

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

PRINTED: 06/03/2014
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 05/21/2014
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 Annual Certification Survey-Fundamental Annual Licensure	W 000			
W 390	483.460(m)(2)(i) DRUG LABELING The facility must remove from use outdated drugs. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure outdated drugs are disposed of for 4 of 4 individuals in the sample (R1- R4) Findings Include: 1. PRN (as needed) Administration Record (dated 5/1/14- 5/31/14) identifies R1 as a 49 year old individual who functions at the mild range of Intellectual Disability. The record states R1 has PRN (as needed) medications of Diphenhydramine 25 mg capsules and Guaifenesin DM Syrup prescribed. 2. PRN (as needed) Administration Record (dated 5/1/14- 5/31/14) identifies R2 as a 39 year old individual who functions at the moderate range of Intellectual Disability. The record states R2 has PRN (as needed) medications of Diphenhydramine 25 mg capsules, Simethicone 2 tablespoon and Guaifenesin DM Syrup prescribed. 3. PRN (as needed) Administration Record (dated	W 390			

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 390	<p>Continued From page 1</p> <p>5/1/14- 5/31/14) identifies R3 as a 43 year old individual who functions at the mild range of Intellectual Disability. The record states R3 has PRN (as needed) medications of Diphenhydramine 25 mg capsules and Guaifenesin DM Syrup prescribed.</p> <p>4. PRN (as needed) Administration Record (dated 5/1/14- 5/31/14) identifies R4 as a 43 year old individual who functions at the severe range of Intellectual Disability. The record states R4 has PRN (as needed) medications of Diphenhydramine 25 mg capsules and Guaifenesin DM Syrup prescribed.</p> <p>In observation on 5/21/14 at 12:05 PM of medications found in the locked medication cabinet found the following out dated items:</p> <p>R2 and R3's Guaifenesin DM Syrup had expiration date of 1/ 14 (January 2014).</p> <p>R1 and R4's Guaifenesin DM Syrup had expiration date of 12/13 (December 2013).</p> <p>R1- R4's Diphenhydramine Capsules 25 mg (stock medication) had expiration date of 4/14 (April 2014).</p> <p>R2's Simethicone had expiration date of 3/14 (March 2014)</p> <p>In interview with E1/ Qualified Intellectual Disability Professional on 5/21/14 at 1:05 PM, E1 confirmed that R1- R4's PRN Guaifenesin DM and Diphenhydramine Capsules were expired.</p>	W 390			