

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2022
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NAME OF PROVIDER OR SUPPLIER TAYLORVILLE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 921 EAST MARKET STREET TAYLORVILLE, IL 62568
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Z 000	COMMENTS LICENSURE SURVEY INSPECTION OF CARE	Z 000		
Z9999	FINDINGS Statement of Licensure Violations (1 of 4): 350.620a) 350.1210b) 350.2700d)2) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. Section 350.2700 General Building Requirements d) Doors and Windows	Z9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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Z9999	<p>Continued From page 1</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a patient leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to implement their policy to prevent neglect when they failed to:</p> <ul style="list-style-type: none"> - Put safeguards in place for 1 of 1 individual with elopement behaviors (R1). - Ensure the IDT (Inter-Disciplinary Team) develops and implements preventative measures for elopement behaviors (R1). - Ensure nursing is notified and an assessment was completed on 1 of 1 individual who eloped from the facility (R1). - To report an incident of Elopement to the Illinois Department of Public Health (IDPH) for 1 of 1 individual in the sample (R1) who eloped from the facility. <p>Findings include:</p> <p>The facility's policy titled "Abuse and Neglect Program", dated November 10, 2016, documents, "Neglect" as - "failure to provide goods and/or services necessary to avoid physical harm, mental anguish or mental illness."</p> <p>Facility protocol titled "Levels of Supervision" (undated) documents, "General Supervision: All</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>staff is responsible for the CARE; WELFARE; SAFETY & SECURITY, for all residents this facility serves. It is your responsibility to know where the residents are that you are assigned to and what they are doing. It is also staff responsibility to ensure that their rights and dignity are upheld, and they are free from abuse and neglect. Close Monitoring: This includes all of the above as well as keeping the resident whereabouts known at all times. The resident may move about independently, but staff will monitor through direct observation at a minimum every 15 minutes. (documentation may be assigned) Visual Monitoring: This includes all of the above as well as keeping the residents whereabouts known at all times. The resident needs to be within the direct view of a DSP, during waking hours....."</p> <p>The 5/20/21 Individual Service Plan (ISP) identifies R1 as a 61-year-old female with diagnosis of Profound Intellectual Disability. The 5/20/21 ISP notes R1 has behaviors of attempting to leave the designated area, non-compliance, anxiety and SIB (Self Injurious Behaviors).</p> <p>R1's 5/20/21 ISP documents, "The Interdisciplinary Team assessed and determined I should continue with 24-hour continuous supervision.... The team agrees that I need level 5 level supervision: indicating regular personal care and/or close supervision."</p> <p>The Behavior Management Program (BMP) dated 3/17/22 verifies R1 has a program for Attempting to leave the designated area, defined as attempting to or leaving the area without notifying staff; non-compliance, anxiety and SIB. R1's BMP further documents, "... at any time R1 accesses the outdoors staff should visually</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>monitor her to ensure she is not attempting to leave the area".</p> <p>There is no evidence that R1's BMP has had any revisions since 5/20/21, however, this same BMP documents her SIB and Anxiety were removed from a formal tracking program.</p> <p>Observations on 5/4/22 and 5/5/22, throughout the day/s, observed R1 to go out one door and come back in another door numerous times. E4 and E5 (Authorized Direct Service Person - ADSP) were on duty, with 7 other individuals present in the facility at the time. When seen, either E4 or E5 would inconsistently go and follow R1 outside.</p> <p>The "General Event Report" (GER) dated 5/4/22 at 11:15 AM, documents, (R1) "went out the back door to go outside and I went behind her to follow her and she started speeding up toward the road and a car was coming at a fast pace, so I grabbed her by the arms to avoid the traffic. After the car past she pulled me to the bike trail to pick up a can she found so she can throw it in the trash. No marks from me grabbing her or apparent injury at this time."</p> <p>In an interview on 5/4/22 at 2:35 PM, E5 (ADSP) stated that "R1 likes to go outside and feed the birds or pick up trash around the facility". E5 further stated that "R1 took off recently (date unknown) and was found a few blocks away". When asked if there was a report filled out on this elopement, E5 stated "no".