

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

PRINTED: 11/18/2015
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 R 10/01/2015
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 368}	<p>CERTIFICATION FOLLOW UP TO DATE OF 7/8/15</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: REPEAT</p> <p>Based on observation, record review and interview the facility failed to ensure compliance with physician's orders for 1 of 1 individual (R5) observed receiving as needed medications.</p> <p>Findings Include:</p> <p>Physician's Orders/POS (dated 9/1/15 -9/30/15) identifies R5 as a 37 year old individual who functions at the moderate level of Intellectual disability with additional diagnoses of Epilepsy and Migraines. The POS documents that R5 receives Fluticasone nasal spray for allergies daily. The POS also documents that R5 has prescribed PRN (as needed) Diphenhydramine 25 mg by mouth every 6 hours as needed for cold/ allergy symptoms; PRN Guaifenesin DM Syrup 2 teaspoons by mouth every 4 hours as needed for cough; PRN Acetaminophen 500 mg two tablets by mouth as needed for headache; PRN Acetaminophen 325 mg two tablets by mouth every 4 hours as needed for pain or temperature above 101 and PRN Sumatriptan succ 100 mg at onset of headache, repeat times one after 2 hours if headache returns.</p>	{W 368}		10/2/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/01/2015

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.

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{W 368}	Continued From page 1 In review of Medication Administration Records/ MARS (5/1/15- 9/30/15), R5 did not receive his PRN Diphenhydramine. Observation of medication administration on 9/30/15 from 3:00 PM -4:20 PM, E3/Authorized Direct Support Person assisted individuals with their medication administration. R5 was accompanied to the medication room by E4/ Cook at 3:52 PM. E4 stated to E3, "R5 is complaining about a headache." R5's sclera to his eyes were red and R5 exhibited minimal clear nasal drainage. E3 asked R5 if his head hurt and R5 replied, "Yes. My sinuses." E3 reviewed the MARS, then consulted with Z1/ Registered Nurse Trainer who was present in the room across from the medication room. E3 stated to Z1, "R5 had Acetaminophen this morning and complaining of a headache and sinus." Z1 came to the medication room and stated, "Red eyes and runny nose. Are your allergies bothering you? Give him Diphenhydramine." E3 and Z1 could not find R5's PRN Diphenhydramine medication card. Z1 then asked R5 if he had a cough, then stated to E3, "Give him Tylenol and cough syrup." E3 administered Acetaminophen 325 mg two tablets and Guaifenesin two teaspoons to R5 at 4:00 PM." Surveyor did not observe R5 coughing and asked R5 if he had been coughing during the day, R5 stated, "No." In an interview with Z1/ RN Trainer on 9/30/15 at 3:55 PM, Z1 confirmed that R5's PRN Diphenhydramine was not available to be administered as ordered for R5's allergy symptoms. When asked why his PRN was not available, Z1 stated, "Must not have been reordered when they ran out."	{W 368}			

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{W 368}	Continued From page 2 In interviews with E1/ Qualified Intellectual Disability Professional on 9/30/15 at 4:20 PM and 10/1/15 at 11:00 AM and 11:40 AM, E1 confirmed that R5's PRN Diphenhydramine was not available to be given as ordered. E1 confirmed that R5 has prescribed Acetaminophen 500 mg two tablets to be given for headaches. When asked why E3 gave Acetaminophen 325 mg two tablets instead of the 500 mg tablets, E1 stated, "R5's Acetaminophen 500 mg med card ran out, we called the nurse and she gave orders to give the 325 mg tablets." When asked if R5 should receive cough syrup if he does not exhibit cough, E1 stated, "No." E1 was unable to tell surveyor when R5's last dose of Diphenhydramine had been administered. E1 confirmed R5's May 2015 -September 2015 has no documentation of R5 receiving his PRN Diphenhydramine. E1 confirmed that R5's PRN medications were not given as prescribed.	{W 368}			