

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

PRINTED: 07/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER CAMPBELL COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 426 E. DOUGLAS JACKSONVILLE, IL 62650		
(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 153	<p>ANNUAL CERTIFICATION INSPECTION OF CARE 483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to report in a timely manner an incident of hospitalization for 1 of 1 individual (R3), inside the sample who was hospitalized with abdominal distention resulting in hernia repair.</p> <p>Findings include:</p> <p>R3 is identified by the Physicians Order Sheet, (POS), dated 6/1/15 to 6/30/15 as an individual who functions at the Profound Level of Individuals with Intellectual Disabilities.</p> <p>Record review of Change of Condition form confirmed that on 5/31/15 R3 was taken to the local hospital where R3 was diagnosed with a hernia.</p> <p>Record review from fax conformation report dated 6/2/15 at 4:13 PM confirms that fax to Illinois Department of Public Health, (IDPH), to notify of hospitalization was sent to IDPH on 5/31/15 no</p>	W 153			

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 153	Continued From page 1 time was noted.	W 153			
W 321	<p>On 7/1/2015 at 9:45 AM it was confirmed with interview by E1, Facility Representative that the report to IDPH from the incident on 5/31/2015 was not sent to IDPH until 6/02/2015.</p> <p>483.460(a)(2) PHYSICIAN SERVICES</p> <p>The medical care plan of treatment must be integrated in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility has failed to ensure that the medical care plan was integrated into the individual program plan affecting 1 of 1 individual inside the sample, (R3) by not updating the diagnosis.</p> <p>Findings include:</p> <p>R3 is identified by the Physicians Order Sheet, (POS), dated 6/1/15 to 6/30/15 as an individual who functions at the Profound Level of Individuals with Intellectual Disabilities.</p> <p>Record review of the Nursing Note, (NN), dated 05/2015 documents, "R3 was admitted to the hospital and taken for surgery on 5/31 for possible incarcerated hernia. Anesthesiology noted a difficult intubation as R3 has a distorted uvula and distorted chords with extra folds of tissue around chords, this will be added to R3's diagnoses for future intubation should it be necessary."</p> <p>Record review of R3's Individual Service Plan, (ISP), dated 8/8/14 has no evidence of addendum</p>	W 321			

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W 321	Continued From page 2 to the diagnosis including distorted uvula and distorted chords with extra folds of tissue around chords. Interview on 7/1/15 at 12:40 PM with E2, Direct Staff Person, (DSP), House Manager, confirmed that there was no addendum to R3's ISP of the diagnosis including distorted uvula and distorted chords with extra folds of tissue around chords. E2, DSP, also confirmed that R3 was discharged from the hospital on 6/5/2015.	W 321			
W 325	483.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to provide physical examination for Dyskinesia as ordered by physician affecting 1 of 1 individual in sample, (R1). Findings include: R3 is identified by the Physicians Order Sheet, (POS), dated 6/1/15 to 6/30/15 as an individual who functions at the Profound Level of Individuals with Intellectual Disabilities. Record review of Dyskinesia Identification System Form GP-100 dated 9/22/14 has next exam date due 4/2015.	W 325			

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W 325	Continued From page 3	W 325			
W 331	<p>On 7/1/15 at 10:30 AM E2, Direct Staff Person, (DSP), House Manager, confirmed that there was no additional Dyskinesia Identification System Forms for R1.</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 record review and interview the facility failed to have nursing services affecting 3 individuals in the sample, (R1-R3):</p> <p>1.) Ensure through assessments for 1 of 1 individual in the sample, (R3), after returning from hospitalization for hernia repair.</p> <p>2.) Document that abnormal laboratory reports were reported directly to the physician which affected 2 individuals inside the sample, (R1 and R2).</p> <p>Findings include:</p> <p>1.) Ensure through assessments for 1 of 1 individual in the sample, (R3), after returning from hospitalization for hernia repair.</p> <p>R3 is identified by the Physicians Order Sheet, (POS), dated 6/1/15 to 6/30/15 as an individual who functions at the Profound Level of Individuals with Intellectual Disabilities.</p> <p>Record review of R3's chart on 7/1/15 at 10:00</p>	W 331			

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W 331	<p>Continued From page 4</p> <p>AM has no evidence of documentation in Nurses Notes, (NN), of condition or return from repair of hernia.</p> <p>Interview on 7/1/15 at 12:40 PM with E2, Direct Staff Person, (DSP), House Manager, confirmed that there was no documentation in R3's chart for assessment after return from hospitalization for hernia repair.</p> <p>Interview on 7/1/2015 at 12:48 PM with Z1, Registered Nurse, (RN), confirmed that there was no documentation in chart for R3 after R3 was discharged from hospital on 6/5/2015.</p> <p>2.) Document that abnormal laboratory reports were reported directly to the physician which affected 2 individuals inside the sample, (R1 and R2).</p> <p>R1-R2 are identified by the Physicians Order Sheet, (POS), dated 6/1/15 to 6/30/15 as individuals who functions at the Profound Level of Individuals with Intellectual Disabilities.</p> <p>Record review of (R1's) laboratory report dated 1/13/15 documents elevated Hemoglobin A1C of 8.0 (normal 0.0-5.9). There is no evidence on this report that the physician was notified.</p> <p>Record review of (R2's) laboratory report dated 1/13/15 documents elevated White Blood Count of 10.89 (normal 3.60-10.00), Red Blood Count 5.13 (normal 3.76-5.01). There is no evidence on this report that the physician was notified.</p> <p>Record review of (R2's) laboratory report dated</p>	W 331			

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W 331	Continued From page 5 4/7/15 documents elevated Cholesterol level of 108, (normal 0-99). There is no evidence on this report that the physician was notified. Interview on 7/1/2015 at 12:48 PM with Z1, Registered Nurse, (RN), confirmed that Z1 did not speak directly to physician about the abnormal lab values.	W 331			