</p> <p>There is no evidence of a report being completed on R1's prior elopement.</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>There is no evidence an IDT meeting was held to put any safeguards in place to protect R1 from harm or to discuss R1's supervision level.</p> <p>In an interview on 5/6/22 at 10:45 AM, when asked what R1's supervision level is, E2 (Resident Services Director) stated, "everyone is general supervision."</p> <p>Facility procedure titled, "Accident/Incident Reporting Proper Filling out of Accident/Incident (GER - General Event Report) Forms" (undated) documents, "4. Reportable incidents include, but not limited to: ... h. Elopement ... 6. When reporting to IDPH state as much information as you can,7. If there is an elopement, you must make sure that the resident is assessed by a nurse or physician, ASAP (As Soon As Possible). Your RN (Registered Nurse), LPN (Licensed Practical Nurse), Physician or local ER (Emergency Room) can complete the assessment."</p> <p>There is no evidence of any assessment being completed following R1's elopement on 5/4/22 or following any other previous elopements by R1.</p> <p>There is no evidence any of these Elopements by R1 were reported to IDPH.</p> <p>In an interview on 5/6/22 at 11:15 AM, when asked if notified of R1's elopement and if an assessment was completed, E3 (RN-Trainer) stated, "no, I was not notified until today". (B)</p> <p>Statement of Licensure Violations (2 of 4):</p> <p>350.1210a) 350.1210b)</p>	Z9999		
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Z9999	<p>Continued From page 5 350.1210b)</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>a) Physician services including a complete physical examination at least annually and formal arrangements to provide for medical emergencies on a 24-hour, seven day-a-week basis.</p> <p>b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.</p> <p>c) Dental services to provide evaluation, diagnosis, treatment and annual review, including care for dental emergencies, administered by or under the supervision of a dentist licensed in the State to practice dentistry or dental surgery.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, nursing failed to ensure that needed healthcare monitoring, follow-up, and preventative services were provided to individuals based upon their needs; nursing failed to ensure yearly hearing and vision screening were completed; nursing failed to ensure laboratory work was completed as ordered by the physician; and nursing failed to ensure annual dental care was received in a timely fashion. These Nursing Services failures effected 3 of 3 individuals in the sample (R1, R2, R3).</p>	Z9999		
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Z9999	<p>Continued From page 6</p> <p>Findings include:</p> <p>1. (R1, R3) who have multiple health issues, did not receive required preventative screenings.</p> <p>The 5/22 Physician's Order Sheet (POS) identifies R1 is a 61 year old female with diagnoses of Profound Intellectual Disability and Hypercholesterolemia, Facial Dermatitis, and Idiopathic Urticaria. R1 has physician's orders for a yearly mammogram and a pap smear every 2 years.</p> <p>R1's record documents, the last gynecological exam is dated 11/13/19 and states, "pap not done due to absence of risk factors and continue yearly mammogram's and regular breast exams per RN (Registered Nurse)." Recommendations were to follow up in 2 years.</p> <p>There is no evidence of a mammogram in R1's record.</p> <p>There is no evidence of a pap smear or follow up in R1's record.</p> <p>In an interview on 5/4/22 at 3:10 PM, when asked if R1 has had a mammogram or gynecological exam/pap smear completed, E5 (Authorized Direct Service Person) stated, "no they have not been completed."</p> <p>2. (R1, R2, R3) were required to have an annual vision and hearing screening.</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>R1 has a physician's order for a yearly hearing and eye evaluation.</p> <p>R1's record documents the most current vision exam for R1 is dated 9/22/2020. The most current hearing screening for R1 is dated 1/12/21. R1's current annual physical dated 3/8/22, fails to document that either a hearing or vision screening had been completed. There is no evidence of a more current hearing or vision screening being completed on R1.</p> <p>The 5/22 POS identifies R2 as a 53 year old male with diagnoses of Profound Intellectual Disability, Seizures/Epilepsy, Cerebral Palsy, Vitamin D Deficiency, Microencephaly, Colon Cancer, Lynch Syndrome, Allergic Rhinitis and Edema. R2 has a physician's order for a yearly hearing and eye evaluation.