

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2016
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NAME OF PROVIDER OR SUPPLIER FRANKFORT TERRACE NURSING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH SMITH FRANKFORT, IL 60423
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(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) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.4030 c)g)1)2)h) Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S</p> <p>c) The plan for each resident shall state specific goals that are developed by the IDT. The resident's major needs shall be prioritized, and approaches or programs shall be developed with specific goals, to address the higher prioritized needs. If a lower priority need is not being addressed through a specific goal or program, a statement shall be made as to why it is not being addressed or how the need will be otherwise addressed.</p> <p>g) ITP Documentation: 1) Significant events that are related to the resident's ITP, and assessments that contribute to an overall understanding of his/her ongoing level and quality of functioning, shall be documented. 2) The resident's response to the ITP and progress toward goals shall be documented in progress notes. h) The ITP shall be reviewed by the IDT quarterly and in response to significant changes in the resident's symptoms, behavior or functioning; sustained lack of progress; the resident's refusal to participate or cooperate with the treatment plan; the resident's potential readiness for discharge and actual planned discharge; or the resident's achievement of the goals in the treatment plan.</p> <p>This requirement is not met: Based on observation, record review and interview the facility failed to provide interventions and evaluate the effectiveness of interventions for</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/27/16
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S9999	<p>Continued From page 1</p> <p>residents with behaviors. The facility failed to maintain communication on resident mental health care and treatment with an outside agency.</p> <p>This applies to two residents (R3 and R9) in the sample of 15 reviewed for mental health rehabilitation services from a total sample of 22.</p> <p>The finding includes:</p> <p>1). R3 has diagnoses that include Schizoaffective disorder, Bipolar Disorder and Major Depressive disorder. This resident has a BIMS (Brief Interview for Mental Status) score of 15 indicating the resident is oriented and able to be interviewed. R3 was tested and found to have two sexually transmitted diseases and was treated for both, most recently in May, 2016. R3 was assessed as having anger issues and was placed into a Conflict Management group that meets three times a week. R3 also attends an outside day program twice a week. The physician at the clinic instructed staff to have the resident abstain from having sex until seen at the next doctor ' s visit.</p> <p>Facility nursing and psychosocial staff developed care plans and interventions addressing R3's sexually transmitted disease (STD), symptoms of depressions, mood swings, impulsive and attention seeking behavior and provoking, antagonistic, socially inappropriate behavior. Interventions developed included, education on safe sex, encouragement in participation in psychosocial groups. Program notes on Conflict Resolution from February 22, 2016 through May 30, 2016 mention R3's statements of anger as well as an angry confrontation with a peer on 2/24/16 and verbal altercation and verbal threats with a peer on 5/30/16.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>The facility staff failed to document the use of those interventions and the effectiveness of those interventions developed for R3's anger and behaviors.</p> <p>On June 7, 2016 at 3:30 PM E3, Psychosocial Rehabilitation Service Director (PSRD) stated R3 has been educated on practicing safe sex and having male partners use a condom.</p> <p>On June 8, 2016 at 10:50 AM E5(Case Worker) stated R3 does participate in the Conflict Resolution Group where she talks about her anger, family conflict and the need to practice safe sex. Residents are provided condoms for use during sex. E5 also stated the name of the outside program R3 attends, but was unable to provide any documentation or information sent to the facility from the day program that the facility could use in providing continuity of care or reinforcement of positive behaviors for R3. E5 stated that R3's day program does not send information or notes about the resident's behavior or day program's services provided to R3 and admitted that such communication would help facility staff maintain continuity of care for R3. E5 verified that the facility lacked documentation to verify staff's consistent use of counseling, limit setting, behavior modification or the effectiveness of use of safe sex education.</p> <p>On June 8, 2016 at 3:30 PM R3 stated she does have unprotected sex with males even though she knows she is supposed to use a condom. The resident also stated she has problems with anger and fighting and knows she shouldn't, but can't help herself.</p> <p>On June 8, 2016 at 3:50 PM E5 stated he was</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>unaware R3 continues to have unprotected sex.</p> <p>2). R9 has diagnoses that include Schizoaffective Disorder and Bipolar Disorder. The resident's most recent BIMS is 15. Facility nursing and psychosocial staff assessed the resident as having problems with anger and conflict with her brother and placed the resident into Anger Management/Conflict Resolution Group. There is not any care plan developed to initiate interventions to address to issues. R9 attended the group between April 20,2016 and May 6, 2016 and documentation of the group shows the resident mentioning her anger issues with family, but fails to show strategies used by staff to teach R9 how to minimize or cope with her anger and failed to document efficacy of the programming for R9.</p> <p>On 6/10/16 at around 2:00 PM, E5 (PRSC) stated, they (staff) don't write interventions and evaluations in the form because they don't have space for it in the form, they (staff) only do discussion.</p> <p>However, there were no evidence of other documentation, notes and/ or care planning addressing R9's anger management and conflict resolution intervention and outcome.</p> <p style="text-align: center;">(B)</p>	S9999		
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