

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

PRINTED: 05/25/2016
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 04/06/2016
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 120	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL</p> <p>LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure that outside services implemented 1 of 1 individuals in the sample (R4) hygiene/ wiping program.</p> <p>Findings Include:</p> <p>Physician's Orders (dated 4/1/16) identifies R4 as a 46 year old female individual who functions at the profound level of intellectual disability with additional diagnoses of Dementia, Eczema, Constipation and Urinary Incontinence.</p> <p>Physician's Consultations (dated 1/19/16 and 1/22/16) notes that R4 has a skin breakdown on mid buttocks and anus from scratching. The consultations recommends supervision with toileting/ restroom and improve perineal hygiene.</p> <p>Hygiene-Wiping Program Plan (dated 1/29/16) notes, "If R4 indicates she needs to use the bathroom, staff will monitor her while she is using the bathroom. After she goes to the bathroom,</p>	W 120			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/06/2016

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 120	<p>Continued From page 1</p> <p>staff will prompt her to pull the toilet paper from the roll, retrieving enough to get herself clean (at least 6-8 sheets), and wipe herself. Staff will continually prompt her, explaining to her that she needs to keep herself dry and clean so not to be sore. Staff will check her and assist her cleaning with flushable wipes after each bowel movement. Staff will prompt R4 as often as necessary to wipe herself. If she is resistant to wiping, prompt her to at least hold the paper to herself for at least 3 second. Staff will verbally count to 3 with R4 so she knows how long to keep the toilet paper to herself. Staff will also prompt her to completely pull up her pants once she is done using the restroom and adjust them properly on her own." The program notes that the program will be implemented daily when she uses the restroom as well as at workshop.</p> <p>R4's February 2016 (outside service/ day training) Review does not identify that a program for Hygiene-Wiping as being implemented at day training.</p> <p>Observation at outside day training on 4/4/16, R4 was in the Classroom 3 with 16 other individuals waiting for lunch. Z2/ Direct Support Person was supervising class and reading the newspaper to the individuals. The class was prompted to go to the lunch room at 12:25 PM, R4 walked to the restroom and went into the toilet stall. Z2 walked to the bathroom where R4 had walked to and told R4, "Remember to wash your hands." and left the bath room. R4 walked out of the bathroom stall (surveyor did not hear R4 roll out any toilet paper) at 12:28 PM with her pants down around her ankles standing in front of the bathroom wash basin rocking. There was another peer in the restroom, who told R4 to pull her pants up and</p>	W 120			

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W 120	Continued From page 2 then left the bathroom. At 12:30 PM, Z3/ Direct Support Person came into the restroom and verbally prompted R4 to pull up her pants and wash her hands. R4 was not monitored during the time she was in the restroom or was R4's Hygiene- Wiping program implemented. In an interview with Z3 on 4/4/16 at 12:40 PM, when asked if R4 was to be monitored while in the restroom due to her having her pants down around ankles, Z3 stated, "She is not on a one to one or monitoring during rest room." In an interview with E1/ Administrator on 4/5/16 at 2:05 PM, E2 confirmed that the Day Training review does not identify that they are implementing R4's Hygiene-Wiping program while at day training. E1 stated, "Day training was given the program and should be monitoring/assisting with toileting."	W 120			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure implementation of a meal program as designed for 1 of 2 individuals in the sample (R3).	W 249			

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W 249	<p>Continued From page 3</p> <p>Findings Include:</p> <p>Physician's Orders/ POS (dated 4/1/16) identifies R3 as a 60 year old individual who functions at the Severe level of Intellectual Disability with additional diagnosis of Schizophrenia.</p> <p>Eating Assessment (dated 11/16/15) in summary identifies that R3 eats very fast and could choke. The eating assessment also notes that R3 will steal food and drinks from others and must be monitored around food and drinks at all times.</p> <p>Intervention Program Plan (dated 10/25/15) has a program for eating with a goal begin date 1/1/16. The eating program notes that R3 has inappropriate behaviors of eating too quickly and taking large bites. The program also notes that R3's behavior to be developed, will be that R3 puts his utensils down and will take small drinks between bites. Under the section titled Intervention Approach the program notes, "At mealtimes, staff will sit by R3 and make sure his food is cut up in small bites. Staff will prompt him to put down his fork or spoon between bites and take small drinks to ensure he is not putting too much in his mouth."</p> <p>Observation of breakfast on 4/5/16 from 6:35 AM-8:05 AM, the kitchen island counter had a large bowl of bran flakes, a large bowl of round oat cereal, small bowls, drinking glasses, cartons of orange juice and apple juice and a pitcher of milk. Individuals came into the kitchen area at different times and were given choice of cereal and juice. E3 would serve the cereal into bowls and assist with drinks as needed. The individuals would carry their cereal and drinks to the tables, while</p>	W 249			

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W 249	Continued From page 4 R3 cooked individual omelets as they came to the kitchen. E3 would then carry the plates of egg omelet, toast and jelly to the individuals at the dining room tables. R3 walked into the kitchen at 6:37 AM and brought his bowl of bran cereal and drinks to the dining room table. E3 brought his plate of egg omelet, half sliced toast and packet of jelly to the table at 6:40 AM. E3 assisted/ prepared breakfast for R5, R6, R2 and R7 during the time that R3 was sitting at the table eating. E3 would go between kitchen and the dining area during the time R3 was at the table eating. R3 finished his meal and left the table at 6:45 AM with no other staff supervising, monitoring or implementing R3's meal program. In an interview with E1/ Administrator on 4/5/16 at 2:05 PM, E1 confirmed that R3 has a meal program that identifies that staff are to sit/ monitor R3 during meals.	W 249			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 1 individuals in the sample (R3) over the age of 50 had evidence of colorectal cancer screenings as recommended by the American Cancer Society. Findings Include: Physician's Orders/ POS (dated 4/1/16) identifies R3 as a 60 year old individual who functions at	W 322			

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W 322	<p>Continued From page 5</p> <p>the Severe level of Intellectual Disability with additional diagnoses of Constipation and Irritable Bowel Syndrome. The POS also notes that R3 receives 2 scheduled medications for his constipation.</p> <p>In review of records, there was no evidence that R3 had received any colonoscopy or colorectal cancer screening tests.</p> <p>In an interview with E1 Administrator on 4/6/16 at 9:55 AM, E1 confirmed that the facility was unable to provide reproducible evidence that R3 has had any colorectal screenings performed as recommended by the American Cancer Society.</p> <p>The American Cancer Society recommendations for early detection of colorectal cancer are as follows: Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below: Tests that find polyps and cancer Flexible sigmoidoscopy every 5 years* Colonoscopy every 10 years Double-contrast barium enema every 5 years* CT colonography (virtual colonoscopy) every 5 years* (http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-acsc-recommendations)</p>	W 322			