</p> <p>R2's record notes the most current vision exam for R2 is dated 9/22/2020. There is no current hearing screening for R2. R2's current annual physical dated 2/10/22 fails to document either a hearing or vision screening being completed. There is no evidence of a more current hearing or vision screening being completed on R2.</p> <p>The 4/22 POS, identifies R3 as a 63 year old male with diagnoses of Moderate Intellectual Disability, Depression, Schizoaffective Disorder, Hyperlipidemia, COPD, Psychotic Disorder, Insomnia Reactive Airway Disease/Smoker, Transient Neuropathy (right foot), Reactive Airway Disease/Smoker, BPH (Benign Prostatic Hyperplasia), GERD (Gastroesophageal Reflux Disease), Colitis, Insomnia and Edema. R3 has a physician's order for a yearly hearing and eye evaluation.</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>R3's record fails to document a current vision or hearing exams for R3. R3's current annual physical dated 3/1/22, has no documentation of either a hearing or vision screening being completed. There is no evidence of a more current hearing or vision screening being completed on R3.</p> <p>In an interview on 5/4/22 at 3:10 PM, E5 was asked if there were any current annual vision and hearing screenings completed on R1, R2, and R3. E5 (ADSP/Authorized Direct Service Person) stated, "no".</p> <p>3. (R1, R3) required routine labs ordered by the physician were not completed.</p> <p>R1 has orders for yearly CBC (Complete Blood Count), CMP (Complete Metabolic Panel), Lipid Profile, and TSH (Thyroid Stimulating Hormone). R1's record documents R1 had a CBC, CMP, and Lipid Profile drawn on 3/8/22. There is no evidence of a TSH being drawn on R1.</p> <p>In an interview on 5/4/22 at 2:35 PM, when asked if R1 has had a TSH drawn, E5 (Authorized Direct Service Person) stated Doctor did not want one done because she is not on any medication.</p> <p>R3 has orders for a PSA (Prostate Specific Antigen) and Fasting Lipids to be drawn yearly; a CMP every 6 months; and a Depakote level and CBC to be done every 9 months.</p> <p>R1's record documents R3 had a CMP, Depakote level and a Fasting Lipid Panel drawn on 11/5/21. There is no evidence of a PSA and a CBC being drawn on R3.</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>In an interview on 5/13/22 at 10:40 AM, E1 (Administrator) stated that R3 does not have a current PSA or CBC in his record.</p> <p>4. (R1, R2, R3) did not receive quarterly physical assessments.</p> <p>R1's record notes Quarterly Nursing Physical Assessments were completed on 8/2/21 and 11/1/21 and documents "Assessment completed remotely due to COVID 19 restrictions." A Health Care Report for Quarterly Nursing Summary dated 12/1/21 for the time frame of 5/1/21-8/2/21, and another dated 12/1/21 for the time frame of 8/3/21-11/1/21, contains no evidence of a physical assessment being completed on R1.</p> <p>R2's record verifies Quarterly Nursing Physical Assessments were completed on 5/21, 9/21, and 12/21. The 12/21 Quarterly Nursing Physical Assessment documents, "Assessment completed remotely due to COVID 19 restrictions." There is no evidence that a "in person" physical assessment was completed on R2 on 12/21.</p> <p>R3's record documents Quarterly Nursing Physical Assessments were completed on 5/21, 8/21, and 11/21. The 12/21 Quarterly Nursing Physical Assessment documents "Assessment completed remotely due to COVID 19 restrictions." There is no evidence of an "in person" physical assessment being completed on R3 for 12/21.</p> <p>In an interview on 5/6/2022 at 11:15 AM, when asked how a nursing assessment could be completed remotely, E3 (Registered</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>Nurse-trainer) stated, "I did it by zoom. I could not do a lung and abdominal assessments. Up until January, they did not want me in the facility due to the positive COVID cases".</p> <p>5. (R1, R2, R3) who require annual dental care, did not receive that care in a timely fashion.</p> <p>R1 has a physician's order for a yearly dental evaluation.</p> <p>R2 has a physician's order for a yearly dental evaluation.</p> <p>R3 has a physician's order for a yearly dental evaluation.</p> <p>The most current dental examinations for R1, R2, and R3 is dated 8/27/2020. There is no evidence of a more current dental examination being completed on R1, R2, and R3.</p> <p>In an interview on 5/4/22 at 3:10 PM, when asked if there were any current dental examinations completed on R1, R2, and R3, E5 (Authorized Direct Service Person) stated, "no". (C)</p> <p>Statement of Licensure Violations (3 of 3):</p> <p>350.1420a) 350.3220f)</p> <p>Section 350.1420 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.</p> <p>Section 350.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to follow medication administration in accordance with State Law, "59 ILLINOIS ADMINISTRATIVE CODE CH. I, SEC. 116.40h); 116.70b)1)A-J); 116.70e)1-9)A-C); and 116.110a)1-2)" for 12 of 12 individuals living in the facility who requires and receives medications (R1-R12) when they:</p> <p>Findings include:</p> <p>Observations of the morning medication administration on 5/4/22 at 7:07 AM noted R4 received the following medications: Ferrous Sulfate 325mg, 1 tablet; Therapeutic - M , 1 Tablet; Fish Oil 1000mg, 1 capsule; Calcium + D3, 1 tablet; and Hydrochlorothiazide 25mg, 1 tablet. R4 took his medications with water.</p>	Z9999		

