STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G346	A. BUILDING _____ B. WING _____	07/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLOSSMOOR TERRACE	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 ANNUAL CERTIFICATION / LICENSURE SURVEY - FUNDAMENTAL INSPECTION OF CARE	W 000		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to reassess an ongoing, informal tooth brushing program, for one of one sample resident with continued poor oral hygiene (R2). Findings include: According to R2's record she is a 58 year old ambulatory, verbal resident with diagnoses including Moderate Intellectual Disability. R2 requires staff assistance for hygiene needs, including tooth brushing. R2's front teeth, on the bottom and top, are missing. There are monthly log sheets, which are signed by staff daily, that R2 is being assisted with tooth brushing. R2's Dental Consultation notes, dated 6/26/14, 12/18/14, and 5/20/15 document, "The soft tissues are inflamed because of heavy plaque, tartar and food particles adhered to the teeth." The 5/20/15 note also includes, "...tooth #2, upper	W 227		

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 227	Continued From page 1 right molar, being mobile, loose. ...She would benefit from extraction." The record lacks documentation that the dental notes, regarding R2's continued poor oral hygiene, were addressed. E2 (Facility Representative/QIDP) confirmed the above documentation on 7/7/15, at 11 AM. E2 said that R2 has been on the current, informal, tooth brushing program for years.	W 227		