

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

PRINTED: 05/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOSTERBURG TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4617 WONDERLAND DRIVE ALTON, IL 62002</b>
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W 000	INITIAL COMMENTS	W 000		
W 240	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL INSPECTION OF CARE</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: 2) Review of R2's IHP (Individual Habilitation Plan) of 2/11/16, R2 is an ambulatory verbal male who functions in the moderate range of Intellectual Disabilities.</p> <p>R2's dental exam of 6/19/15: R2 has decay and periodontal needs. Dentist recommends improved homecare of teeth.</p> <p>R2's IHP indicates: R2 needs assistance in brushing his teeth correctly brush his teeth a formal toothbrushing program has not been in this area.</p> <p>R2 has a maintenance program in which staff are to assistance R2 with toothbrushing. There are no specific interventions to identify how staff are to assist R2 in ensuring that teeth are brush adequately.</p> <p>Interview with E2 (Qualified Intellectual Disabilities Professional) on 4/26/16 at 2:00pm, E2 confirms R2 does not have a formal program to address R2 oral care and there are no interventions in place to ensure proper oral care for R2.</p>	W 240		6/28/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>05/04/2016</b>
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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 240	Continued From page 1  Based on record review and interview the facility failed to develop and implement a formal tooth brushing program that states relevant interventions of how staff are to provide assistance for 2 of 4 individuals in the sample (R1 and R2).  Findings Include:  1) Physician's Orders/ POS (dated 4/1/16-4/30/16) identifies R1 as a 26 year old individual who functions at the Profound level of Intellectual Disability with additional diagnosis of Autism.  R1's Individual Habilitation Plan/ IHP (dated 6/19/15) notes, "He needs physical prompting to ensure that he completes the entire tooth brushing process."  R1's IHP identifies Goal #5 as self care program that includes Objective #1 of brushing his teeth. In review of the tooth brushing program, there are no specific interventions stated of how staff are to physically assist R1 in ensuring that his teeth are brushed adequately.  Prompt Level Documentation Form (dated April 2016) identifies additional support, "Brushing Support." the form notes that staff are to assist with brushing teeth in the AM and PM. There are no interventions stated that identifies how staff are to assist R1 to ensure that his teeth are brushed appropriately.	W 240			

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W 240	Continued From page 2 Nursing Notes (dated 5/28/15- 8/6/15) has an entry on 7/14/15 that states, "Annual dental appointment with (name of dentistry), recommend to start gum treatment as soon as possible, client has teeth and gum disease and will lose all teeth without treatment."  Dental Consultation (dated 1/22/16) notes, "Patient has heavy plaque. Gum tissue is red and inflamed. Patient Must have assistance (with) brushing and flossing."  Dental Consultation (dated 3/11/16) notes, "Heavy plaque and debris. Must have assistance brushing."  In an interview with E2/ Qualified Intellectual Disability Professional on 4/26/16 at 12:35 PM, E2 confirmed that R1's tooth brushing programs do not identify the specific interventions on how staff are to provide assistance to R1 to ensure his teeth are brushed adequately. E2 confirmed that the programs do not identify that staff will provide physical assistance to ensure proper tooth brushing. E2 confirmed that the dental consultations identify that R1 continues to have heavy plaque and that staff are to assist with brushing."	W 240			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249		6/28/16	

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W 249	Continued From page 3  This STANDARD is not met as evidenced by: 3) Review of R10's POS (Physician Order Sheet) of 3/16, R10 is a 46 year old verbal ambulatory male who functions in the Mild Range of Intellectual Disabilities with additional diagnosis of Down's Syndrome, Schizophrenia and Ulcers. R10's receives Oyster Shell and Olanzapine at the 4:00pm medication pass.  Review of R10's IHP (Individual Habitation Plan) of 6/16/14, R10 has a formal medication program: R10 will choose his medication out of a field of two, and state the time of the medication (Oyster Shell). Training to be implemented on the am shift.  Observation of the 4:00pm medication pass on 4/25/16, R10 received his Oyster Shell. E4 (Direct Support Person) was not observed to informally implemented R10's medication program.  4) Review of R7's POS (Physician Order Sheet ) of 3/16, R7 is a 42 year old ambulatory male who functions in the Severe Range of Intellectual Disabilities. R7 receives Folic Acid 2x a day. (am and pm).  Review of R7's IHP (Individual Habilitation Plan) of 7/15/15, R7 will identify his medication from a field of two (Folic Acid). Training will be implemented on the am shift.  Observation of the 4:00pm medication pass on 4/25/16, R7 received his Folic Acid. E4 was not observed to implemented R7's program at every opportunity.	W 249			