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Z9999	<p>Continued From page 12</p> <p>The 4/22 Physician's Order Sheet specifically states that R4 has orders for Ferrous Sulfate 325mg 1 tablet to be given with 20 oz (ounces) of OJ (orange juice). There is no evidence that R4 received OJ with his Ferrous Sulfate.</p> <p>In an interview on 5/5/22 at 10:05 AM, E5 (Authorized Direct Service Person) confirmed she gave R4 the Ferrous Sulfate but did not give the OJ.</p> <ol style="list-style-type: none"> Failed to ensure that staff authorized to administer medication are re-trained annually, affecting 12 of 12 individuals living in the facility (R1-R12). Failed to ensure a Medication Administration Record (MAR) was maintained for 1 of 1 individual (R2) who received a one time medication prior to a procedure (R2). Failed to ensure Controlled Substance Counts are accurate and shift counts are completed for 3 of 3 individuals in the facility who receives a controlled substance (R2, R10, R12). Failed to ensure Physician's Order Sheets and Medication Administration Records are consistently matched for 1 of 1 individual (R2). <p>A facility submitted roster that validates level of functioning (undated) documented there are 12 individuals living in the facility. 2 individuals function in the Mild Range of Intellectual Disabilities (R3, R11); 2 individuals function in the Moderate Range of Intellectual Disabilities (R5, R12); 3 individuals function in the Severe Range of Intellectual Disabilities (R4, R8, R10); and 5 individuals function in the Profound Range of Intellectual Disabilities (R1, R2, R6, R7, R9).</p>	Z9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2022
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NAME OF PROVIDER OR SUPPLIER TAYLORVILLE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 921 EAST MARKET STREET TAYLORVILLE, IL 62568
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Z9999	<p>Continued From page 13</p> <p>1. Illinois Administrative Code 116.40 h) documents, "Authorized direct care staff shall be re-evaluated by a Nurse-Trainer at least annually or more frequently at the discretion of the registered professional nurse."</p> <p>The facility staff's medication authorization training records documents; E2 (Resident Service Director/RSD), E4 (Authorized Direct Service Person/ADSP), E5 (ADSP), and E6 (ADSP) are all authorized to administer medications to facility residents.</p> <p>E2 (RSD) received training on 2/8/21. E4 (ADSP) received training on 3/9/21. E5 (ADSP) received training on 4/7/21. E6 (ADSP) received training on 2/18/21.</p> <p>There is no documented evidence that E2 (RSD) and E4, E5, E6 (ADSP's) have been annually re-authorized to administer medication to individuals residing in the facility.</p> <p>In an interview on 5/5/22 at 9:50 AM, E2 (RSD) was asked if this is the most current medication authorization training for E2, E4, E5, E6. E2 stated, "yes".</p> <p>2. Illinois Administrative Code 116.70 b)1)A-J) documents, "Medication Administration Record: 1) Except as provided in Section 116.60g), an individualized MAR shall be kept for each individual for medications administered, including PRN (as needed) medications, and shall contain at least the following: A) the individual's name; B) the name and dosage form of the medication; C) the name of the prescribing physician, physician assistant, dentist, podiatrist or certified optometrist; D) dose or quantity to be taken; E) frequency of times of administration; F) route of</p>	Z9999		

