

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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 424	Continued From page 72 PM through 4:27 PM and from 5:28 PM through 6:15 PM includes R2 and R5 seated in their wheelchair at all times. R1 used her motorized wheelchair until it was time for dinner when she used her walker. During interview of R2 on 2/14/12 at 3:05 PM, R1 was asked "how about shower?" and R2 stated "they give me sponge bath. I can't get in the shower. But I can in the men's shower (room) over there." R2 was asked "how do you get in the men's shower? R2 stated "in my wheelchair." R2 was asked if she uses a shower chair when in the shower and R2 did not answer instead just smiled. On 2/16/12 at 2:20 PM, E8 (Direct Support Person) was asked how R2 showers and if R2 uses a shower chair. E8's response included "R2 just got the shower chair. We used to and can shower (R2) in the male shower area in her wheelchair. We used to shower R2 in the female bathroom with R2 seated on the toilet and we shower her because it's difficult for (R2) to get over into the tub."	W 424			
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.1210 350.1230b)3)7) 350.1230c) 350.1230d)2) 350.1420a) 350.1420c) 350.1430b) 350.1430d) 350.1430e)	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 73 350.3220f) 350.3240a)</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1230 Nursing Services</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: 3) Periodic re-evaluation of the type, extent, and quality of services and programming. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel.</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents.</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 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.</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 74 (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.</p> <p>c) The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescriber's orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 350. Appendix E, determine if there are irregularities that would cause adverse reactions, allergies, contraindications, medication errors or ineffectiveness. This review shall be done at the facility and shall be documented in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator and shall be acted upon.</p> <p>Section 350.1430 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>d) If, for any reason, a licensed prescriber's</p>	W9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 75</p> <p>medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>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.</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>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interview and record review the facility failed to ensure health care services are provided for 1 of 4 individuals in the</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 76</p> <p>sample, R4, who has serious medical conditions, when they failed to:</p> <ol style="list-style-type: none"> 1. Adequately monitor and ensure prescribed care for an individual with a diagnosis of Diabetes Mellitus (R4). 2. Ensure psychotropic medications are given in compliance with physician's orders (R4). 3. Maintain an individual Medication Administration Record (R4). 4. Provide staff training for new medications in accordance with State Law (Rule 116) (R4). 5. Communicate abnormal laboratory results to the physician (R4). 6. Report medication errors to the physician (R4). 7. Provide nursing services according to individual need (R4). <p>Findings include:</p> <ol style="list-style-type: none"> 1. According to the 12/5/11 Individual Service Plan (ISP), R4 is a 46 year old male functioning in the Severe range of Mental Retardation. R4's medical diagnoses include Diabetes Mellitus Type II, Autism, Obsessive Compulsive Disorder and Gastroesophageal Reflux Disorder (GERD). R4 has a formal behavior program at the facility and Day Training (DT). This program includes the use of behavior altering medications. <p>R4 was observed during the survey 2/15/12 and</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 77 2/16/12. R4 is ambulatory and non verbal.</p> <p>According to the February 2012 Physician's order sheet, R4 was prescribed Glimepiride (Amaryl) 2 mg daily, and Metformin 1000 mg twice daily for his Diabetes Mellitus when surveyors entered the facility on 2/14/12. R4 has orders for Accucheck (blood glucose monitoring) every morning before breakfast on even days and at 5:00 p.m. after dinner on odd days.</p> <p>R4 was examined at the Diabetic Center on 9/2/11 by physician Z4. Notes from the office visit read, "Last visit when I saw him his hemoglobin A1C was 7.6. He had type 2 diabetes and we increased the Glucophage (Metformin). Subsequently he has been spitting out all of his pills and his hemoglobin A1C increased to 11.6....Glucose 437. Eye doctor is due. Dentist is due." "Assessment and Plan: 1. Poorly controlled diabetes on Glucophage only, not taking his pills. Because he spits up all pills. I do not think giving his pills is the answer and would therefore recommend that he go on insulin..... I recommend that he get his blood sugar checked twice a day. 2. I have not seen any labs on this patient except for a hemoglobin A1C. We need a CBC, CMP, urine for microalbumin and creatinine ratio, lipid panel, thyroid stimulating hormone..... 