

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

PRINTED: 09/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/19/2013
NAME OF PROVIDER OR SUPPLIER CARLINVILLE ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 SOUTH PLUM STREET CARLINVILLE, IL 62626		
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W 000	INITIAL COMMENTS	W 000			
W 114	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>483.410(c)(4) CLIENT RECORDS</p> <p>Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure documentation of job titles for entries made in the Nurse's Notes for 4 of 4 individuals (R1- R4) in the sample.</p> <p>Findings Include:</p> <p>Resident Roster 2013 (no date) states R1- R4 reside at the facility. The roster further states R1 functions at the Mild range of Intellectual Disability , R2 and R3 function at the Moderate level and R4 function at the Profound level of Intellectual Disability.</p> <p>R1's Nurse's Notes (dated 2/18/13-7/18/13) has 19 entries made with 6 of the entries made by Z1/ RN consultant. Of the 6 entries made by Z1 there are two entries that do not have her job title documented. There are job titles documented by only 4 of the remaining 13 entries made. There are 9 entries that do not identify the job title of the person documenting.</p> <p>R2's Nurse's Notes (dated 4/28/13- 5/22/13) has 35 entries made with 3 written by Z1/ RN Consultant that do not have Z1's job title</p>	W 114			

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 114	Continued From page 1 documented. There are job titles documented by 14 of the remaining 32 entries made. There are 18 entries that do not identify the job title of the person documenting. R3's Nurse's Notes (dated 4/30/13- 7/12/13) has 15 entries with 7 written by Z1/ RN Consultant. Of the 7 entries written by Z1 only one has her job title documented. There are no job titles documented by the remaining 8 entries. R4's Nurse's Notes (dated 4/8/13- 7/18/13) has 20 entries with 5 written by Z1/ RN Consultant. Of the 5 written by Z1, there are 3 entries that do not have job titles documented. There are 2 job titles documented by the remaining 15 entries. There are 13 entries that do not identify the job title of the person documenting. In an interview with E2/ Administrator on 7/18/13 at 1:35 PM, when asked if staff should document their job titles when documenting in the Nurse's Notes, E2 confirmed that it would be expected that job titles are documented. E2 confirmed that not all entries made in R1- R4's notes had their job titles documented.	W 114			
W 115	483.410(c)(5) CLIENT RECORDS The facility must provide a legend to explain any symbol or abbreviation used in a client's record. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure a legend of facility's abbreviations are located in the records of 4 of 4 individuals (R1- R4) in the sample.	W 115			

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W 115	Continued From page 2 Findings Include: Resident Roster 2013 (no date) states R1- R4 reside at the facility. The roster further states R1 functions at the Mild range of Intellectual Disability , R2 and R3 function at the Moderate level and R4 function at the Profound level of Intellectual Disability. In review of R1- R4's Nurse's Notes (dated 2/18/13- 7/18/13) there are entries made that have abbreviations of UA,UD and RN (Registered Nurse) next to staff's signatures. Surveyor was unable to find a legend in R1- R4's record to identify what the abbreviations of UA or UD stood for. In an interview with E2/ Administrator on 7/18/13 at 1:35 PM, E2 confirmed that there was not a legend in R1- R4's records to identify what UA or UD stood for. E2 stated that UA stood for Unit Assistant and UD stood for Unit Director. E2 further stated that they are all Direct Support Persons, that the titles are given to identify certain duties they perform. E2 confirmed that there were no legends in any of the individuals records to identify any abbreviations used by the facility.	W 115			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by:	W 153			

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W 153	<p>Continued From page 3</p> <p>Based on record review and interview the facility failed to report a fractured humerus, emergency room visits, an unscheduled hospitalization and incidents of peer to peer to the Illinois Department of Public Health. This impacted 2 of 4 individuals in the sample (R2 and R4) and 3 individuals outside the sample (R5, R6 and R7) who reside in a facility of 16.</p> <p>Findings Include:</p> <p>1. In review of the Facility's Incident Report (dated 4/26/13), Physician Consultation Report (dated 4/28/13), Emergency Department Record (dated 4/28/13), Radiology Report (dated 4/28/23) and Facility's Investigation Report (dated 4/29/13) the reports in summary states, R5 fell on her left side on 4/26/13 at 7:00 PM. R5 developed a large bruise to her left arm and was taken to the emergency room on 4/28/13 at 9:56 AM and was diagnosed with a fractured left humerus. R5 was treated with Immobilization to left arm and was discharged at 11:20 AM with orders to follow up with Z2/ Physician. In review of these reports there was no documentation of where R5 resided. The facility's name was not documented on any of the forms reviewed. There was an entry on the bottom of the Incident Report that states, "went to ER on Sunday due to injury now noted faxed to P. H. 4/29/13 @ 11.30 AM." with E1/ Qualified Intellectual Disability Professional/ Residential Service Director's initials. There was no other written evidence that facility reported the emergency room visit or the fracture to the Illinois Department of Public Health / IDPH.</p> <p>2. In review of Physician Consultation Report (dated 4/8/13) and Hospital Records (dated 4/8/13- 4/10/13) in summary states R2 was</p>	W 153			