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Z9999	<p>Continued From page 14</p> <p>administration; G) date and time given; H) most recent date of the order; I) allergies to medications; and J) special considerations including special directions and precautions for the medications' preparation and administration and contraindications for the medication."</p> <p>The 5/22 MAR documents R2 has Lorazepam 1mg, 1 tablet by mouth 1 hour prior to MRI (Magnetic Resonance Imaging) dated 3/14/22. The 3/11/22 Physician's Order confirms R2 has an order for Lorazepam 1mg, 1 hour prior to MRI. The "Controlled Drug Receipt/Record/Disposition Form" verifies the facility received the Lorazepam on 3/15/22, 1 tablet and E5 (ADSP) administered the Lorazepam on 3/21/22 at 7:00 AM.</p> <p>There is no evidence of a 3/22 MAR for the Lorazepam administered to R2 in March of 2022.</p> <p>In an interview on 5/4/22 at 4:20 PM, E5(ADSP) confirmed she was unable to find a MAR for R2 with the Lorazepam listed on it.</p> <p>3. "59 Illinois Administrative Code Ch. I. Section 116.70 e) 9)" documents, "e) An inventory and a record of use of controlled substances shall be maintained by the registered professional nurse in the program, and each substance shall require a separate sheet indicating ... 9) Documentation of a shift count done by authorized direct care staff. Any discrepancies shall be reported to the nurse-trainer for review and action in accordance with written policy. A) A shift count must be completed when the responsibility for administering medications changes from one authorized direct care staff or nurse to another authorized direct care staff or nurse. B) The authorized direct care staff or nurse passing on responsibility for medication administration will</p>	Z9999		

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Z9999	<p>Continued From page 15</p> <p>count the controlled substances with the authorized direct care staff or nurse assuming responsibility for medication administration. C) The count completed when a controlled substance is administered is not considered a shift count."</p> <p>Facility policy titled, "Controlled Substances" Revision date March 2007, "Procedure: 3. When a Schedule II medication is received by the facility, the drug is to be immediately counted by two staff. The staff counting the medication will sign both the controlled substance log for that medication as well as sign the back of the medication blister pack with the date and time. The medication will then be placed in the double locked storage area. 4. A count of the medication will be done each shift with the staff going off duty and the staff coming on duty."</p> <p>R3's current medication card for Belsomra 10mg take 1 tablet at bedtime has 6 pills remaining in the blister card.</p> <p>R3's "Controlled Substances Record" (undated) documents Belsomra 10mg 1 tablet at bedtime. This form starts on 4/28/22 at 8:00 PM with 11 remaining pills. R3's Shift to Shift count is not consistent with each shift from 4/28/22 through 5/4/22/22. There are 23 entries listed. 6 entries for shift to shift count on 4/29, 4/30, 5/1, 5/2, 5/3, and 5/4 for the 12:00 AM shift to shift count with E5 (Authorized Direct Service Person/ADSP) signing at 12:00 AM. with E6 (ADSP).</p> <p>There is no evidence of a shift to shift count being documented on 4/29 at 7:00 AM and 4:00 PM, 4/30 at 7:00 AM, and 4:00 PM, 5/2 at 4:00 PM, 5/3 at 7:00 AM and 4:00 PM, and 5/4 at 7:00 AM.</p>	Z9999		

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Z9999	<p>Continued From page 16</p> <p>R10's current medication card for Phenobarbital 1/2 gr, take 1 tablet by mouth twice daily for Seizures. Current quantity in card 9 tablets.</p> <p>R10's "Controlled Substances Record" (undated) documents R10's Shift to Shift count is not consistent with each shift from 4/23/22 through 5/4/22. There is 11 entries listed with E5 (ADSP) signing at 12:00 AM for a shift count.</p> <p>There is no shift to shift count being completed on 4/23, 4/26, 4/27, 4/28, 4/29, 4/30, 5/2, and 5/3 for the 4:00 PM shift to shift count. There is no entry listed for a shift to shift count on 4/28 at 12:00 AM.</p> <p>R12's current medication card for Diazepam 2mg, take 1/2 tablet three times a day. Current count in card is 13 (half tablets) pills available.</p> <p>R12's "Controlled Substance Record" dated 4/4/22, documents R12's Shift to Shift count is not consistent with each shift from 4/23/22 to 5/4/22. This record documents on 5/4/22 at 7:00 AM there are 14 pills remaining in the blister pack. The entries listed with staff signatures for a shift to shift count are on 4/24, 4/25, 4/26, 4/27, 4/29, 4/30, 5/1, 5/2, 5/3, 5/4 at 12:00 AM with E5 (ADSP) signing at 12:00 AM.</p> <p>There is no shift to shift count on 4/28 for 12:00 AM. There are no other shift to shift counts listed on R12's Controlled Substance Record.</p> <p>In an interview on 5/4/22 at 10:15 AM, when asked if she (E5) was in the facility and counted the controlled substances with E6 (ADSP), E5 (ADSP) stated, "no I was not here at 12:00 AM, I check and sign when I come in at 7:00 AM". E5 further verified that there are only 3 staff passing</p>	Z9999		