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W 249	<p>Continued From page 4</p> <p>Based on record review, observation and interview, the facility failed to implement self medication programs for 4 of 8 individuals (R3, R6, R7 and R10) observed receiving their medications.</p> <p>Findings Include:</p> <p>1) Integrated Plan for Usage of Psychotropic Medications (dated 2/9/16) notes R3 functions at the Severe level of Intellectual disability and has additional diagnoses of Attention Deficit Hyperactivity Disorder, and Fragile X Disorder.</p> <p>Physician's Order/ POS (dated 4/1/16-4/30/16) identifies R3 as a 22 year old individual. The POS notes that R3 has prescribed 7 :00 AM medications of Sertraline 100 mg (2 tablets), Cetirizine 10 mg (1 tablet) and Clonidine 0.2 mg (1 tablet).</p> <p>Individual Habilitation Plan Goal and Objectives (dated 3/2/16) notes a self medication program that states R3 will identify his Clonidine from a field of two. The plan's method notes, "Staff will present R3 with two medication cards, one of which is his Clonidine. Staff will ask R3 to point to the medication cart that is his Clonidine."</p> <p>Observation 6:10 AM- 6:20 AM on 4/26/16. E3/ Authorized Direct Support Person was assisting individuals with their 7:00 AM medication administration. E3 came into the medication room at 6:10 AM . E3 asked R3 to identify where his medications where in the medication cart. R3 went to the cart and pulled blister packs with assistance from E3. E3 then assisted R3 with verbal prompting of administering Certirizine 10</p>	W 249			

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W 249	Continued From page 5 mg (1 tablet), Sertraline 100 mg (1 tablet) and Clonidine 0.2 mg (1 tablet). E3 did not prompt R3 to identify his Clonidine from a field of two medication cards.  2) Physician Orders (dated 4/1/16-4/30/16) identifies R6 as a 37 year old female who functions at the Moderate level of intellectual disabilities. The orders note that R6 has prescribed Lexapro 20 mg daily at 7:00 AM.  Individualized Habilitation Plan Goals and Objectives (dated 3/8/16) notes a self medication program that states R6 will correctly choose and state the time she takes her Lexapro.  Observation 6:10 AM- 6:20 AM on 4/26/16. E3/ Authorized Direct Support Person was assisting individuals with their 7:00 AM medication administration. R6 came to the medication room at 6:15 AM to receive her medications. E3 assisted R6 in administering her 7:00 AM medications which included Lexapro. E3 held up two medication cards and asked R6 to identify which one was her Lexapro. E3 later asked R6 if she knew what the name of another medication was (unable to see what medication she was holding), R6 said "No." E3 did not ask R6 to identify the time that she takes her Lexapro as identified in her self medication program.  In an interview with E3/ Authorized Direct Support Person on 4/26/16 at 7:20 AM, E3 confirmed she did not implement R3 and R6's self medication programs as per program plan.	W 249			
W 317	483.450(e)(4)(ii) DRUG USAGE  Drugs used for control of inappropriate behavior	W 317		6/28/16	

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W 317	<p>Continued From page 6</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>3) Review of R2's Integrated Plan for Usage of Psychotropic Medication of 11/10/15, R2 has a diagnosis of Bipolar II disorder with obsessive compulsive symptoms. R2 functions in the Moderate range of Intellectual Disability.</p> <p>R2 symptoms of bipolar disorder with obsessive compulsive features that include: skin picking, excessive scratching, excessive handwashing, not sleeping, excessive masturbation and obsessing about the environment. R2 receives Lexapro 20mg OD, Zyprexa 12.5mg and 0.1mg Catapres BID.</p> <p>R2's reduction plan indicated: Zyprexa will be the targeted medication with 1 or less incidents of inappropriate behavior per month for 6 consecutive. The plan identify the amount of medication to be reduced.</p> <p>Interview with E2 (Qualified Intellectual Disabilities Professional) on 2/26/16 at 11:00am, E2 confirmed the specific amount of medication to be reduced are not identified on the reduction plan.</p> <p>Based on record review and interview the facility failed to develop an individualized program plan which identifies a specific drug reduction plan for 3 of 3 individuals in the sample (R1-R3) who take</p>	W 317			