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W 153	<p>Continued From page 4</p> <p>admitted to the local hospital on 4/8/13 to rule out Myocardial Infarction, due to an elevated pulse and R2's complaints of not feeling well. R2 was discharged from the hospital on 4/10/13 with a diagnosis of Cholelithiasis. The discharge orders were for R2 to follow up with a surgeon to have a Cholecystectomy. In review of these reports there was no documentation of where R2 resided. The facility's name was not documented on any of the forms reviewed. There was no evidence that R2's unscheduled visit to the emergency room or the hospitalization were reported to IDPH.</p> <p>3. In review of Physician Consultation Report (dated 11/8/12) and Emergency Department Forms (dated 11/18/12) in summary states, R4 was transported to the emergency room of local hospital for "swollen thigh" and was diagnosed with Tinea Cruris and Leg Ulcers. R4 was discharged with a prescription for Lotrimin cream and to follow up with Physician. In review of these reports there was no documentation of where R4 resided. The facility's name was not documented on any of the forms reviewed. On the bottom of the Physician Consultation Report there is a hand written entry that states, "faxed P.H. 11/18/12" with E1/ QIDP's initials.</p> <p>4. In review of facility's Incident Reports and Behavior Incident Reports from January 2013 - July 16, 2013, the following peer to peer incidents occurred:</p> <p>On 3/10/13 at 7:35 PM- R5 shoved R7.</p> <p>On 3/31/13 at 9:40 PM- R6 grabbed R5's hand and pushed R5's hand away. R5 kicked R6's shin three times.</p>	W 153			

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W 153	Continued From page 5 On 7/14/13 at 8:55 PM- R5 punched R7 in the back. At the bottom of the Facility's Incident Reports it states: "Date IDPH Notified" and all reports have handwritten entry with a date stating faxed and E1/ QIDP's initials. There was no other written evidence provided to the surveyor of facility reporting peer to peers to IDPH. Facility policy titled, "Facility System for Maltreatment, Abuse, Neglect, Exploitation and Complaint Resolution" (no date) states, "Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner or other service provider on an emergency basis will be reported to IDPH within 24 hours of the occurrence of each serious incident or accident." In interviews with E1 on 7/17/13 at 12:10 PM and on 7/18/13 at 10:00 AM, E1 confirmed that she was unable to provide any evidence that facility reported R2's emergency room and unscheduled hospitalization 4/8/13-4/10/13. When surveyor asked if she utilizes a cover sheet or a separate report when she reports to IDPH, E1 stated that she does not use a cover sheet, that she uses the Physician's Consultation form and will also fax papers provided to the surveyor. E1 confirmed that the facility's name is not documented on the Physician's Consultation form used. E1 confirmed that she is unable to provide any further reproducible evidence that the facility reported the peer to peers, emergency room visits, fracture or hospitalization to IDPH.	W 153			
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS	W 156			

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W 156	<p>Continued From page 6</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to report to Illinois Department of Public Health (IDPH) the results of their investigations for 1 of 1 individuals (R5) who had a fall that resulted in a fractured humerus.</p> <p>Findings Include:</p> <p>In review of the Facility's Incident Report (dated 4/26/13), Physician Consultation Report (dated 4/28/13), Emergency Department Record (dated 4/28/13), Radiology Report (dated 4/28/13) and Facility's Investigation Report (dated 4/29/13) the reports in summary states, R5 fell on her left side on 4/26/13 at 7:00 PM. R5 developed a large bruise to her left arm and was taken to the emergency room on 4/28/13 at 9:56 AM and was diagnosed with a fractured left humerus. R5 was treated with Immobilization to left arm and was discharged at 11:20 AM with orders to follow up with Z1/ Physician. In review of these reports there was no documentation of where R5 resided. The facility's name was not documented on any of the forms reviewed. There was an entry on the bottom of the Incident Report that states, "went to ER on Sunday due to injury now noted faxed to P. H. 4/29/13 @ 11.30 AM." with E1/ Qualified Intellectual Disability Professional/ Residential Service Director's initials. There was also an entry on the bottom of the facility's investigation report that states, "faxed PH 4/29/13 @ 11:30 " There</p>	W 156			

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W 156	<p>Continued From page 7</p> <p>was no other written evidence provided to the surveyor to show evidence that the facility reported the final results of their investigation to the Illinois Department of Public Health / IDPH regarding R5's fractured humerus.</p> <p>Facility policy titled, "Facility System for Maltreatment, Abuse, Neglect, Exploitation and Complaint Resolution" (no date) states, "Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner or other service provider on an emergency basis will be reported to IDPH within 24 hours of the occurrence of each serious incident or accident. A narrative summary of the serious incident or accident will be sent to IDPH within seven days of the occurrence."</p> <p>In interviews with E1 on 7/17/13 at 12:10 PM and on 7/18/13 at 10:00 AM, when surveyor asked if she utilizes a cover sheet or a separate report when she reports to IDPH, E1 stated that she does not use a cover sheet, that she uses the Physician's Consultation form and will also fax papers provided to the surveyor. E1 confirmed that the facility's name is not documented on the Physician's Consultation form used. E1 confirmed that she is unable to provide any further reproducible evidence that the facility reported the final results of the facility's investigation of R5's fractured left humerus.</p>	W 156			