

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

PRINTED: 03/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025
---	--

(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 148	<p>COMPLAINT INVESTIGATION #1540339/IL74434</p> <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Per file review and staff interview it was determined that the facility failed to contact client's guardians of an significant incident for 1 of 1 clients (R13) in the sample. Findings include:</p> <p>1. Review of facility patient plan dated 1/22/15 (2:45PM) noted that R13 was taken to local health care clinic to address spots on right leg and right foot.R13 was treated and discharged with a diagnosis of cellulitis of the right leg & eczema of right foot. R13 was prescribed medications to address the current medical condition.</p> <p>Review of R13's "Individual Service Plan" dated 12/3/14. R13 is a 32 year old female with a diagnosis of mild intellectual disability & sinus venous thrombosis. R13 currently has a guardian and has current consents for medical reviews and treatments.</p> <p>Review of R13's "Nurses Note" dated 1/22/15 stated "seen MD for R lower leg; diagnosis of cellulitis. New medication noted. Follow up with</p>	W 148		1/29/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		01/29/2015

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.

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

PRINTED: 03/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/27/2015
NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025		
(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 148	Continued From page 1 MD in 1 month". Interview with E1(ADMN) on 1/27/15 @ 10:30AM. E1 verified nursing note of 1/22/15 and confirmed there was no additional information concerning contacting R13's guardian concerning medical treatment and orders for medication. E1 confirmed that nursing personnel did not contact guardians concerning clients medical conditions. Unable to provide reproducible evidence of guardian notification as of 1/27/15.	W 148		