STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010219	A. BUILDING: _____ B. WING _____	R-C 08/25/2022

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TAYLOR HOUSE	3021 TAYLOR AVENUE SPRINGFIELD, IL 62703

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{Z 000}	COMMENTS Second Follow up Survey to Complaint Investigation 2243843/IL146984	{Z 000}		
{Z9999}	FINDINGS Statement of Licensure Violations: 350.620 a) 350.1060 e) 350.1420 a) 350.1430 e) 350.1610 b) 350.1840 b) 350.1840 e) 350.3240 a) 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 and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. Section 350.1420 Compliance with Licensed	{Z9999}	Attachment A Statement of Licensure Violations	

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{Z9999}	Continued From page 1 Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic 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. Section 350.1430 Administration of Medication e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report. Section 350.1610 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. Section 350.1840 Diet Orders b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as	{Z9999}		

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{Z9999}	Continued From page 2 ordered. e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet). Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents Reporting Act. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review, and interview, the facility failed to: 1) Implement their policy to prevent neglect, affecting 1 individual in the sample with a discrepancy in diet recommendations (R2) 2) Implement their Medication Administrator Record and Required Documentation Policy, affecting 2 of 3 in the sample (R1,R2) and 4 outside the sample (R5, R6, R12, R15). 3) Ensure physician clarification of discrepancy in diet recommendations, affecting 1 individual in the sample (R2),	{Z9999}		

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{Z9999}	Continued From page 3 4) Develop and implement systematic interventions to manage inappropriate behavior of self-injurious behavior, affecting 1 individual in the sample (R2). 5) Ensure Physician's Order Sheet were accurate, affecting 1 individual inside the sample who is to have his blood sugar checked four times a day (R3). Findings include: 1) The 3/21/22 Individual Service Plan (ISP) identifies R2 as an individual who functions within the Profound Range for Individuals with Intellectual Disabilities. The ISP also identifies R2 as non-verbal. R2's ISP, dated 3/21/22, documents, "I am on a general diet which consists of Minced and Moist consistency foods and mildly thickened liquids (MT2), pureed stringy meats and all bread, gravy as needed to moisten." R2's Consultation Report, dated 3/21/22, documents, "Reason for Consultation: Swallow Eval. Findings: Cough after swallow on nectar consistency liquids. No signs of aspiration with pureed food on honey consistency liquids. Difficulty mastication solids due to being edentulous. Recommendations: Pureed diet with honey consistency liquids. Meds crushed in applesauce. No further speech recommended unless change in status occurs." R2's Choking Risk Assessment Tool, dated 8/15/22, includes, "Results of assessment: R2 consumes her meals at a rapid pace. R2 does not chew well."	{Z9999}		

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{Z9999}	Continued From page 4 Facility Plan of Correction with documented completion date of 8/19/22 includes, "R2 will be scheduled for clinical follow-up related to swallow evaluation and appropriate diet orders. Facility RN will follow-up with R2's clinical team to ensure proper diet orders are in place and followed." Observation on 8/23/22 at 7:00 am, E5 (Cook/Direct Support Person) brought a plastic container with cubed peaches and syrup to R2. R2 consumed all of the cubed peaches with syrup. Observation on 8/23/22 at 8:02 am, E4 (Direct Support Person/DSP) administered the following medications to R2: Daily Vitamin, Pepcid 20 mg, Risperdal 1 mg, Sertraline 50 mg, Zoloft 100 mg, and Tylenol 650 mg. Each medication was given to R2 one at a time, whole, and in applesauce. Observation on 8/23/22 at 12:05 pm, E5 brought R2 a bowl with a whole brownie soaked in milk. E5 then cut up the brownie into bite size pieces, and R2 began eating the brownie. E5 then stated, "(R2) can have that brownie because she's on a minced and moist diet." During interview on 8/23/22 at 11:56 am, E9 (Registered Nurse-Trainer) was asked if she got an order for R2 to have medications switched to be given whole in applesauce. E9 stated, "Yes, the staff are to give one medication at a time in applesauce because she doesn't like the taste." E9 was asked when she got that order, did she make the doctor aware of R2's swallow study results when she requested to have her medications given whole? E9 stated, "No I did not."	{Z9999}		

