STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G338	A. BUILDING _____ B. WING _____	R-C 04/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOSTERBURG TERRACE	4617 WONDERLAND DRIVE ALTON, IL 62002

(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 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: Repeat Based on record review and observation, the nurse failed to provide over-sight to ensure that medication were administered as ordered by the physician for 1 of 1 (R5) outside the sample. Finding Include: Review of R5's POS (Physician Order Sheet) of 3/16, R5 is a 61 year old male who functions in the Mild Range Of Intellectual Disabilities with additional diagnosis of Seizure Disorder, Psychotic Disorder and Schizophrenia. POS indicates for 4:00pm medication pass: R7 is to receive: Oyster Shell 1 tablet by mouth with food and Pantoprazole 40mg 1 tablet by mouth once daily for GERD give 30 minutes before meals. On 4/25/16 at 4:45pm, R7 entered the medication area to receive his 4:00pm medications. E4 (Direct Support Staff) was observed identifying the Pantoprazole 40mg to R7 and the instructions that the medication is given 30 minutes before meals.	{W 331}		6/28/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/04/2016

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 331}	Continued From page 1 R7's Pantoprazole and Oyster Shell was administrator and R7 received a cookie with the medications. The supper meal began at 5:00pm. The nurse failed to ensure over-sight to prevent the contra-indication of R7's medications.	{W 331}		