

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

PRINTED: 08/24/2016
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 08/03/2016
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 154	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL</p> <p>ANNUAL LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to have evidence of a thorough investigation for 1 of 1 individual (R6) who alleged that staff had slapped him.</p> <p>Findings Include:</p> <p>Individual Service Plan (dated 11/10/15) identifies R6 as a 29 year old individual who functions at the Mild level Intellectual Disabilities.</p> <p>Final Report to Illinois Department of Public Health/ IDPH (faxed to IDPH on 12/28/15) documents, "Follow up on report of allegation of abuse. On December 22, 2015 resident (R6) made an allegation that he was slapped by staff member E4/ Direct Support Person."</p> <p>Day Training Injury Report Form (dated 12/22/15/ completed by Z2/Day Training Executive Director) documents, "R6 said a staff member hit him. There are two red marks above his eye and one under his eye." Under section titled Time of Injury, states, "Arrived at Day Training with injury."</p>	W 154		8/11/16	

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

TITLE

(X6) DATE

08/12/2016

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 Investigative Report (undated) documents that Z2/ Day Training reported that R6 had made an allegation that the overnight staff at Edwardsville Terrace had hit him, to E2/ Qualified Intellectual Disability Professional. The facility's investigation in summary states that R6 was in the hallway leading to the day area and that E4 had closed the fire door due to R6 not being fully clothed. E4 stated that R6 was yelling and cursing so she closed the fire door so that the other individuals would not be upset. The facility's conducted an investigation that identifies that only Day Training Staff, Edwardsville Staff and R6 were interviewed. There was no documentation that the individuals who reside at the facility were interviewed. In an interview with E2/ Qualified Intellectual Disability Professional on 8/1/16 at 3:20 PM, E2 confirmed that the facility did not interview any of the residents who were home at the time of the allegation. In an interview with E1/ Administrator on 8/3/16 at 1:10 PM, E1 confirmed that the residents should have been interviewed.	W 154			
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure nursing obtained clarification of the correct dosage of a medication for 1 of 1 recent admissions (R5).	W 331		8/11/16	

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W 331	<p>Continued From page 2</p> <p>Findings Include:</p> <p>Inspection of Care/ IOC identifies R5 as a 19 year old individual who functions at the profound level of intellectual disabilities. The IOC also documents that R5 was admitted to the facility on 7/19/16.</p> <p>Observation of medication administration on 8/1/16 from 3:55 PM- 4:45 PM, E3/ Authorized Direct Support Staff assisted R5 with the administration of Guanfacine 1mg at 4:00 PM. The medication was dispensed from a brown pharmacy bottle that stated that R5 was to receive Guanfacine 1mg three times a day including a dose at 3:00 PM.</p> <p>Medication Administration Record (dated 7/14/16- 8/1/16) has handwritten entries including Guanfacine 1mg 1 mg three times a day to be given at 7: 00 AM, 4:00 PM and 9:00 PM. There are initials that medication was administered at all three times from 7/14/16- 8/1/16.</p> <p>Physician's Orders/ POS (dated 8/1/16- 8/31/16) documents that R5 has prescribed Guanfacine 1 mg to be administered twice a day at 7:00 AM and 9:00 PM. The form has not been signed by Z3/Primary Care Physician.</p> <p>DHS DDPAS-3 (Medication Review) documents that R5's Guanfacine 1mg twice a day had a start date of 5/5/16.</p> <p>In an interview with Z1/ Registered Nurse Consultant on 8/2/16 at 8:05 AM, when asked why R5's POS states that R5 has prescribed Guanfacine 1mg twice a day, but her MARS identifies three times a day, Z1 stated, "The</p>	W 331			

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W 331	Continued From page 3 family brought prescription bottles in and the Guanfacine stated to be given three times a day. Her guardian told me she's taking twice a day. I told her I had to follow the prescription on the bottle." Z1 confirmed that she did not call the physician to get clarifications on the orders. Z1 confirmed that R5 has received the Guanfacine 1 mg three times a day since her admission."	W 331			
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to follow up on the dental recommendations for 1 of 1 individuals in the sample (R2) who is in need of dental work under sedation dentistry. Findings Include: Physician's Orders/ POS (dated 6/1/16- 6/30/16) identifies R2 as a 47 year old individual who functions at the moderate level of intellectual disabilities. In review of POS there are no orders in regards to dental care. Dental Consultation (dated 7/14/15) documents, "(Patient) needs sedation for any work needed. Unable to scale to many teeth, (Patient) clenches cheeks making it difficult to clean. Tissues red and inflamed."	W 356		8/11/16	

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W 356	Continued From page 4 R2's Dental Consultation (dated 6/13/16) documents, "Severe periodontitis. Very limited cooperation. Poor oral hygiene. He has severe bone loss. His adjustment to removable (unable to read) is questionable. Any (extraction) may decrease his chewing ability. Recommend Sedation for (extraction) and removable (unable to read) if tolerated." In an interview with E2/ Qualified Intellectual Disability Professional on 8/3/16 at 9:55 AM, E2 confirmed that she had not followed up on the recommendations as stated on R2's 6/13/16 dental consultation.	W 356			