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W 317	<p>Continued From page 7</p> <p>medications to control inappropriate behaviors.</p> <p>Findings Include:</p> <p>1) Physician's Orders/ POS (dated 4/1/16-4/30/16) identifies R1 as a 26 year old individual who functions at the Profound level of Intellectual Disability with additional diagnosis of Autism. The POS also notes that R1 has prescribed Risperidone 1 mg to be taken daily at bedtime for mood stabilizer.</p> <p>Integrated Plan for Usage of Psychotropic Medications (dated 11/10/15) notes R1 takes Risperdal 1 mg twice a day for inappropriate behaviors of: threats or acts of physical aggression, inappropriate touching, grabbing, and pushing other clients. The plan notes R1 will reduce episodes to 1 or less per month. In review of the section titled "Criterion Based Reduction Plan," the plan does not identify the specific criteria of the time frame that he must have a reduction of his inappropriate behaviors. The plan also does not identify what the drug reduction will be if R1 meets the criteria. The plan has not been updated to reflect his current dosage of Risperdal 1 mg daily at night.</p> <p>2) Physician's Order/ POS (dated 4/1/16-4/30/16) identifies R3 as a 22 year old individual.</p> <p>Integrated Plan for Usage of Psychotropic Medications (dated 2/9/16) notes R3 functions at the Severe level of Intellectual disability and has additional diagnoses of Attention Deficit Hyperactivity Disorder, and Fragile X Disorder. The plan notes that R3 takes Sertraline 200 mg daily and Clonidine 0.1 mg three times a day for anxiety and aggression. The plan also states R3</p>	W 317			



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W 317	Continued From page 8 takes Hydroxyzine 25 mgs prior to appointments and blood work. The plan identifies a reduction plan targeting 6 or less behaviors of fast rocking, loud vocalization and crying spells per month. The plan does not identify the specific criteria of the time frame that R3 must have a reduction of his inappropriate behaviors. The plan also does not identify the targeted drug and or amount to be reduced if R3 meets the criteria.  In an interview with E2/ Qualified Intellectual Disability Professional on 4/26/16 at 12:35 PM, E2 confirmed that R1 and R3's program plans do not specifically identify a medication reduction plan in regards to criteria and dosage to be reduced.	W 317			
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 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	W 331		6/28/16	

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W 331	Continued From page 9 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.  R7's Pantoprazole and Oyster Shell was administrator and R7 receive a cookie with the medication. The supper meal began at 5:00pm.	W 331			
W 351	483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE  Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to complete a 30 day dental examination for 1 of 2 individuals (R3) in the sample who had been admitted to the facility in the past year.  Findings Include:	W 351		6/28/16	

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W 351	Continued From page 10 Physician's Order/ POS (dated 4/1/16-4/30/16) identifies R3 as a 22 year old individual. R3 was admitted to the facility on 2/5/16.  Integrated Plan for Usage of Psychotropic Medications (dated 2/9/16) identifies that R3 functions at the Severe level of Intellectual disability.  Review of R3's medical record. There was no evidence that R3 had received dental services since his admission to the facility or received dental service within the last year previous to admission.  In an interview with E2/ Qualified Intellectual Disability Professional on 4/26/16 at 12:35 PM, E2 confirmed that R3 has not had a dental exam since being admitted to the facility.  In an interview with Z1/ Guardian on 4/27/16 at 9:15 AM, Z1 confirmed that she was R3's guardian. When surveyor asked Z1 if R3 has had a dental examination within the last year, Z1 stated, "No."	W 351			
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 ensure follow-up recommendations were	W 356		6/28/16	

