104			
W 136	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS			W 136			

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 136	Continued From page 1 The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure opportunities for outings were provided for 2 of 3 individuals in the sample (R1, R2).  Findings include:  According to the facility submitted roster that validates level of functioning, undated, R1 functions in the moderate range of Intellectual Disabilities and R2 functions in the severe range of Intellectual Disabilities.  During record review, each individual has a form titled, "Activity Participation Sheet".  R1 and R2's Activity Sheets were reviewed for August, September and October of 2015.  There is no documented evidence that R1 and R2 went on any community outings for the months of August and October of 2015.  In an interview on 11/4/15 at 1:50 PM, E1 (Administrator), stated, the staff are not documenting.	W 136			
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN  Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable	W 209			

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W 209	Continued From page 2 or inappropriate.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure guardian consent for approval for the Individual Program Plan (IPP) for 1 out of 3 individuals in the sample ( R2).  Findings include:  According to R2's Individual Program Plan (IPP), dated 2/6/15, R2 has a diagnoses of Severe Intellectual disabilities, Schizo-Affective Disorder, Epilepsy, and Cardiac Murmurs.  During record review of R2's IPP, dated 2/6/15, there is no evidence of a guardian consent being signed.  In an interview on 11/4/15 at 1:50 PM, when asked if there was a signature from the guardian consenting to the IPP, E1 (Administrator), stated R2's guardians were at the Annual, but no signature sheet can be found, so E1 stated that she re-sent it to the guardians to be signed.	W 209			
W 317	483.450(e)(4)(ii) DRUG USAGE  Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 317			

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W 317	Continued From page 3 failed to ensure a medication reduction plan was written for 1 of 3 individuals in the sample who receives behavior modifying medications (R1).  Findings include:  Per review of the 11/2015 Physician's Order Sheet (POS), R1 has a diagnosis of Schizo-Affective Disorder.  In further review of the 11/2015 POS, R1 receives Cymbalta 30mg (milligrams) at bedtime, and Zyprexa 5mg at bedtime.  In review of R1's Behavior Support Plan (BSP) dated 1/23/15, there is no evidence of a medication reduction plan in her BSP.  In an interview on 11/4/15 at 11:35 AM, when asked if R1 has a medication reduction plan for behavior modifying medications, E1 (Administrator) stated, I don't have it. I must have forgot to put it in her BSP.	W 317			
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a preventive pap test was completed on 1 of 1 individuals in the sample (R2).  Findings include:	W 322			

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W 322	Continued From page 4 In review of the 11/2015 Physician's Order Sheet (POS), R2 has the following diagnoses: Severe Intellectual Disability, Epilepsy, and Schizo-Affective Disorder.  In further review of the 11/2015 POS, R2 has a physician's order for a pap under sedation every 3 years.  In review of R2's "Annual Medical Summary" dated, 2/6/15, it is documented that R2's last date of a pap under sedation is 10/19/04.  There is no evidence that R2 has had a more recent pap test performed.	W 322			
W 352	In an interview on 11/5/15 at 10:35 AM, when asked if this 10/19/04 pap test was the most current on R2, E1 (Administrator), stated, yes. <b>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</b>  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 an dental exam was completed on 1 of 1 individuals in the sample (R2).  Findings include:  In review of the 11/2015 Physician's Order Sheet (POS), R2 has the following diagnoses: Severe Intellectual Disability, Epilepsy, and Schizo-Affective Disorder.	W 352			

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W 352	Continued From page 5	W 352			
W 441	<p>In review of R2's "Annual Medical Summary" dated, 2/6/15, it is documented that R2's last date of a dental exam was completed on 10/19/04 under sedation.</p> <p>There is no evidence that R2 has had a more recent dental exam being conducted.</p> <p>In an interview on 11/5/15 at 10:35 AM, when asked if this 10/19/04 dental exam was the most current on R2, E1 (Administrator), stated, yes.</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure evacuation drills were conducted under varied conditions for the third shift of 2015, for 3 of 3 individuals in the sample (R1, R2, R3) and for 3 individuals outside the sample (R4, R5, R6).</p> <p>Findings include:</p> <p>Per the facility submitted roster that validates level of functioning, undated, there is 1 individual that functions in the moderate range of Intellectual Disabilities, (R1); 3 individuals that function in the severe range of Intellectual Disabilities (R2, R5, R6); 2 individuals that function in the profound range of Intellectual Disabilities (R3, R4).</p> <p>The facility's evacuation drills were reviewed from</p>	W 441			

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W 441	<p>Continued From page 6 November 2014 to November 2015.</p> <p>There is no evidence that evacuation drills were conducted on the third shift in the past year.</p> <p>In an interview on 11/3/15 at 2:05 PM, when asked if evacuation drills were conducted on the third shift during the past year, E2 (Staff Supervisor) stated, No, I overlooked that.</p> <p>In an interview on 11/4/15 at 1:50 PM, when asked if evacuation drills were conducted on the third shift during the past year, E1 (Administrator) stated, No, I don't have any.</p>			W 441			