

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

PRINTED: 06/23/2016
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 06/07/2016
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 104	<p>ANNUAL CERTIFICATION SURVEY ANNUAL LICENSURE SURVEY INSPECTION OF CARE 483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the governing body failed to implement it's Quality Assurance (QA) Committee Policy, after they failed to:</p> <ol style="list-style-type: none"> 1) Review a newly diagnosed fracture / bone displacement, discovered by X-ray, for 1 of 1 resident in the sample with a history of falls (R1). 2) Monitor R1's falls for trends and patterns, along with implementation of any identified corrective action. <p>Findings include:</p> <p>The facility policy titled, "Administration: Quality Assurance Committee. #5.29" requires, "1. Administrator chairs the Committee. 7. QA review all incidents and accidents: including issues that pose a safety risk to an individual, such as a change of condition and unusual incidents (either resulting in observable injuries or not), injuries and bruises of unknown origin, ...to ensure that no patterns or trends are occurring. Committee will implement a plan of correction when necessary to prevent future incidents or accidents."</p>	W 104			

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 104	<p>Continued From page 1</p> <p>According to the record, R1 is a 61 year old with diagnoses of Moderate Intellectual Disability, Osteoarthritis and Myasthenia Gravis (neurological weakness). R1 has a history of falls, and uses a wheeled walker. According to nursing (E3) progress notes, R1 fell on 7/22/15 and on 8/5/15.</p> <p>E3's note, dated 10/10/15 documents that R1 was sent to the Emergency Room (ER) on 10/9/15 after complaining of left elbow pain. E3 documented, "X-rays taken. Per ER [doctor] noted left elbow small old hairline fracture." The record lacked the X-ray report. There is no associated fall documented around the time period of 10/9/15.</p> <p>The X-ray report, obtained from the hospital during this survey on 6/7/16, shows, "Comparison with 7/22/15 [X-ray]. Findings: 1) There is again identified a large well-corticated loose body anterior to the distal humerus of uncertain age, probably chronic. No acute fracture is identified. ...No significant change from previous study except for a small joint effusion... 2) Prominent loose body re demonstrated." The ER instruction sheet documents that R1 had the X-rays, and instructions were for a "Contusion".</p> <p>E3 said on 6/7/16 at 9:30 am, that she had called to ER and spoken to the ER physician, who told her R1 had a hairline fracture which was old. However E3 did not obtain the X-ray for verification.</p> <p>The primary care physician note, dated 10/15/15, states that R1 was being seen for follow up to the 10/9 ER visit, and his documented "Assessment"</p>	W 104			

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W 104	Continued From page 2 is "Contusion of wrist." E3's progress notes document that R1 fell again on 11/2/15, and an incident report documents a fall on 3/15/16. There is no documentation that a review of trends or patterns, along with any identified corrective action, was done for R1's falls. E1 (Executive Director) confirmed the above documentation regarding R1, on 6/7/16, at 10:30 am. He said a QA review of the newly diagnosed bone displacement should have been done, and the X-ray should have been obtained. He said a review of R1's falls for trends and patterns and any needed corrective action should have been done also.	W 104			
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & 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. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure the guardian was informed of the decision to stop obtaining PAP smears, for one of two residents in the sample (R2). Findings include: According to the record, R2 is a 58 year old ambulatory and verbal female. R2's sister is the	W 148			

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W 148	Continued From page 3 guardian. R2's physician order sheet, dated 5/20/16, states "Annual PAP smear." A physician's progress note, dated 3/26/15, documents "Patient very combative and refused PAP smear numerous times. No more attempts." The most current Individual Service Plan, dated 2/24/16, includes, "PAP smear: Patient was uncooperative, even with sedation, unable to perform pap smear." The record lacked documentation that R2's guardian was informed that PAP smears will no longer be done.	W 148			
W 263	This was confirmed the RN (E3) on 6/7/16 at 9:45 am, and by E4 (Trainer) on 6/7/16 at 9:00am. 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: Based on record review and interview, it was determined the Human Rights Committee failed to ensure there was guardian consent for the use of anxiolytics, for 1 of 1 sample residents (R2). Findings include: According to the record, R2 is a 58 year old who functions at the Moderate level of Intellectual Disability. According to a physician order dated 12/2/15, and the Medication Administration Record dated 12/2015, R2 received sedative	W 263			

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W 263	Continued From page 4 medication on 12/29/15 for a dental visit. However the record lacked documentation of informed guardian consent for the use of the medication.	W 263			
W 350	This was confirmed by E4 (Trainer) on 6/7/16, at 9am. 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: Based on record review and interview, it was determined the facility failed to ensure a formal oral hygiene program was initiated for one of one sample resident (R2) currently on an informal program, but with continued poor oral hygiene. Findings include: According to the record, R2 is an ambulatory, verbal 58 year old who functions at the Moderate level of Intellectual Disability. R2's Individual Service Plan, dated 2/24/16, does not have a formal tooth brushing program, however under Secondary Priorities is "Tooth brushing - How to address: Monitor Daily." The most current dental note in the record, dated 12/29/15, documents, "The soft tissues are inflamed because of heavy plaque, tartar and food particles adhering to teeth."	W 350			
W 356	The lack of a formal oral hygiene program was confirmed by E4 (Trainer) on 6/7/16, at 9 am. 483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT	W 356			

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W 356	Continued From page 5 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, it was determined the facility failed to ensure dental treatment was obtained for 1 of 2 residents in the sample, identified in need of an extraction (R2). Findings include: According to the record, R2 is an ambulatory, verbal 58 year old who functions at the Moderate level of Intellectual Disability. A dental note, dated 7/7/15, states, "Not seen, family requested we delay extraction, staff reported, #2 mobile." The next note, dated 12/29/15, documents a dental exam was completed, however there was no mention of addressing an "extraction". The dental documentation was confirmed by E4 (Trainer) on 6/7/16, at 9:15 am. E4 said she thought R2 went to the dentist recently, however has no documentation of the visit.	W 356			
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 it was determined the facility failed to ensure drills are	W 441			

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W 441	Continued From page 6 held under varied conditions on the second and third. Findings include: The disaster drills were reviewed for the last 12 months. There was only one disaster drill run on each of the second and third shifts. This was confirmed by E2 (QIDP) on 6/6/16, at 11:30 am. E2 said there should be a second disaster drill for each shift.	W 441			