5. Gastroesophageal reflux disease. Follow up with (Z3), his primary care doctor. 6. If the patient refuses to take insulin and refuses to take his pills he cannot come back to see me as I will not be able to help him in any way."</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 78</p> <p>R4 was examined by Z5, physician on 9/13/11. The consultation report reads, "consultation Re: medication for diabetes, Patient, mentally challenged h/o (history of) DM (Diabetes Mellitus) will not take pills. Insulin at facility not possible...Add Amaryl 2 mg. qd (every day)"</p> <p>R4 was examined by Z3, primary care physician, on 9/14/11. Report reads, "Pt (patient) here for a f/u (follow up) on labs sugar 289, Hg (hemoglobin) A1C 11.7. Patient non-verbal takes Amaryl 2mg qd and Glucophage (metformin) 1000 mg bid (twice daily). Probably needs insulin." Psychiatrist Z7 notes dated 9/9/11 document "constantly vomiting - Has GERD, diabetes also. Nursing notes dated 9/12/11 document, "very hard to keep him calm as he keeps vomiting up his meds purposely." There is no evidence nursing staff notified Z3 of the recommendation to address R4's GERD made by Z4 on 9/2/11 during R4's visit with Z3 on 9/14/11.</p> <p>R4 was examined again on 10/13/11 by Z4 from the Diabetic Center. Notes from the office visit read, "When I initially saw him he had a hemoglobin A1C of 7.6 in February and I saw him in August it was 11.6. He was not taking his medications, his pills and we discussed that if he refused to take his pills he should take insulin. I don't understand why the metformin pills he is not taking compared to the other pills, but this is what I have been told."</p> <p>"Assessment and Plan: The patient has poorly controlled diabetes. His hemoglobin A1C is 11.6. He takes medicine for other diseases, so I am not quite sure the issue with the metformin, but this is what I have been told. If he cannot take any pills for diabetes he</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 79</p> <p>has to go on insulin. If you cannot give him the insulin he needs to be transferred to a facility where insulin can be given. Options for insulin include once a day insulin. Apparently he gets okay in the afternoon, but he is high in the morning. You can give him Humalog 75/25 Quik Pen 10 units at supper or Humulin NPH 3.0 pen 10 units at bedtime and it needs to be adjusted. Again, I had him come back in a month to see how he was doing on the insulin and nothing has been done. If you cannot figure out a way to have him take his diabetes medicines, then he has to be transferred to a facility that can give him diabetes shots because his diabetes was poorly controlled and this is the only thing I am addressing at this point."</p> <p>R4's laboratory result for Hemoglobin A1C dated 1/11/12 is 9.3, the interpretation states suboptimal glycemic control >(results greater than) 8%. R4's glucose is 204 normal range is 65-99. During interviews with Z6 registered nurse from the diabetic center (2/22/12 at 12:40 p.m.), Z3 (2/16/12 at 2:15 p.m.) and Z5 (2/23/12 at 3:15 p.m.) all denied having ever received the laboratory results from 1/11/12. All denied facility nursing follow up related to R4's diabetic care.</p> <p>Repeat laboratory result for Hemoglobin A1C dated 2/16/12 is 9.3, glucose is 313. Surveyor interviewed Z6, Registered Nurse from the Diabetes Center on 2/22/12 at 12:40 p.m.. Z6 said R4 was brought to the diabetic center on 2/17/12. Prior to that the last visit was 10/13/11. Z6 said Insulin would work better for the patient but Z4 was informed they can't give it at the home. Z4 saw R4 on 2/17/12. The lab results of 2/16/12 were faxed to her. Z4 increased the</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 80</p> <p>Amaryl to 4mg twice a day. She was trying to work with the facility when she saw R4 on 2/17/12 to try and bring the A1C down with pills. She realizes it would be a big transition to move him.</p> <p>Surveyor interviewed Z3, primary care physician on 2/16/12 at 2:15 p.m. Z3 said he has not received the 1/11/12 laboratory results. Z3 said Z4 is treating the diabetes. Z3 said he has seen R4 twice since the 9/14/11 visit. Z3 said R4 was seen for a rash on his face in December 2011 and to have stitches removed 1/26/12.</p> <p>Z5, physician, was interviewed on 2/23/12 at 3:15 p.m. Z5 said he only saw R4 one time on 9/13/11. There has been no follow up from the facility. He never received any laboratory results. Z5 said he was told R4 was on metformin 1000mg and the facility said he was refusing his pills. The facility said R4 refused insulin and they could not give insulin. Z5 said he did not discontinue the insulin ordered by Z4. Z5 said he ordered Amaryl because it is a smaller pill than Metformin and it might be easier for R4 to swallow.