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{Z9999}	Continued From page 5 On 8/23/22 at 1:36 pm, Z1 (Dietician) confirmed the facility should be following R2's swallow study recommendations. R2 Physician Order, dated 8/24/22, documents, "(R2) should have a pureed diet, nectar thick, with meds crushed in applesauce." On 8/24/22 at 11:01 am, E2 (Regional Manager) was asked if the facility had clarified R2's diet discrepancy prior to 8/24/22. E2 stated, "On 8/11/22 I sent (E3, Assistant Regional Manager) (R2's) physician order sheet and her swallow study. (E3) was sending the information to the doctor to be clarified." E2 was asked who was to follow up with the physician to see what diet the facility should be following for R2. E2 stated, "I don't know, there's no one claiming responsibility." E2 was asked if anyone followed up when the physician didn't respond. E2 stated, "I called, but I have no documented proof of the phone call." On 8/24/22 at 2:15 pm, E9 (Registered Nurse Trainer/RN-T) was asked according to the facility's Plan of Correction, the RN was supposed to follow up with the doctor regarding R2's diet; have you followed up with the doctor? E9 stated, "Yes, I have fax confirmation." Surveyor requested to see the fax confirmation and E9 stated, "I shredded it." Facility unable to produce proof of doctor notification of swallow study of 3/21/22 by facility prior to Plan of Correction completion date of 8/19/22. Facility unable to produce evidence of clinical follow-up related to swallow evaluation to have been completed by the facility per Plan of	{Z9999}		

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{Z9999}	Continued From page 6 Correction with completion date of 8/19/22. 2) Facility Roster, undated, identifies R5 and R6 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R12 and R15 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities; R1 as an individual who function within the Profound Range for Individuals with Intellectual Disabilities. a) R2's Physician Order Sheet (POS), dated 8/22, documents R2 receives the following medication at 6:00 am: Tylenol 650 mg. R2 receives the following medications at 7:00 am: Multivitamin tablet, Pepcid 20 mg, Risperdal 1 mg, Sertraline 50 mg, Sertraline 100 mg, and Voltaren 1% Gel to the right knee. Observation on 8/23/22 at 8:02 am, E4 (Direct Support Person) administered the following medication to R2: Multivitamin, Pepcid 20 mg, Risperdal 1 mg, Sertraline 50 mg, Sertraline 100 mg, Tylenol 650 mg. E4 rubbed Voltaren 1% Gel to R2's right knee. b) R1's POS, dated 8/22, documents R1 receives the following medication at 7:00 am: Multivitamin tablet, Prozac 40 mg, Calcium 600 mg/D 400 IU, Carbamazepine ER 300 mg. Observation on 8/23/22 at 8:12 am, E4 administered the following medication to R1: Multivitamin tablet, Prozac 40 mg, Calcium 600 mg/D 400 IU, Carbamazepine ER 300 mg. c) R12's POS, dated 8/22, documents R12 receives the following medication at 7:00 am: Ferrous Sulfate 325 mg, Vimpat 100 mg, Felbamate 600 mg/5 ml take 9 ml, Amoxicillian	{Z9999}		

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{Z9999}	Continued From page 7 500 mg. Observation on 8/23/22 at 8:22 am, E4 administered the following medication to R12: Ferrous Sulfate 325 mg, Vimpat 100 mg, Felbamate 600 mg/5 ml take 9 ml, Amoxicillian 500 mg. d) R6's POS, dated 8/22, documents R6 receives the following medication at 7:00 am: Wellbutrin XL 300 mg, Wellbutrin XL 150 mg, Klonopin 0.5 mg, Effexor 37.5 mg, Buspar 7.5 mg. Observation on 8/23/22 at 8:29 am, E4 administered the following medication to R6: Wellbutrin XL 300 mg, Wellbutrin XL 150 mg, Klonopin 0.5 mg, Effexor 37.5 mg, Buspar 7.5 mg. e) R15's POS, dated 8/22, documents R15 receives the following medication at 7:00 am: Flonase Nasal Spray 1 spray in each nostril, Folic Acid 1mg, Multivitamin with Iron, Depakote 125 mg 4 capsules, Lactulose 10 gm/15 ml take 30 ml, Os-Cal with D 500 mg-200 mg. Observation on 8/23/22 at 8:36 am, E4 administered the following medication to R15: Flonase Nasal Spray 1 spray in each nostril, Folic Acid 1mg, Multivitamin with Iron, Depakote 125 mg 4 capsules, Lactulose 10 gm/15 ml take 30 ml, Os-Cal with D 500 mg-200 mg. f) R5's POS, dated 8/22, documents R5 receives the following medication at 7:00 am: Norvasc 2.5 mg, Aspirin 81 mg, Magnesium Oxide 400 mg, Protonix 40 mg. Observation on 8/23/22 at 8:42 am, E4	{Z9999}		

