

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

PRINTED: 02/02/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/27/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>FROEHLICH HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>356 SOUTH MICHIGAN AVENUE</b> <b>GALESBURG, IL 61401</b>		
(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 000	INITIAL COMMENTS	W 000			
W 148	<p>COMPLAINT INVESTIGATION</p> <p>#1620317 / IL00082813 - W148</p> <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp;</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to notify the guardians for 1 of 1 individual in the facility who was transported by ambulance after a vehicle accident on 1/15/16 (R2).</p> <p>Findings include:</p> <p>A Physician Order Sheet (POS) for January 2016 shows R2 is a 22 year old female with diagnoses which include Mild Intellectual Disability, Cerebral Palsy and Quadriplegia.</p> <p>1) A "Report of Incident" dated 1/16/16 states R2 was taken to the local emergency room following an accident for possible injuries. E1, Residential Service Director (RSD), confirmed R2 was transported via ambulance. R2 was treated and released from the emergency room. R2 has a follow up diagnostic testing scheduled for pain in her right lower extremity.</p> <p>E1 was asked during interview on 1/26/16 at 3:30pm if R2's guardians were notified. E1 stated</p>	W 148			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 148	<p>Continued From page 1</p> <p>he left a message on a voicemail of a cell phone after the accident.</p> <p>E1 was asked if he spoke with R2's guardians again for follow up on her condition. E1 stated he talked to R2's guardian on Monday when he returned to work. E1 was asked if a condition report was provided to R2's guardians between the initial call made on Friday evening and Monday when he returned to work. E1 stated no.</p> <p>2) A Consultation Report dated 1/2/16 states R2 was seen at a clinic for pneumonia. R2 was taken to the Emergency Room for a Chest Xray on 1/2/16 with a final diagnosis of bronchitis and provided antibiotic and steroid medications.</p> <p>E1 was interviewed on 1/26/16 at 3:30pm and asked if R2's guardians were notified of her change in condition requiring medical treatment on Saturday 1/2/16. E1 stated he notified R2's guardians of her diagnosis when he returned to work on Monday.</p> <p>3) Progress notes dated 11/16/16 and 12/28/16 show R2 was the victim of peer to peer incidents on said dates. On 11/16/16, a peer had a behavior and hit R2 in the forehead leaving a small bump on the left side of her forehead. On 12/18/16, the Progress Note states R2 had her hair pulled and was hit in the right arm by another peer.</p> <p>E1 was interviewed on 1/26/16 at 3:30pm and asked if R2's guardians were notified of the peer to peer altercations involving R2. E1 was not able to establish if the guardians had been notified in these incidents.</p>	W 148			