</p> <p>E1 (facility representative) and E2, Residential Services Director (RSD), were interviewed on 2/15/12 at 2:40 p.m. E2 said the insulin was dc'd (discontinued) by Z4 because the (elevated) A1C was attributed to Zyprexa so Z7 (psychiatrist) dc'd the Zyprexa. Review of MAR (medication administration records) dating from 9/1/11 through 2/1/12 indicates R4 was not started on Zyprexa until December 2011.</p> <p>E6, Licensed Practical Nurse (LPN) was interviewed on 2/16/12 at 3:18 p.m. E6 said, "Z4</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 81</p> <p>dc'd (discontinued) insulin injections because group homes can't give insulin. E9, Executive Director said we can't do it. R4 is receiving oral medications for diabetes. A1C of 9.3 is high, the accuchecks and glucose are high. Staff need to follow care plan and re-check accucheck. E2 may be following up with the doctor about labs." There is no evidence in the clinical file of direct support persons repeating accuchecks.</p> <p>E9, Executive Director, was interviewed on 2/21/12 at 10:35 a.m. E9 said there was supposed to have been a visit with R4's doctor who recommended he take insulin to be given multiple times a day. The Direct Support Persons (DSP's) can't do that. We only have 2 nurses in the area. I said to go back to the doctor's office and see if there is an alternative to the use of insulin. They were supposed to go back and change therapy. If insulin is required, we would talk to the guardian and tell them we can't do it. We would have to accommodate that need while we wait for nursing home placement.</p> <p>October 2011 QMRP summary/program progress notes document "(R4) saw (Z3), (Z4), and (Z5) for his Diabetes. (Z4) prescribed insulin but (R4) will not submit to the insulin shot. This is being reviewed."</p> <p>Surveyor attempted to interview E6, LPN, on 3 separate occasions regarding R4's diabetic treatment and follow up. E6 was unable to fully answer questions. E6 said she was not at the facility and needed the clinical record to provide information. On 2/16/12 at 3:18 p.m., E6 said I will talk with you on 2/21/12 at 2:30 p.m. when I am able to review records. On 2/21/12 at</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 82</p> <p>approximately 3:25 p.m., E6 said I won't be at the facility until next Monday (2/27/12) to talk about this with the record in front of me. On 2/27/12 at approximately 2:35 p.m., E6 said I am at another facility, what information are you looking for? I need to write this down, can't you read my notes. I have to see why the RSD is not doing what they are supposed to do.</p> <p>Surveyor received a repeat call from E6 on 2/27/12 at 4:05 p.m. E6 said she could not make it to the facility. E6 said she had been busy trying to follow up information about R4 while working at another location. E6 said she had a progress note in the trunk of her car from October 2011 documenting R4's visit to Z4 for diabetic care. E6 said the note addresses R4's need for insulin. Surveyor reviewed the October nurse's note found in the clinical file with E6. The note does not include the information E6 said is written on the note found in her trunk. E6 said she would fax it to surveyor. Surveyor did not receive the fax.</p> <p>2. Review of the 9/9/11 physician progress notes documents an order from Z7, psychiatrist. The order is to discontinue Risperdal 1 mg. twice daily, start Zydys (Olanzapine) 10 mg. at bedtime. Notes dated 12/7/11 read, "Risperdal 1 mg (twice daily) - he never got changed to Zydys from last visit."</p> <p>Review of MAR (medication administration records) dating from 9/1/11 through 2/1/12 indicates R4 was not discontinued from the Risperdal and started on Olanzapine until 12/12/11.</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 83</p> <p>Z7's notes dated 1/12/12 state "discontinue (Olanzapine) - his blood sugar went up per staff." Prescription dated 1/26/12 states discontinue (olanzapine). During interview with Z12, secretary for Z7, on 2/21/12 at 11:00 a.m., Z12 confirmed the Olanzapine was discontinued during the 1/12/12 office visit.</p> <p>Review of the January 2012 MAR notes Olanzapine circled as being held from 1/12/02 through 1/16/12 then being given 1/17/12 through 1/31/12. MAR notes reason Olanzapine not given 1/12/02 through 1/16/12 "RSD instructed by nurse of doctor for DSP not to give." The Olanzapine was not marked as being discontinued on the January 2012 MAR.</p> <p>3. Surveyor reviewed R4's clinical record on 2/15/12. Prescriptions dated 1/26/12 were noted, written by Z10, psychiatrist. Physician's orders are for a medication change. The medication prescribed is; Geodon 60 mg Capsule by mouth twice a day Risperdal 2 mg oral twice a day Luvox Cr 150 mg oral once a day (prior dose was 100mg.) BENZTROPINE 1 mg twice a day. The January 2012 Medication Administration Record (MAR) does not indicate the change in R4's medications. The February 2012 Medication Administration Record indicated Luvox 150mg initiated on 2/7/12. Luvox 100mg. circled as not given 2/1/12 through 2/12/12, administered on 2/13/12 and 2/14/12. On 2/13/12 and 2/14/12, R4 received a total dose of Luvox 250mg because both doses of Luvox were given. No indication</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 84 Geodon, Risperdal and Benzotropine initiated.