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Z9999	<p>Continued From page 17</p> <p>medications in the facility.</p> <p>There is no evidence of all the Controlled Substances Record shift to shift count paperwork being attached to the card per facility policy and Rule 116. There is no evidence of an accurate shift to shift count being done at any time with 2 staff present for R3, R10, R12.</p> <p>In an interview on 5/4/22 at 10:00 AM, E1 (Administrator) confirmed that R12's Controlled Substance Record for the Diazepam 2mg count is off from the blister pack.</p> <p>E2 (Resident Services Director) took R12's Controlled Substance Form and medication blister pack and corrected the number of remaining pills on the form.</p> <p>There is no evidence that the RNT (RN-Trainer) has been monitoring controlled medication and counts.</p> <p>In a 5/6/22 interview at 11:15 AM, E3 (RNT), said she "checks the controlled substances when she is in the facility". E3 said that she was not aware of R12's Diazepam count being off. E3 stated, "staff should not sign when they are not here and use another line". E3 also stated, "no one should correct the controlled substance count, but the nurse".</p> <p>4. "59 Illinois Administrative Code Ch. I. Section 116.100a)1)2)", documents, "Quality Assurance a) A registered professional nurse, advanced practice nurse, licensed practical nurse, pharmacist or physician shall review the following for all individuals: 1) medication orders; 2) medication labels and medications listed on the MAR to ensure that they match physician orders;"</p>	Z9999		

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Z9999	<p>Continued From page 18</p> <p>R2's 5/22 Medication Administration Record (MAR) documents, Furosemide 20mg every other day at 7:00 AM, with a discontinued date of 2/28/22; and Lorazepam 1mg, 1 hour prior to MRI dated 3/14/22 there is no discontinuation date.</p> <p>R2's 5/22 Physician's Order Sheet (POS), demonstrates the Furosemide and Lorazepam is documented as ordered, but not discontinued. The facility received a blister pack from the pharmacy on 4/28/22 for the Furosemide with 16 tablets in it. There is no evidence that R2's POS and MAR have matching orders.</p> <p>In an interview on 5/6/22 at 11:15 AM, E3 (Registered Nurse Trainer) stated R2's Lasix was discontinued, and the POS was sent to the Doctor before she could check them.</p> <p>Statement of Licensure Violations (4 of 4):</p> <p>350.1450a) 350.1450b)</p> <p>Section 350.1450 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>b) All Schedule II controlled substances shall be stored so that two separate locks, using two different keys, must be unlocked to obtain these substances. This may be accomplished by several methods, such as locked cabinets within locked medicine rooms; separately locked, securely fastened boxes (or drawers) within a</p>	Z9999		

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Z9999	<p>Continued From page 19</p> <p>locked medicine cabinet; locked portable medication carts that are stored in locked medicine rooms when not in use; or portable medication carts containing a separate locked area within the locked medication cart, when such cart is made immobile.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were secured when not being administered for 12 of 12 individuals living in the facility (R1-R12).</p> <p>Findings include:</p> <p>A facility submitted roster that validates level of functioning (undated) documents there are 12 individuals living in the facility: 2 individuals function in the Mild Range of Intellectual Disabilities (R3, R11); 2 individuals function in the Moderate Range of Intellectual Disabilities (R5, R12); 3 individuals function in the Severe Range of Intellectual Disabilities (R4, R8, R10); and 5 individuals function in the Profound Range of Intellectual Disabilities (R1, R2, R6, R7, R9).</p> <p>Observations during the morning medication administration on 5/4/22 at 7:14 AM by E5 (Authorized Direct Service Person/ADSP) noted, R5 received his medications of Multivitamin, Risperidone, Potassium Cl, Omeprazole, Folic Acid, Furosemide, Triam/HCTZ, Meloxicam, and Epinastine. At 7:28 AM, R5 went to his room. E5 took his (R5) nebulizer medication to R5's room, leaving the medication cart and medication room door unlocked.</p>	Z9999		

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Z9999	<p>Continued From page 20</p> <p>The facility's procedure for "Annual Inservice" documents, "NEVER leave the med cart without locking it first. Then close the door behind you"... "All medications at the home shall be properly labeled and stored."</p> <p>In an interview on 5/6/22 at 12:40 PM, E5 (Direct Service Person/DSP) confirmed she left the med cart unlocked and the door open when she went and started R5's nebulizer treatment. There is no evidence of the medications being locked and the controlled medications being double locked.</p> <p>(one B for #3 and #4)</p>	Z9999		