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{Z9999}	Continued From page 8 administered the following medication to R5: Norvasc 2.5 mg, Aspirin 81 mg, Magnesium Oxide 400 mg, Protonix 40 mg. On 8/23/22 at 11:22 am, E9 (Registered Nurse Trainer) confirmed E4 had left for the day and had not completed medication error reports. 3) R2 displays incidents of anxiety, and receives Risperidone 1.5mg and Sertraline 150mg to control her behaviors. R2 is on a formal program to help control them. R2 becomes anxious when she is left in the bathroom alone, and upset if she doesn't get the help she needs right away, The purpose of this program is to teach R2 techniques to help cope with her overwhelming anxiety. R2 is tracked for related behaviors that include hitting herself and walking around naked. Observation on 8/23/22 at 12:05pm, R2 was sitting at the dining room table waiting for lunch, and started hitting herself in the face. E5 (Direct Support Person) was standing between the dining room and kitchen door and yelled to R2 to stop it. No redirection was given to R2. Review of R2's Behavior-Anxiety Daily (ISP Program), dated 3/16/22, includes, "adaptive component: each day, staff will verbally tell (R2) the following; When you feel like you are becoming anxious or upset, it is best to go to a calm space (bedroom, or other choice) and listen to music or watch TV. You can come out of your safe space when ever you choose. But it is not ok to walk around naked or ignore people." Facility Plan of Correction of documented completion date of 8/19/22 includes, "(R2's) Individual Support Plan was reviewed and updated to ensure appropriate interventions are	{Z9999}		

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{Z9999}	Continued From page 9 in place to manage inappropriate and self-injurious behavior." R2's program was revised on 8/18/22. Interview with E3 (Assistant Regional Manger) on 8/25/22 at 1:00pm, E3 was asked what revisions were completed between R2's 3/16/22 program and 8/18/22. E3 replied, "The only changes that were made consisted of removing the ability to document when (R2) is on a home visit." Interview with E8 (Regional Trainer) on 8/24/22 at 3:30pm, E8 was asked if R2 should have a behavior plan for SIB (Self-Injurious Behavior) specifically? E8 replied, "I would like to see one for that." There is no evidence of an intervention or behavior program to teach R2 to stop self-injurious behavior. 4) R3's Medication Administration Record (MAR), dated 8/22, identifies R3 as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities. R3's MAR has additional diagnosis including Diabetes Mellitus. Order from Diabetic Center for R3, dated 6/14/22, includes, "Check glucose 4 times a day." R3's Physician Order Sheet (POS), dated 7/22, includes, "Blood Sugar check three times a day." R3's Physician Order Sheet (POS), dated 8/22, includes, "Blood Sugar check three times a day." On 8/24/22 at 11:08 am, E9 (Registered Nurse Trainer) confirmed the POS should reflect the MAR.	{Z9999}		

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{Z9999}	Continued From page 10 Facility Investigative Committee Policy 5.24, dated 4/19, includes, "Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Facility Medication Administration Record and Required Documentation Policy 7.14, dated 9/21 includes, "In the event of a medication error, authorized direct care staff shall immediately report the error to the registered professional nurse, Nurse-Trainer or person licensed to prescribe medication in Illinois to receive direction on any action to be taken. All medication errors shall be documented in the individual's record and a medication error report shall be completed within eight hours or before the end of the shift in which the error was discovered, whichever is earlier. The medication error report shall be sent to the Nurse-Trainer for review and further action within 7 calendar days after the occurrence. A copy of the medication error report shall be maintained as part of the agency's quality assurance program. Medication errors must be documented and are subject to review by DHS or DPH, whichever is applicable. Medication errors that meet the reporting criteria of DHS' rules on Office of Inspector General Investigations of Alleged Abuse or Neglect or Deaths in State-Operated and Community Agency Facilities (59 Ill. Adm. Code 50) shall be reported to the Office of Inspector General." (B)	{Z9999}		