

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

PRINTED: 07/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/05/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 2642 ELMWOOD ROAD ROCKFORD, IL 61103		
(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 194	<p>Annual Certification - Fundamental Survey</p> <p>Inspection of Care</p> <p>483.430(e)(4) STAFF TRAINING PROGRAM</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 2 of 2 clients outside the sample (R5 and R6) that use adaptive equipment that staff demonstrate the skills and techniques necessary to implement the individual program plans for each client they are responsible for.</p> <p>Findings include:</p> <p>Per record review of the Face Sheet dated 2-2-12, R5 is a 31 year old female. R5 functions in the Profound Range of Mental Retardation. R5's diagnoses includes Seizure Disorder and Attention Deficit Disorder.</p> <p>Per record review of the Face Sheet dated 12-28-11, R6 is a 28 year old male. R6 functions in the Profound Range of Mental Retardation. R6's list of diagnoses includes Seizure Disorder and Asthma.</p> <p>During observations on 7-2-12 at the facility day training from 11:00 A.M. to 12:00 P.M. R5 was observed dining in the cafeteria. R5 was wearing</p>	W 194			

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 194	<p>Continued From page 1</p> <p>a protective cloth. R5 would use her fingers to eat her food. R5 was observed using her fingers to pick up applesauce from the protective cloth that she was wearing. R5 was not prompted by staff to use a utensil to eat with.</p> <p>During observation on 7-2-12 at the evening meal from 5:30 P.M. to 6:30 P.M. R5 and R6 were observed dining. R5 did not wear a protective cloth. R5 was observed eating with her fingers. R5 was observed with spillage on her clothing that later required her to be changed immediately after dining. R6 was observed to dine with a protective cloth. R6 was observed being fed with a regular spoon.</p> <p>Per record review of the Individual Service Plan dated 2-2-12 is written R5 also feeds herself and needs reminders at times to use her utensils. R5 does better with a spoon. R5 does not require special adaptive equipment.</p> <p>Per record review of the Individual Service Plan dated 1-13-12 is written R6 adaptive equipment includes a high sided bowl, adapted spoon, and clothing protector. R6 has a current program to focus on picking up the adapted spoon with prompts.</p> <p>Per interview with E7 (Direct Support Person) on 7-2-12 at 11:57 A.M. when asked if R5 uses a protective cloth, E7 stated yes she does because she is a messy eater. When asked if R5 eats with her fingers, E7 replied yes you have to prompt her to use her spoon otherwise she would eat with her fingers.</p> <p>Per interview with E2 (Administrator) on 7-3-12 at</p>	W 194			

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W 194	Continued From page 2 2:12 P.M. when asked if R6 uses an adaptive spoon, E2 replied yes. E2 stated that R6 is resistive to hand over hand and would refuse a lot to do so. E2 acknowledged that R6 has a program to use an adaptive spoon. E2 acknowledged that R5 would need a interdisciplinary meeting in order to discuss the use of a protective cloth for her.	W 194			
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of one in the sample (R2) that uses sedation prior to medical and dental appointments that an individual program plan is directed towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Findings include: Per record review of the Face Sheet dated 3-19-12, R2 is a 41 year old female that functions in the Severe Range of Mental Retardation. R2's list of diagnoses includes Attention Deficit Disorder and Bipolar Affective Disorder. According to the record review of the Face Sheet dated 3-19-12 is written as special information R2 is afraid of medical and dental appointments.	W 312			

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W 312	Continued From page 3 Per record review of the Physician Order Sheet dated 2-1-12 through 2-29-12 is written Hydroxyzine 25 mg tablet take 3 tablets 75 mg by mouth 45 minutes before dental appointment for sedation. Per record review of the Physician Order Sheet dated 4-1-12 through 4-30-12 is written Hydroxyzine 25 mg tablet take 3 tablets 75 mg by mouth one hour prior to mammogram. Per record review of the Dental Patient Progress Note dated 11-9-11 is written oral conscious sedation is required to manage R2 in the clinical setting based on the medical diagnoses of R2. R2 was given 50 mg Hydroxyzine prior to appointment. Per record review of the Individual Support Plan dated 3-1-12 is written Dental Appointments Hydroxyzine 75 mg to be given 45 minutes prior to appointment. The ISP also writes Mammogram Appointments Hydroxyzine 75 mg one hour prior to appointment. According to the Medication Administration Record dated 3-31-12 is written Hydroxyzine 75 mg by mouth to be given one hour prior to mammogram. This medication was marked as given on 3-20-12. Per interview with E2 (Administrator) on 7-3-12 at 2:10 P.M. when asked if R2 takes sedation medication for medical and dental appointments, E2 stated yes. When asked if R2 was on a desensitization program, E2 acknowledged that R2 has a brushing her teeth program but does	W 312			

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W 312	Continued From page 4 not have a formal desensitization program for both of R2's dental and mammogram appointments.	W 312			