</p> <p>Surveyor observed medication bubble packs on 2/15/12, doses of Luvox 150mg and Luvox 100mg marked as given on the February 2012 MAR were missing from the bubble packs. Surveyor interviewed E8, Direct Support Person (DSP) on 2/16/12 at 2:45 p.m. E8 said I gave the Luvox 100 mg. on 2/14/12.</p> <p>Surveyor interviewed E1, facility representative and E2, Residential Services Director (RSD) on 2/15/12 at 2:40 p.m. E1 and E2 confirmed R4 should be getting Luvox 150 mg per Z10's orders. E1 and E2 said the Luvox 100mg was dc'd (discontinued) by the pharmacy when 150mg was ordered. Both confirmed Z10 is R4's new psychiatrist and R4 should be given the medications ordered by Z10.</p> <p>Surveyor interviewed E1, facility representative on 2/16/12 at 11:45 a.m. E1 said the medications ordered by Z10 were delivered to the facility yesterday.</p> <p>Surveyor interviewed Z11, pharmacist, on 2/21/12 at 9:50 a.m. Z11 said the medications ordered by Z10 were sent to the facility 1/27/12. Information confirmed by packing slip dated 1/27/12 signed as received by DSP, E8.</p> <p>E6 Licensed Practical Nurse (LPN) was interviewed on 2/16/12 at 3:18 p.m. E6 said all of R4's medications are there. No one knew about the Luvox 100mg. being discontinued.</p> <p>E6, Licensed Practical Nurse (LPN) was interviewed on 2/21/12 at 3:25 p.m. E6 said the</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	<p>Continued From page 85</p> <p>DSP's are supposed to take the medications and put them in the individual's medication boxes and place the new MAR in the MAR book when the medications are received from pharmacy. The medications are delivered at 11:30 p.m. or 12:00 a.m. at night.</p> <p>Notes from the Behavior Management/Resident rights committee dated 1/19/12 read, "Since Zyprexa was implemented in December 2010, (R4's) A1C has continued to increase. It was discussed with (Z7) that the cause of the elevated A1C could be the Zyprexa and it should be slowly discontinued and another medication implemented. (Z7) was not cooperative. The LPN is following up with (Z7) on this issue and a new psychiatrist is being found for (R4)."</p> <p>Z7's notes dated 1/12/12 state discontinue (Olanzapine) - his blood sugar went up per staff. Prescription dated 1/26/12 states discontinue (olanzapine). During interview with Z12, secretary for Z7, on 2/21/12 at 11:00 a.m., Z12 confirmed the Olanzapine was discontinued during the 1/12/12 office visit. A prescription was faxed to the facility on 1/26/12.</p> <p>Review of the January 2012 MAR notes Olanzapine circled as being held from 1/12/02 through 1/16/12 then being given 1/17/12 through 1/31/12. MAR notes reason Olanzapine not given 1/12/02 through 1/16/12 "RSD instructed by nurse or doctor for DSP not to give."</p> <p>4. Review of the January 2012 Medication Administration Record indicates R4 was receiving Luvox 100 mg. and Olanzapine 10 mg.</p>	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	Continued From page 86 Surveyor reviewed R4's clinical record on 2/15/12. Prescriptions dated 1/26/12 were noted, written by Z10, psychiatrist. Physician's orders are for a medication change. The medication prescribed is; Geodon 60 mg Capsule by mouth twice a day Risperdal 2 mg oral twice a day Luvox Cr 150 mg oral once a day (prior dose was 100mg.) BENZTROPINE 1 mg twice a day The February 2012 Medication Administration Record indicated Luvox 150mg initiated on 2/7/12. Geodon, Risperdal and Benzotropine initiated on 2/16/12. Administrative Code Title 59: Chapter 1 Section 116.30 Master Nurse Trainer and Nurse-Trainers states, "a) The Department's master nurse-trainers are designated by the DD Clinical Director and shall meet the following criteria: 1) Demonstration of competence to teach adult learners through: A) evidence of previous teaching or training experience; or B) completion of courses in teaching and instructing. 2) Possession of two years of clinical registered professional nursing experience within the last five years, at least one of which shall have been in developmental disabilities." Section 116.40 Training and Authorization of Non-Licensed Staff by Nurse-Trainers states, "a) Only a nurse-trainer may delegate and supervise the task of medication administration to direct care staff."... "d) Initial competency-based training toward	W9999			

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(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	
W9999	Continued From page 87 delegation for medication administration shall include: 4) Specific information regarding the individuals to whom the staff will administer medication and the medication the staff will administer." E6, Licensed Practical Nurse was interviewed on 2/21/12 at approximately 3:25 p.m. E6 said training is not needed because Geodon is not a new medication for him. The Geodon is a new order for R4, ordered by Z10, psychiatrist on 1/26/12. (A)	W9999			