

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

PRINTED: 06/05/2014
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 05/13/2014
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			
	ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL				
	ANNUAL LICENSURE				
W 317	INSPECTION OF CARE 483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is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 failed to ensure a reduction plan for medications used to control behavior was in place for 1 of 2 (R2) individuals in the sample who takes medications to control behaviors. Findings include: R2 is identified on the facility roster as a 49 year old female who functions in the Profound level of Intellectual Disability. Review of facility "Behavior Management/Resident Rights Committee" dated 4/21/14 for R2, states R2 takes Sertraline (Zoloft) 100 mg (milligrams) tablet every morning and 50 mg every evening for a diagnosis of Obsessive Compulsive Disorder.	W 317			

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 317	Continued From page 1 "Behavior Management/Resident Rights Committee" for R2 states under section titled, "Reduction Plan," states, "Zoloft is at a therapeutic level and should not be reduced at this time because she is stable." Signed Physician orders for R4 for the period 4/1/14 through 4/30/14 list Zoloft 100 mg every morning and 50 mg every evening. Interview with E1(Quality Intellectual Disability Professional) on 5/13/14 at 11:42 AM, E1 confirms there are no plans in place to decrease the Zoloft for R1.	W 317			
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to hold evacuation drills under varied conditions during the last year, which has the potential to effect all residents in the facility, 2 of 2 in the sample (R1 and R2) and 2 of 2 outside the sample (R3 and R4). Findings include: R1 is identified on the facility roster as a male with the date of birth of 1/11/55 who functions in the profound level of intellectual disability. R2 is identified on the facility roster as a female with the date of birth of 1/22/65 who functions in the profound level of intellectual disability.	W 441			

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W 441	<p>Continued From page 2</p> <p>R3 is identified on the facility roster as a female with the date of birth of 5/1/56 who functions in the profound level of intellectual disability.</p> <p>R4 is identified on the facility roster as a male with the date of birth of 10/31/58 who functions in the profound level of intellectual disability.</p> <p>During review of facility Disaster Drill Reports, disaster drills were held on first shift on 7/8/13 and 2/17/14, second shift on 12/2/13 and third shift on 10/20/13 and 4/7/14. All drills are documented as Tornado drills.</p> <p>Interview with E1 (Quality Intellectual Disability Professional) on 5/13/14 at 11:42 AM, E1 confirms only Tornado drills were held during the last year for disaster scenarios.</p>			W 441			