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W 356	Continued From page 11 completed for 1 of 1 ( R2 ) in the sample with dental needs.  R2's IHP (Individual Habilitation Plan) of 2/11/16 indicates, R1 is a 67 year old male functioning in the Moderate Range of Intellectual Disabilities. R2 requires no prompting from to initiate toothbrushing, but needs assistance in brushing his teeth correctly. R1 does not have a formal program for tooth brushing.  R2's dental consulatation of 6/19/15 indicates: decay, periodontal needs with fillings to be completed with the recommendation of sedation dentistry.  On 2/9/16, R2 was assessed for sedation dentistry with recommendation to include: Requiring extraction for the decay of tooth #4 and #5. Recommendation for partial dentures.  Interview with E2 (Qualified Intellectual Disabilities Professional) on 4/26/16, E2 stated the necessary funds have not been allocate for R2's seduction dentistry. E2 was unable to provide evidence the proper paperwork was completed in a timely manner for R2 to receive the necessary dental care.	W 356			
W 369	483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that all	W 369		6/28/16	

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(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 369	<p>Continued From page 12</p> <p>medications are administered without error for 1 of 2 individuals (R3) observed to receive their morning medications.</p> <p>Findings Include:</p> <p>Integrated Plan for Usage of Psychotropic Medications (dated 2/9/16) notes R3 functions at the Severe level of Intellectual disability and has additional diagnoses of Attention Deficit Hyperactivity Disorder, and Fragile X Disorder.</p> <p>Physician's Order/ POS (dated 4/1/16-4/30/16) identifies R3 as a 22 year old individual. The POS notes that R3 has prescribed 7 :00 AM medications of Sertraline 100 mg (2 tablets), Cetirizine 10 mg (1 tablet) and Clonidine 0.2 mg (1 tablet).</p> <p>Observation 6:10 AM- 6:20 AM on 4/26/16. E3/ Authorized Direct Support Person was assisting individuals with their 7:00 AM medication administration. E3 came into the medication room at 6:10 AM and was administered Certirizine 10 mg (1 tablet), Sertraline 100 mg (1 tablet) and Clonidine 0.2 mg (1 tablet). R3 left the room at 6:14 AM and R6 came to the medication room at 6:15 AM to receive her medications. Surveyor noted on the Sertraline medication bubble pack that R3 was to receive 2 tablets. After R6 left the medication room, surveyor asked to look at the Medication Administration Record that noted that R3 was to receive 2 tablets of the Sertraline 100 mg at 7:00 AM.</p> <p>In an interview with E3 Authorized Direct Support Person on 4/25/16 at 6:20 AM in the medication room, surveyor showed E3 the Sertraline bubble pack and the Medication Administration Record</p>	W 369			

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W 369	Continued From page 13 and asked if she only gave R3 one tablet of his Sertraline, E3 stated, "Yes." When asked if R3 should have received two tablets, E3 stated, "Yes, I just overlooked it."	W 369			
W 455	483.470(I)(1) INFECTION CONTROL  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.  This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure hand washing was completed prior to snacks 13 of 13 individuals (R1- R13) who received snacks.  Findings Include:  Resident Roster (undated) provided to surveyor on entrance 4/25/15, identifies that R1- R13 reside at the facility. The roster also notes that R1, R5, R10 function at the mild level of intellectual disabilities. The roster notes R2, R6, R9, R 12 and R13 function at the moderate level of intellectual disabilities. The roster notes R3, R7 function at the severe level and R4, R8 R11 function at te profound level of intellectual disabilities.  Observation at the facility on 4/25/16 from 3:00 PM- 4:00 PM, R1- R13 were brought home in two separate vans at 3:00 PM and 3:20 PM. When the individuals came into the home, they brought their lunch boxes to the kitchen then came directly into the dining area. E5/ Direct Support Person and E3/Direct Support Person/ Team Lead served individuals finger foods of peanut	W 455		6/28/16	

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

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W 455	<p>Continued From page 14</p> <p>butter sandwich cookies and popcorn. The individuals were not prompted to wash their hands prior to being served the cookies and popcorn. During the time the individuals were eating their snacks, E5 held a resident council meeting, in which one of the topics discussed was about washing hands. E5 did not identify that individuals should wash their hands prior to having snacks.</p> <p>In an interview with E1/ Administrator, E2/ Qualified Intellectual Disability Professional and E3/ Team Lead Direct Support Person on 4/26/16 at 11:30 AM, when surveyors asked E2 when individuals are to wash their hands, E2 did not identify that hands should be washed before snacks, only before meals. E1, E2 and E3 confirmed that individuals should wash hands prior to snacks.</p>	W 455			