

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000418	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN TIMBER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 VETERANS ROAD MORTON, IL 61550
---	---

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations</p> <p>350.1210 350.1410a) 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 350.1410 Medication Policies and Procedures</p> <p>a) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. Medication policies and procedures shall be developed with the advice of a pharmaceutical advisory committee that includes at least one licensed pharmacist, one physician, the administrator and the director of nursing. This committee shall meet at least quarterly.</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.</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000418	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN TIMBER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 VETERANS ROAD MORTON, IL 61550
---	---

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 1</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide nursing services in accordance to needs for 2 of 2 individuals (R8 and R11) with documented allergies to bee stings when they failed to:</p> <ol style="list-style-type: none"> 1. Obtain a physician order to administer emergency medical treatment for anaphylactic reaction. 2. Ensure that medication for anaphylactic reaction is available to the individuals (R8 and R11) when they leave the building. <p>Findings include:</p> <p>R8 is identified on Physician Order Sheets for period 7/1/14 to 7/31/14 as a 60 year old female who functions in the Profound Level of Intellectual Disability.</p> <p>During record review of R8's Physician Order Sheets for period 7/1/14 to 7/31/14, under section titled, "Allergies," Bee stings is written.</p> <p>R8's Physician Order Sheets for period 7/1/14 to 7/31/14 do not list a medical treatment in case of</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000418	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN TIMBER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 VETERANS ROAD MORTON, IL 61550
---	---

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 2</p> <p>anaphylactic reaction in the case of a bee sting.</p> <p>Review of "Activities Outings" for 4/1/14 to 7/7/14, R8 was documented as going out of the facility on 4/7/14, 4/10/14, 5/9/14, 5/20/14, 6/9/14 and 7/1/14.</p> <p>R11 is identified on Physician Order Sheets for period 7/1/14 to 7/31/14 as a 51 year old female who functions in the Profound Level of Intellectual Disability.</p> <p>During record review of R11's Physician Order Sheets for period 7/1/14 to 7/31/14, under section titled, "Allergies, " Bee stings is written.</p> <p>R11's Physician Order Sheets for period 7/1/14 to 7/31/14 do not list a medical treatment in case of anaphylactic reaction in the case of a bee sting.</p> <p>A list of allergies provided by the facility on 7/8/14 lists bee stings for R8 and R11.</p> <p>Nursing Procedures titled, "Medical Emergencies," dated 2/2012 does not specifically address bee stings, nor does the procedure address Epinephrine being available at all times to those individuals with allergies to bee stings. The procedure does not identify direct care staff as having the ability to administer the Epinephrine in the case individuals are away from the facility with no access to licensed nurses.</p> <p>In Interview with E5, DON (Director of Nursing) on 7/8/14, when asked who in the facility had allergies to bee stings, E5 stated, "R8 and R11." E5 was then asked if R8 and R11 had medical treatments (Epinephrine) ordered in case of a bee sting, E5 responded, "No." E5 was asked if Epinephrine was available and E5 responded,</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000418	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN TIMBER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 VETERANS ROAD MORTON, IL 61550
---	---

(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
--------------------	--	---------------	---	--------------------

Z9999	Continued From page 3 "Yes, in ampules." E5 was asked who had access to the ampules of Epinephrine. E5 responded, "Nurses." <p style="text-align: center;">(B)</p>	Z9999		
-------	--	-------	--	--