

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

PRINTED: 09/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/23/2015
NAME OF PROVIDER OR SUPPLIER FREEBURG TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		
(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 331	<p>First Certification Follow Up To Survey 7/9/2015 483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, nursing staff failed to assure that all staff were instructed on giving medications (meds), as administered and directed by the pharmaceutical manufacturer affecting 1 of 4 in sample, (R3).</p> <p>Findings include:</p> <p>R3 is identified by the Medication Administration Record, (MAR), dated 8/25/15 as an individual who functions in the Moderate Level of Individuals with Intellectual Disabilities.</p> <p>On 9/22/15 during record review two medications were ordered for 9 PM Ziprasidone 60 milligrams, (mg), to be given with food and Zolpidem 5 mg. to be given on an empty stomach.</p> <p>Per review of documentation on the MAR both Ziprasidone and Zolpidem are to be given at 9:00PM.</p> <p>On 9/22/15 at 11:05 AM during interview with E3 Direct Support Staff, (DSP), when E3, DSP, was show the blister pack of medication, (Ziprasidone), E3 was asked if this medication was given with food. E3 DSP replied "no." After handing E3, DSP the blister pack of medication, (Ziprasidone), and pointing to the label to give</p>	W 331			

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 331	<p>Continued From page 1 with food, E3 DSP confirmed that E3, DSP gave this medication with food. E3 DSP was asked to confirm that the label for the Zolpidem was to be given on an empty stomach. It was also confirmed that both medications were ordered to be given at hour of sleep, (HS).</p> <p>Per phone interview on 9/22/15 at 1:40 PM with Z1 Registered Nurse, (RN), to clarify if a snack at 9:00 PM for R3 was given. Z1 stated that as a nurse Z1 wasn't aware that Ziprasidone was to be given with food.</p> <p>Per phone interview on 9/22/15 2:30 PM with Z2 Physician, Z2 conformation that Ziprasidone should be given with food.</p> <p>Review of medication blister pack on dated 8/27/15 box warning take Ziprasidone with food.</p> <p>Review of medication blister pack on dated 9/3/15 box warning take Zolpidem without food.</p> <p>REPEAT</p>	W 331			