

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

PRINTED: 09/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G338		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/08/2016	
NAME OF PROVIDER OR SUPPLIER FOSTERBURG TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 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 240}	<p>Certification Follow-Up to 4/28/16</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: Repeat</p> <p>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 1 of 2 individuals in the sample (R2) with dental needs.</p> <p>Findings Include:</p> <p>1) 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 6/20/16: Dentist recommends assistance in toothbrush.</p> <p>R2's IHP indicates: R2 needs assistance in brushing his teeth correctly a formal toothbrushing program has not been developed 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 to ensuring that teeth are brush adequately.</p>			{W 240}			

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

TITLE

(X6) DATE

09/09/2016

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 240}	Continued From page 1			{W 240}			
{W 317}	<p>Interview with E1 (Qualified Intellectual Disabilities Professional) on 9/7/16, E1 confirms, There is no intervention stated to identifies how staff are to assist R2 to ensure his teeth are brushed appropriately.</p> <p>483.450(e)(4)(ii) DRUG USAGE</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Repeat</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 1 of 1 (R3) who did not have a current reduction plan.</p> <p>Findings Include:</p> <p>Review of R3's Integrated Plan for Usage of Psychotropic Medication (dated 8/6/16), R3 is an ambulatory female who functions in the Moderate Range of Intellectual Disability with additional diagnosis of Autistic Disorder.</p> <p>R3's receives psychotropic medication of Trazadone 50mgs and Ability 5mg due to her maladaptive behavior of verbal aggression, threats of physical aggression, non-compliance, inappropriate touching of others</p>			{W 317}			

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{W 317}	Continued From page 2 (breasts,genitals). R3's medication reduction program identify criteria for Abilify 7.5mg. The plan does not identify the correct medication.	{W 317}			