

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

PRINTED: 10/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/15/2016
NAME OF PROVIDER OR SUPPLIER FLOSSMOOR TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3951 WEST 190TH STREET FLOSSMOOR, IL 60422		
(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 148}	<p>FOLLOW UP TO ANNUAL CERTIFICATION SURVEY OF 6/7/16</p> <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: REPEAT</p> <p>Based on interview and record review, the facility failed to ensure the guardian was informed of the decision to stop obtaining PAP smears for 1 of 2 clients in the sample (R1).</p> <p>Findings include:</p> <p>R1's clinical record was reviewed. R1's sister is identified on the Face Sheet as being R1's legal guardian.</p> <p>R1's September 2016 POS (Physician's Order Sheet) includes "Annual PAP Smear" in the area of Screening / Exams.</p> <p>On 3/26/15 R1 has a consult report, signed by her physician, that notes the following: "Patient is very combative and refused pap smear numerous times. No more attempts."</p> <p>On 6/11/16 R1's physician signed a consult report that notes the following: "OK to remove Annual and every 2 year PAP Smear from current POS -</p>	{W 148}			

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 148}	Continued From page 1 no more attempts PAP Smears. OK to follow MD order if medically indicated as ordered by Physician per ACOG - guidelines." R1's clinical record lacks documentation that R1's guardian was informed that PAP smears will no longer be performed. E1 (QIDP - Qualified Intellectual Disability Professional) was interviewed on 9/13/16 at 12:50pm. E1 was asked if R1's guardian was informed that R1 will longer receive a PAP smear. E1 stated that R1's guardian has not yet been informed.	{W 148}			
{W 263}	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: REPEAT Based on interview and record review, the facility failed to ensure written informed consent was obtained for the use of anxiolytics for 1 of 1 client in the sample (R1). Findings include: R1's clinical record was reviewed. R1's sister is identified as R1's legal guardian. On 5/16/16 R1's dentist wrote the following order: "Please administer 1.5 milligrams Ativan on hour	{W 263}			

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{W 263}	Continued From page 2 prior to scheduled dental procedure on Monday May 23, 2016." R1's MAR (Medication Administration Record) for May 2016 was reviewed. R1 received Ativan 1.5mg 1 tablet on 5/23/16 prior to scheduled dental procedure. Review of R1's record identified that R1 has previously received Ativan (Anxiolytic) for dental sedation in the past 12 months. There is no documentation, in R1's record, that written informed consent was obtained from R1's guardian for the use of Ativan. E1 (QIDP - Qualified Intellectual Disability Professional) was interviewed on 9/14/16 at 12:50pm. E1 stated that written informed consent from R1's guardian has not been obtained.	{W 263}			
{W 350}	483.460(e)(3) DENTAL SERVICES The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: REPEAT Based on interview and record review, the facility failed to ensure a formal oral hygiene program is initiated for 1 of 1 client in the sample (R1) with documented poor oral hygiene. Findings include: R1's current dental examination, dated 5/23/16, was reviewed. The examination revealed the following: "...The soft tissues are inflamed	{W 350}			

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{W 350}	Continued From page 3 because of heavy plaque, tartar and food particles adhering to the teeth. ..." R1's previous dental examination dated 12/29/15 was reviewed. The examination revealed the following: "... The soft tissues are inflamed because of heavy plaque, tartar and food particles adhering to the teeth. ..."	{W 350}			
{W 441}	E1 (QIDP - Qualified Intellectual Disability Professional) was interviewed on 9/14/16 at 12:50pm. E1 stated that R1 does not currently have a formal oral hygiene program that has been implemented. 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: REPEAT Based on interview and record review, the facility failed to ensure evacuation drills conducted under varied conditions on various shifts affecting 3 of 3 clients residing at the facility (R1, R2 and R3). Findings include: The facility's evacuation drills dated 11/16/15 thru 4/13/16 were reviewed. The facility previously failed to conduct sufficient evacuation drills on the 2nd and 3rd shifts. On 9/14/16 the facility's evacuation drills were reviewed and no drills have been conducted since 4/13/16. E1 (QIDP - Qualified Intellectual Disability	{W 441}			

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{W 441}	Continued From page 4 Professional) was interviewed on 9/14/16 at 12:50pm. E1 stated the facility has conducted evacuation drills, however, there is no documentation of any drills being completed.	{W 441}		